Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submis | sion Identificatio | n Number (SID) | | | | | | |
|---|---|--|--|---|--|--|--|--|
| Taxpayer' | s name | Social sec | urity num | ber | | | | |
| SIND | HUJA MUSKU | 850-5 | 850-51-5797 | | | | | |
| Spouse's | name | | Spouse's | Spouse's social security number | | | | |
| Part I | Tax Retur | n Information — Tax Year Ending | December 31. 2023 | (Enter year you | ı are au | thorizing. | .) | |
| | | on lines 1 through 5. | | | | | , | |
| | • | ers use line 4 only. Leave lines 1, 2, 3, an | d 5 blank. | | | | | |
| 1 / | Adjusted gross ir | ncome | | | 1 | 4 | ,000. | |
| 2 | Total tax | | | | 2 | | 0. | |
| 3 | Federal income to | ax withheld from Form(s) W-2 and Form(s | s) 1099 | | 3 | | 323. | |
| | • | , | | | | | 323. | |
| | | . | | | | | | |
| Part I | Taxpayer | Declaration and Signature Authori | zation (Be sure you get | t and keep a co | opy of y | our retu | ırn) | |
| to send for any of Agent to payment authorized payment business taxes to personal | my return to the IR delay in processing initiate an ACH elication is to remain in the state of the state of the state of the state of the receive confident identification numerical identification | If I am now authorizing. I consent to allow my S and to receive from the IRS (a) an acknow the return or refund, and (c) the date of any ectronic funds withdrawal (direct debit) entry es owed on this return and/or a payment of es in full force and effect until I notify the U.S. the U.S. Treasury Financial Agent at 1-888-payment (settlement) date. I also authorize the information necessary to answer inquiries ther (PIN) below is my signature for the inconsection. | refund. If applicable, I authorize to the financial institution account at the financial institution account at the financial institutions involves and resolve issues related the financial institutions involves the financial institutions involves the financial institutions involves the financial institution account at the financial account account at the financial account at the financial account at the financial account at the financial account account account account at the financial account account account account at the financial account | n for rejection of the re the U.S. Treasur- bunt indicated in the institution to debit in requests must d in the processing to the payment. I | e transming and its of and its of the entry rization. The received of the efforther acceptance of the efforther accepts and its of the efforther accepts and its efforther acc | ssion, (b) the designated paration so to this according to the design of | ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the | |
| | ic Funds Withdraw | | | Г | | | | |
| | er's PIN: check | LOBAL TAXES LLC | to ontor or go | norata my DINI | 1 5 ' | 7 9 7 | 00 mv | |
| X | rauthorize <u>G</u> . | ERO firm name | to enter or ge | nerate my Pin | | digits, but | as my | |
| | signature on th | e income tax return (original or amended | I) I am now authorizing. | | don't ente | er all zeros | | |
| | | PIN as my signature on the income tax r ring your own PIN and your return is file | | | | | | |
| Your siç | gnature ► | M.SINDHUJA | Da | ate ▶ | | | | |
| Snouse | e's PIN: check o | ne hox only | | _ | | | | |
| | I authorize | no box only | to enter or de | nerate my PIN | | | as my | |
| | | ERO firm name | to critici or go | nerate my r m | Enter five | digits, but | as my | |
| | signature on th | e income tax return (original or amended | d) I am now authorizing. | | don't ente | er all zeros | | |
| | | PIN as my signature on the income tax r ring your own PIN and your return is file | | | | | | |
| Spouse | 's signature ▶ | | Da | ate ► | | | | |
| | | Practitioner PIN Method | - | below | | | | |
| Part II | Certificati | on and Authentication — Practitio | ner PIN Method Only | | | | | |
| ERO's | EFIN/PIN. Enter | your six-digit EFIN followed by your five | -digit self-selected PIN. | 2 2 2 4 9 Don't | 6 0 enter all z | 8 2 7 eros | 1 | |
| authorize | ed to file for tax y | meric entry is my PIN, which is my signature ear indicated above for the taxpayer(s) indic ioner PIN method and Pub. 1345, Handbook | ated above. I confirm that I a | m submitting this r | eturn in a | accordance | | |
| ERO's | signature ► | | Da | ate ► | | | | |
| | | | s Form - See Instructi | | | | | |
| | | Don't Submit This Form to th | | | | | | |

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| For the year Jan. 1-Dec. 31, 2023, or other tax year beginn | | | ning, 2023, ending, 20 | | | 0 | See separate instructions. | | |
|---|----------------------|--|------------------------|---------------------------------|-------------------------|-------------------------|----------------------------|---|--|
| Your first name | and r | niddle initial | Last name Y | | | Your identifying number | | | |
| | | | | | | | (see instructions) | | |
| SINDHUJA | | | MUSK | U | | | 850-51-5797 | | |
| Home address | (numl | per and street). If you have a P.O. box | , see ins | tructions. | | | | Apt. no. | |
| 12954 MIC | CHEL | LE DR | | | | | | | |
| City, town, or p | ost of | fice. If you have a foreign address, al | so comp | lete spaces below. | | State | ZI | P code | |
| FRISCO | | | | | | TX | 7 | 5035 | |
| Foreign country | / nam | e | Foreigr | n province/state/county | | Foreign p | ostal code | | |
| | | | | | | | | | |
| Filing | × | Single | arately (N | ΛΕS) □ Qualifvii | ng surviving spouse (C | 1221 | ☐ Estate | e 🔲 Trust | |
| Status | | you checked the QSS box, enter the | | | 0 | , | | c nust | |
| Check only | " | you officiated the QOO BOX, office the C | ornia o ric | arrie ir trie qualifying perc | sorris a orma bacriot y | oui dopoi | ident. | | |
| one box. | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a f | | | | | | | |
| | + | rwise dispose of a digital asset (of a l | manciai | interest in a digital asset | (See instructions.) | | | | |
| Dependents | 1 | | | (2) Dependent's | | 1 | | qualifies for (see inst.): Credit for other | |
| (see instructions): | | (1) First name Last name | | identifying number | (3) Relationship to you | ı Child | tax credit | dependents | |
| | | | | | | | | | |
| If more than four dependents, see | 1 | | | | | | | | |
| instructions and | | | | | | | | | |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | < 1 (see i | nstructions) | | | 1a | 4,000. | |
| Effectively | b | Household employee wages not rep | orted on | Form(s) W-2 | | | 1b | | |
| Connected | С | Tip income not reported on line 1a (| see instr | uctions) | | | 1c | | |
| With U.S. | d | Medicaid waiver payments not repo | | ` ' | , | | 1d | | |
| Trade or | е | Taxable dependent care benefits fro | | · | | | 1e | | |
| Business | f | Employer-provided adoption benefit | | • | | | 1f | | |
| Attach | g | Wages from Form 8919, line 6 | | | | | 1g | | |
| Form(s) W-2, | h | Other earned income (see instructio | , | | | | 1h | | |
| 1042-S, | i | Reserved for future use | | | <u>1i</u> | | | | |
| SSA-1042-S, RRB-1042-S, | J | Reserved for future use | | | | | 1j | | |
| and 8288-A | k | Total income exempt by a treaty from | | , | | | | | |
| here. Also attach | | line 1(e) | | | 1k | | | 4 000 | |
| Form(s) | z | Add lines 1a through 1h | - 1 | I | | | 1z | 4,000. | |
| 1099-R if | 2a 3a | Tax-exempt interest 2a Qualified dividends 3a | _ | | kable interest | | 2b 3b | | |
| tax was withheld. | sa 4a | IRA distributions 4 | | | dinary dividends | | 3b 4b | | |
| If you did not | ч а 5а | Pensions and annuities 5a | | | kable amount | | 5b | | |
| get a Form | 6 | Reserved for future use | 6 | | | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Schedu | _ | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 | 8 | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | 9 | 4,000. | |
| | 10 | Adjustments to income from Sched | | | | | , 📑 | , · | |
| | | income | | • | • | | 10 | | |
| | 11 | Subtract line 10 from line 9. This is y | our adj u | sted gross income | | | 11 | 4,000. | |
| | 12 | Itemized deductions (from Schedu | | | | | d L | | |
| | | deduction (see instructions) | | 13,850. | | | | | |
| | 13a | Qualified business income deductio | n from F | orm 8995 or Form 8995- | -A . 13a | | | | |
| | b | Exemptions for estates and trusts of | nly (see i | nstructions) | 13b | | | | |
| | С | Add lines 13a and 13b | | | | | 13c | | |
| | 14 | Add lines 12 and 13c | | | | | 14 | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your ta | xable income | <u> </u> | 15 | 0. | |

| Form 1040-NR (| 2023) | | | | | | | Page 2 |
|-------------------|---|--|--------------------|---------------------|------------------------|-----------|----------|--------------------|
| Tax and | 16 | Tax (see instructions). Check if any from F | orm(s): 1 | 814 2 497 | 72 3 🗌 | | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), lir | те 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | 18 | 0. |
| | 19 | Child tax credit or credit for other dependent | dents from Sched | ule 8812 (Form 10 |)40) | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), lir | ne 8 | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or le | ss, enter -0 | | | | 22 | 0. |
| | 23a | Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15 | | | 23a | | | |
| | b | Other taxes, including self-employment | | | | | | |
| | | line 21 | | | 23b | | | |
| | С | Transportation tax (see instructions) . | | | 23c | | | |
| | d | Add lines 23a through 23c | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total t | tax | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| • | а | Form(s) W-2 | | | 25a | 323. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 323. |
| | е | Form(s) 8805 | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amou | nt applied from 20 | 022 return | | | 26 | |
| | 27 | Reserved for future use | | | 27 | | | |
| | 28 | Additional child tax credit from Schedule | | | 28 | | | |
| | 29 | Credit for amount paid with Form 1040-0 | o . ` | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 1040), lir | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are your | total other payn | nents and refunda | able credits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. | | | | | 33 | 323. |
| Refund | 34 | If line 33 is more than line 24, subtract lir | ne 24 from line 33 | . This is the amour | nt you overpaid | | 34 | 323. |
| | 35a | Amount of line 34 you want refunded to | you. If Form 8888 | B is attached, chec | ck here | . 🗆 | 35a | 323. |
| Direct deposit? | b | Routing number 1 1 1 0 0 0 | 0 2 5 | c Type: 🛛 | Checking | Savings | | |
| See instructions. | d | Account number 4 8 8 1 0 3 | | 3 9 | | Ü | | |
| | е | If you want your refund check mailed to | | | es not shown on | page 1, | | |
| | enter it here. | | | | | | | |
| | 36 | Amount of line 34 you want applied to y | our 2024 estimat | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the | amount you owe | | | | | |
| You Owe | | For details on how to pay, go to www.irs | .gov/Payments or | see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | | 38 | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Comp | | | | | | | w. 🗵 No |
| Party | Designee's Phone Personal identif | | | | | | cation | |
| Designee | | | | | | | | |
| | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre | | | | | | | |
| Sign | Your | signature | Date | Your occupation | 1 | If the | IRS se | nt you an Identity |
| Here | | 3 | | | | Prote | ection P | IN, enter it here |
| | | | | SOFTWARE E | INGINEER | (see | inst.) | |
| | Phone no. Email address | | | | | | | |
| Paid | Prepa | rer's name Prepare | er's signature | | Date | PTIN | | Check if: |
| Preparer | SYAM | I PRIYA RAM SAGAR GUPTA SYAM | PRIYA RAM | SAGAR GUPTA | 03/24/2024 | P02082 | 703 | Self-employed |
| Use Only | Firm's | name GLOBAL TAXES LLC | | | | Phone no | o. (67 | 8)965-9522 |
| Jac Only | Firm's | address 245 DOOMEV OT F I | אסוואיכשדכע אי | T 00016 | | Firm's FI | N | |

BAA

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number SINDHUJA MUSKU 850-51-5797 Enter **amount of income** under the appropriate rate of tax. See instructions.

| | | 01 1110 | appropriate rate or tax. Oce metractions. | | | | | | / n ou | ('() |
|--|---|---|--|------------------------------|----------------|--------------------------|---------------------------------------|-------------------------|--|--|
| | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (a) Other | r (specify) | | |
| 1 | Dividends and divide | nd ec | uuivalents: | | | | | | 76 | /6 |
| · a | Dividends paid by U. | | • | | 1a | | | | | |
| b | • • | Dividends paid by foreign corporations | | | | | | | + | |
| c | • | Dividend equivalent payments received with respect to section 871(m) transactions | | | | | | | + | |
| 2 | Interest: | ayınıcı | The reserved with respect to section of T(III) | i a loaotio lo | | | | | + | |
| a | | | | | 2a | | | | | |
| b | | | ns | | 2b | | | | + | |
| c | Other | | | | | | | | + | |
| 3 | | | s, trademarks, etc.) | | 3 | | | | + | |
| 4 | • " | | right royalties | | 4 | | | | + | |
| 5 | · · | | , recording, publishing, etc.) | | 5 | | | | + | |
| 6 | | - | natural resources royalties | | 6 | | | | + | |
| 7 | | | | | 7 | | | | | |
| 8 | | | | | 8 | | | | | |
| 9 | | | elow | | 9 | | | | | |
| 10 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | | | | |
| а | | | | | | | | | | |
| b | Winnings Losses | | | 10c | | | | | | |
| 11 | Gambling - Resident | s of c | ountries other than Canada | | 11 | | | | | |
| 10 | Other (specify): | s only. | Losses aren't allowed | | | | | | + | |
| 12 | Other (specify). | | | | 12 | | | | | |
| 13 | Add lines 1a through | 10 in | columns (a) through (d) | | 13 | | | | + | |
| 14 | • | | f tax at top of each column | | 14 | | | | | |
| 15 | | | rely connected with a U.S. trade or busines | | | through (d) of line 1 | 4 Enter the total here | and on Form 1040 |)-NR. line 23a 15 | |
| | Tax on income not e | Hecur | Capital Gains an | | | | | | -INTI, IIIIe Zoa IO | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources | | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| effectiv | within the United States and not effectively connected with a U.S. | | | | | | | | | |
| or loss | ss. Do not include a gain on disposing of a U.S. real | | | | | | | | | |
| property interest; report these gains and losses on Schedule D (Form 1040). | | | | | | | | | | |
| Report | property sales or | | | | | | | | + | |
| | nges that are effectively eted with a U.S. business | 17 | Add columns (f) and (g) of line 16 . | | | | | 17 | 1 | |
| on Sch | edule D (Form 1040), 4797, or both. | | Capital gain. Combine columns (f) and | | | | · · · · · · · · · · · · · · · · · · · | | | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. **7C**

Your identifying number

Go to www.irs.gov/Form1040NR for instructions and the latest information. Department of the Treasury Internal Revenue Service Answer all questions. Name shown on Form 1040-NR

| SIN | IDHUJA MUSKU | | | | | 850-51-5 | 797 | | | | |
|----------|--|---|--------------------------|-------------------|------------------------------------|----------------------|----------------|--------------|--|--|--|
| Α | Of what country or countries v | vere you a citizen or nation | al during the tax | /ear? INDIA | • | | | | | | |
| В | In what country did you claim residence for tax purposes during the tax year? United States | | | | | | | | | | |
| С | Have you ever applied to be a | d States? . | | ☐ Yes | ⊠ No | | | | | | |
| D | Were you ever: | | | | | | | | | | |
| 1 | - | | □ Yes ⊠ | | | | | | | | |
| 2 | . A green card holder (lawful pe | rmanent resident) of the Ur | ited States? . | | | | | ⊠ No | | | |
| | If you answer "Yes" to (1) or (2 | | | | | | | | | | |
| Е | If you had a visa on the last of | | | | - | r vour U.S. | | | | | |
| | immigration status on the last day of the tax year π^1 | | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | | |
| • | If you answered "Yes," indicate the date and nature of the change: | | | | | | | | | | |
| G | List all dates you entered and left the United States during 2023. See instructions. | | | | | | | | | | |
| - | Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, | | | | | | | | | | |
| | check the box for Canada or | | | | | Mexico | | | | | |
| | Date entered United States | Date departed United Stat | | | United States | | arted I Inite | d States | | | |
| | mm/dd/yy | mm/dd/yy | | l | dd/yy | es Date departed mm/ | | u States | | | |
| | ,,, | ,, | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| н | Give number of days (including | vacation nonworkdays and | I partial days) you | wore present in | the United St | atos durina: | | | | | |
| •• | 2021 | | | • | | - | | | | | |
| ı | Did you file a U.S. income tax | roturn for any prior year? | , ai | IU 2023 | | · · · · · | X Yes | ☐ No | | | |
| • | | | | | | | ∠ ies | | | | |
| J | If "Yes," give the latest year ar | at? | | 1040NR | | | □ Voc | ▼ No | | | |
| J | | Are you filing a return for a trust? | | | | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? | | | | | | | | | | |
| v | | | | | | | ∐ Yes □ Yes | □ No ⊠ No | | | |
| K | Did you receive total compens | | - | | | | □ Yes | □ No | | | |
| | If "Yes," did you use an alternative method to determine the source of this compensation? | | | | | | | | | | |
| L | Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. | | | | | | | | | | |
| 4 | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the | | | | | | | | | | |
| 1 | | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | | | | |
| | (a) Cou | (d) Amount of exempt | | | | | | | | | |
| | (a) Cou | nury | (b) Tax treaty ar | | nber of months n prior tax year | | in current t | • | | | |
| | | | | Clairica | ii piloi tax yeai | 3 111001110 | - Carrone a | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (a) Total Enterthic amount | n Form 1040 ND 15-a 41- D | lo not onte: it === | nuboro elec s:- | line 1 | | | | | | |
| _ | (e) Total. Enter this amount of | | - | | iiie i | | | | | | |
| 2 | , , | | | | | | ∐ Yes | ∐ No ⊠ No | | | |
| 3 | 3. Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | | | | |
| | | Competent Authority detern | nination letter to | your return. | | | | | | | |
| М | Check the applicable box if: | 1 | | | | | | | | | |
| 1 | · · · · · · · · · · · · · · · · · · · | _ | | | | | tectively c | onnected | | | |
| | with a U.S. trade or business u | | | | | | | · · 🗀 | | | |
| 2 | You have made an election in | | | | | | | | | | |
| | States as effectively connected | u with a U.S. trade or busin | iess under sectio | n ø/ r(a). See ir | istructions. | | | <u> Ц</u> | | | |