#### 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.

Submission Identification Number (SID)

T.....

Taxpay	yer's name	Social secu	Social security number				
VAI	ISHNAVI VALLURI	719-7	2-2764				
Spous	e's name	Spouse's s	Spouse's social security number				
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you	are auth	orizing.)			
Enter	whole dollars only on lines 1 through 5.						
Note	: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	6,762.			
2	Total tax		2	0.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	333.			
4	Amount you want refunded to you		4	333.			
5	Amount you owe		5				
Dor	Toxpoyor Declaration and Signature Authorization (Resource you get and		ny of yo	un notumo)			

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

	1 dddhon20			ERO firm name	to ontor or generate my rint	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	2

2	2	7	6	4	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Prac	titioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9					

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/05/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>	)-	VR Department of the Treasury-Inter U.S. Nonresident Al	nal Revenue S ien Incon	ervice ne Tax Return	2023	OMB No. 1	545-0074	or stap	Only-Do not write ble in this space.	
For the year Jan	n. 1–	Dec. 31, 2023, or other tax year beginr	ning, 2023, ending				, 20		ee separate Istructions.	
Your first name	and	middle initial	Last name					Your identifying number (see instructions)		
VAISHNAVI	-		VALLURI	-			719	-72-2	2764	
Home address (	(num	ber and street). If you have a P.O. box					_		Apt. no.	
1405 STRA	TF(	ORD DRIVE								
City, town, or po	ost d	ffice. If you have a foreign address, al	so complete	spaces below.		State		ZIP co	de	
KENT						OH		4424	ŧO	
Foreign country	nar	ne	Foreign pro	vince/state/county		Foreign	postal c	ode		
Filing	5	Single 🛛 Married filing separate	aratoly (MES)		g surviving spous	a (099)	Пе	etete	Trust	
Status		you checked the QSS box, enter the						State		
Check only one box.								-		
Digital Assets		any time during 2023, did you: (a) rece erwise dispose of a digital asset (or a t								
Dependents						<b>(4)</b> Cł	neck the b	- i	fies for (see inst.):	
(see instructions):	ļ	(1) First name Last name		(2) Dependent's dentifying number	(3) Relationship to	VOU Ch	ild tax cre	dit C	Credit for other dependents	
				, 0	(0)	,				
If more than four										
dependents, see instructions and									$\square$	
check here										
Income	1a	Total amount from Form(s) W-2, box	(1 (see instru	ictions)			. 1	a	6,762.	
Effectively	b	Household employee wages not rep	orted on For	m(s) W-2			. 11	2		
Connected	с	Tip income not reported on line 1a (	see instructio	ons)			. 10	>		
With U.S.	d	Medicaid waiver payments not repo	rted on Form	(s) W-2 (see instructi	ions)		. 10	ł		
Trade or	е	Taxable dependent care benefits from	m Form 244	1, line 26....			. 10	•		
Business	f	Employer-provided adoption benefit	Employer-provided adoption benefits from Form 8839, line 29							
Attach	g	Wages from Form 8919, line 6					. 19	3		
Form(s) W-2,	h	Other earned income (see instructio	-				. 11	<u>ו</u>		
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			1 1		. 1			
and 8288-A	k	Total income exempt by a treaty from								
here. Also attach	z	line 1(e)   .					. 1:	,	6,762.	
Form(s)	2a	Tax-exempt interest	1	1	able interest					
1099-R if tax was	 3a	Qualified dividends 3			inary dividends .			-		
withheld.	4a	IRA distributions 4	a		able amount			5		
lf you did not	5a	Pensions and annuities 5a	a	b Taxa	able amount		. 51	5		
get a Form W-2, see	6	Reserved for future use					. 6			
instructions.	7	Capital gain or (loss). Attach Schedu	ule D (Form 1	040) if required. If no	ot required, check	here				
	8	Additional income from Schedule 1								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is you	r total effectively co	onnected income		. 9		6,762.	
	10	Adjustments to income from Sched		)						
	11	Subtract line 10 from line 9. This is y	our adjusted	d gross income			. 1	1	6,762.	
	12	Itemized deductions (from Schedu deduction (see instructions) .						2	13,850.	
	13a	Qualified business income deductio	n from Form	8995 or Form 8995-/	A. <b>13a</b>					
	b	Exemptions for estates and trusts o		,						
	С	Add lines 13a and 13b					. 13	c		
	14								13,850.	
	15	Subtract line 14 from line 11. If zero					. 1		0.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-NR** (2023)

Form 1040-NR (2	2023)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 🗌 88	814 <b>2</b> 497	2 <b>3</b>		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line	3				. 17	0.
	18	Add lines 16 and 17					. 18	0.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812 (Form 10-	40) .		. 19	
	20	Amount from Schedule 3 (Form 1040), line	8				. 20	
	21	Add lines 19 and 20					. 21	
	22	Subtract line 21 from line 18. If zero or less					. 22	0.
	23a	Tax on income not effectively connected w	ith a U.S. trade of	or business from				
		Schedule NEC (Form 1040-NR), line 15 .			23a			
	b	Other taxes, including self-employment ta						
		line 21	,	( <i>, , , , , , , , , ,</i>	23b			
	с	Transportation tax (see instructions)			23c			
	d	Add lines 23a through 23c					. 23d	
	24	Add lines 22 and 23d. This is your total tax						0.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	33	3.	
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c			· .		. 25d	333.
	е	Form(s) 8805						
	f	Form(s) 8288-A					. 25f	
	g	Form(s) 1042-S					. 25g	
	26	2023 estimated tax payments and amount					. 26	
	27	Reserved for future use	••		27			
	28	Additional child tax credit from Schedule 8			28			
	29	Credit for amount paid with Form 1040-C			29		_	
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 1040), line			31		_	
	32	Add lines 28, 29, and 31. These are your to			ble cred	its	. 32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T						333.
Refund	34	If line 33 is more than line 24, subtract line						333.
	35a	Amount of line 34 you want refunded to y			-	-		333.
Direct deposit?	b	Routing number 0 4 4 0 0 0		c Type: 🛛				
See instructions.	d	Account number 8 9 0 7 1 1						
	е	If you want your refund check mailed to an		e the United State	es not sh	 own on page	1.	
		enter it here.						
	36	Amount of line 34 you want applied to you	ur 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the <b>ar</b>						
You Owe		For details on how to pay, go to www.irs.g	ov/Payments or	see instructions .			. 37	
	38	Estimated tax penalty (see instructions) .			38			
Third	Do yo	u want to allow another person to discuss t	his return with th	e IRS? See instru	ctions.	🗌 Yes. Co	mplete be	low. 🛛 No
Party	Desig	nee's	Phone			Personal ide		
Designee	name		20			number (PIN	I)	
		penalties of perjury, I declare that I have examined						
0	belief,	they are true, correct, and complete. Declaration of	of preparer (other t	han taxpayer) is base	ed on all in	formation of wh	nich prepare	r has any knowledge.
Sign	Your	signature	Date	Your occupation				ent you an Identity
Here								PIN, enter it here
	DI		E e elle delerer	STUDENT		(	see inst.)	
	Phone		Email address s signature		Date	PTIN	1	Chook if:
Paid	•		U	MAD DIIDICI.	Date			Check if:
Preparer			. SAI PAVAN KU	MAR DUDIPALLI			470833	Self-employed
Use Only		sname GLOBAL TAXES LLC						78)965-9522
		address 245 ROONEY CT E BR		J U8816				88-2145487
GO to www.irs.g	jov/⊦o	m1040NR for instructions and the latest inform	nation.	BAA	REV 02	/05/24 PRO	F	Form <b>1040-NR</b> (2023)

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Internal Revenue Service Name shown on Form 1040-NR Attachment Sequence No. **7B** 

20

VAISHNAVI VALLURI

Your identifying number 719-72-2764

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			<b>(a)</b> 10%	<b>(b)</b> 15%	( <b>c)</b> 30%	(d) Other	(specify)		
	I				(a) 10%	(b) 1378	(C) 30 %	%	%
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b	Dividends paid by for	reign corporations 1b   ayments received with respect to section 871(m) transactions 1c							
С	Dividend equivalent p			1c					
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corpo	prations	[	2b					
с	Other		[	2c					
3		atents, trademarks, etc.)		3					
4		copyright royalties		4					
5	Other royalties (copy	rights, recording, publishing, etc.)	[	5					
6		e and natural resources royalties		6					
7	Pensions and annuiti	es	[	7					
8		its		8					
9		918 below		9					
10		s of Canada only. Enter net income in column (c).							
а	Winnings								
b				10c					
11	Gambling-Resident Note: Enter winnings	s of countries other than Canada.	[	11					
12	Other (specify):								
				12					
13	Add lines 1a through	12 in columns (a) through (d)		13					
14	Multiply line 13 by ra	ate of tax at top of each column		14					
15	Tax on income not ef	fectively connected with a U.S. trade or business						NR, line 23a <b>15</b>	
		Capital Gains and	Losses Fr	rom	Sales or Excha	nges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real		16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	<b>(b)</b> Date acquir mm/dd/yyyy		<b>(c)</b> Date sold mm/dd/yyyy	(d) Sales price	<b>(e)</b> Cost or other basis	<b>(f) LOSS</b> If (e) is more than (d), subtract (d) from (e).	<b>(g) GAIN</b> If (d) is more than (e), subtract (e) from (d).
gains an	r interest; report these ind losses on Schedule D								
(Form 10									
	property sales or ges that are effectively								
connect	ed with a U.S. business dule D (Form 1040),								
	797, or both.	18 Capital gain. Combine columns (f) and (g	g) of line 17.	Ente	r the net gain here	e and on line 9 abo	ove. If a loss, enter	<sup>-</sup> -0 <b>18</b>	

### SCHEDULE OI (Form 1040-NR)

## **Other Information**

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

OMB No. 1545-0074 2

	ent of the Treasury <b>Go</b> Revenue Service	to www.irs.gov/Form1040N Ans	R for instructions and wer all questions.	the latest information.		Attachment Sequence N	o. 7C
Name sh	nown on Form 1040-NR				Your identify		
VAIS	HNAVI VALLURI				719-72-	-2764	
Α	Of what country or countries	were you a citizen or nation	al during the tax year?	INDIA			
в	In what country did you clair	n residence for tax purpose	s during the tax year?	United States			
С	Have you ever applied to be						
D	Were you ever:						
1.	A U.S. citizen?					. 🗌 Yes	🗙 No
2.	A green card holder (lawful p					. 🗌 Yes	🗙 No
	If you answer "Yes" to (1) or		•				
Е	If you had a visa on the last		your visa type. If you	didn't have a visa, en	ter your U.S	S.	
_	immigration status on the last						
F	Have you ever changed your	visa type (nonimmigrant sta	tus) or U.S. immigratic	on status?		. 🗌 Yes	🗙 No
•	If you answered "Yes," indica	ate the date and nature of th	e change:				
G	List all dates you entered and		-				
	Note: If you're a resident of check the box for Canada of				ent intervais		
	Date entered United States	Date departed United Stat		te entered United State			d Ctataa
	mm/dd/yy	mm/dd/yy	Les Da	mm/dd/yy	s Date de	eparted United mm/dd/yy	d States
н	Give number of days (includin	g vacation, nonworkdays, and	d partial days) you were	present in the United	States during	<b>j:</b>	
	2021	, 2022	, and 20	23 365			
I	Did you file a U.S. income tax	x return for any prior year? .				. 🗌 Yes	🛛 No
	If "Yes," give the latest year a	and form number you filed: _	104	IONR			
J	Are you filing a return for a tr	ust?				. 🗌 Yes	🗙 No
	If "Yes," did the trust have a						
	U.S. person, or receive a cor						No No
Κ	Did you receive total comper		• •				🛛 No
_	If "Yes," did you use an alter						∐ No
L	Income Exempt From Tax- complete (1) through (3) belo				tax treaty w	ith a foreign	country,
1.	Enter the name of the country amount of exempt income in				claimed the	treaty benefi	t, and the
	· · · · · · · · · · · · · · · · · · ·				(d)	Amount of our	mat
	<b>(a)</b> Co	unity	(b) Tax treaty article	(c) Number of month claimed in prior tax ye		Amount of exe le in current ta	
	(e) Total. Enter this amount	on Form 1040-NR, line 1k. [	Do not enter it anywher	e else on line 1			
2.	Were you subject to tax in a		-			. 🗌 Yes	🗌 No
3.	Are you claiming treaty bene	fits pursuant to a Competen	t Authority determinati	on?		. 🗌 Yes	🛛 No
	If "Yes," attach a copy of the	Competent Authority deterr	mination letter to your	return.			
М	Check the applicable box if:						
1.	This is the first year you are r						
	with a U.S. trade or business	under section 871(d). See in	nstructions				🗆

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . .

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023