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

Submi	ission Identification Number (SID)								
Taxpaye	er's name	Social sec	urity numb	per					
SAI SANKETH SANKURI 041-47-3137									
Spouse'	's name	Spouse's s	ocial secu	urity numbe	r				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Fig. 2023)	 Enter year you	aro au	thorizina	1				
	whole dollars only on lines 1 through 5.	_inter year you	are au	unonzing.	.)				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	49	,569.				
2	Total tax			4	,067.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6	5,590.				
4	Amount you want refunded to you		4	2	,523.				
5	Amount you owe		5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a co	ppy of y	our retu	ırn)				
return (to send for any Agent t paymen authoriz paymen busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider, true my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terrint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved it to receive confidential information necessary to answer inquiries and resolve issues related to real information number (PIN) below is my signature for the income tax return (original or amende unic Funds Withdrawal Consent.	ransmitter, or elector rejection of the the U.S. Treasury ont indicated in the stitution to debit to minate the author requests must in the processing the payment. If	etronic reference transmiser and its of a tax prephe entry frization. The received of the elurther actions and the receiver actions are the elurther actions.	turn origina ssion, (b) the designated paration so- to this acco To revoke (ved no late ectronic par sknowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the				
	ayer's PIN: check one box only	Г							
X		rate my PIN	7 3 1	1 3 7	as my				
	ERO firm name	•		digits, but	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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Your s	signature ▶ Date	· -							
Snous	se's PIN: check one box only	_							
Ороце	I authorize to enter or gene	vrate my PINI			as my				
	ERO firm name		Enter five	digits, but	as my				
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Spous	se's signature ▶ Date	•							
	Practitioner PIN Method Returns Only—continue be	elow							
Part	III Certification and Authentication — Practitioner PIN Method Only								
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9	1 - 1 -	8 2 7	7 1				
		Don't e	enter all ze	eros					
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this r	eturn in a	accordance					
ERO's	s signature ► Date	•							
	ERO Must Retain This Form — See Instruction								
	Don't Submit This Form to the IRS Unless Requested								

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	. 1–0	Dec. 31, 2023, or other tax year begin	ning	, 2023,	ending		, , 2	20	See separate instructions.		
Your first name and middle initial				ame	Your identifying number						
			(5						(see instructions)		
SAI SANKE	ТН		SANK	URI				041-4	7-3137		
Home address (num	ber and street). If you have a P.O. bo	x, see ins	structions.					Apt. no.		
6100 SILV	ERA	ADO TRAIL									
City, town, or po	ost o	ffice. If you have a foreign address, a	lso comp	olete spaces below.		S	tate	Z	P code		
MCKINNEY						Т	X	7	5070		
Foreign country	nam	ie	Foreig	n province/state/county		F	oreign p	ostal code			
	1										
Filing	×	Single	arately (N	MES) 🔲 Qualifyi	ng surviving s	oouse (OS	SS)	☐ Estat	e 🗌 Trust		
Status		you checked the QSS box, enter the	• •		0 0 .	•	,				
Check only											
one box.			. ,								
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a						(b) sell, ex			
Dependents		·				<u> </u>	(4) Che	ck the box if	qualifies for (see inst.):		
(see instructions):				(2) Dependent's				tax credit	Credit for other		
,		(1) First name Last name	•	identifying number	(3) Relations	(3) Relationship to you			dependents		
If more than four											
dependents, see							+	$\frac{\square}{\square}$			
instructions and check here											
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see i	instructions)				1a	55,486.		
Effectively	b	Household employee wages not re	,	,				1b	00,100.		
Connected	С	Tip income not reported on line 1a		` '				1c			
With U.S.	d	Medicaid waiver payments not repo	`	,				1d			
Trade or	е	Taxable dependent care benefits from	om Form	2441, line 26				1e			
Business	f	Employer-provided adoption benef	its from F	Form 8839, line 29 .				1f			
A44 I-	g	Wages from Form 8919, line 6 .						1g			
Attach Form(s) W-2,	h	Other earned income (see instruction	ons) .					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 fro									
here. Also		line 1(e)			<u>1k</u>				EE 40 <i>C</i>		
attach Form(s)	Z	Add lines 1a through 1h	1					1z	55,486.		
1099-R if	2a 3a	· —	a a		cable interest dinary dividenc			2b 3b			
tax was withheld.	4a		a		rable amount						
If you did not	ъа 5а		a		able amount						
get a Form	6	Reserved for future use									
W-2, see instructions.	7	Capital gain or (loss). Attach Sched									
motraotiono.	8	Additional income from Schedule 1	(Form 10	040), line 10				8	-5,917.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your total effectively o	onnected inc	ome .		9	49,569.		
	10	Adjustments to income from Scheolincome	•	orm 1040), line 26. Thes	•	-					
	11	Subtract line 10 from line 9. This is	your adj ı	usted gross income				11	49,569.		
	12	Itemized deductions (from Sched deduction (see instructions)							13,850.		
	13a	Qualified business income deduction			1	1			*		
	b	Exemptions for estates and trusts of	only (see	instructions)	13b						
	С	Add lines 13a and 13b						13c			
	14								13,850.		
	15	Subtract line 1/1 from line 11 If zero	or lace	antar - 0- This is your ta	vabla income			15	35 719		

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): 1 88	314 2 [4972	2 3			16	4,067.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	4,067.
	19	Child tax credit or credit for other	r depende	ents from Sched	ule 8812 (F	orm 104	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 z	ero or less	s, enter -0						22	4,067.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .				23a				
	b	Other taxes, including self-employed	•		•						
		line 21				1	23b				
	C	Transportation tax (see instruction	,				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you		x						24	4,067.
Payments	25	Federal income tax withheld from							6 500		
	a	Form(s) W-2					25a		6 , 590.		
	b	Form(s) 1099				i i	25b				
	C	Other forms (see instructions) .				,	25c			054	6 500
	d	Add lines 25a through 25c Form(s) 8805								25d 25e	6,590.
	e f	Form(s) 8288-A								25e	
		Form(s) 1042-S								25g	
	g 26	2023 estimated tax payments ar								26	
	27	Reserved for future use					27			20	
	28	Additional child tax credit from S				1	28				
	29	Credit for amount paid with Forn		•	,	1	29				
	30	Reserved for future use					30				
	31	Amount from Schedule 3 (Form				i i	31				
	32	Add lines 28, 29, and 31. These	,.				_	edits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,								33	6,590.
Refund	34	If line 33 is more than line 24, su								34	2,523.
	35a	Amount of line 34 you want refu	nded to y	ou . If Form 8888	is attache	d, checl	k here		🗆	35a	2,523.
Direct deposit?	b	Routing number 0 9 1 0	0 0	0 2 2	c Type	e: 🛛	Checki	ng 🗌	Savings		
See instructions.	d	Account number 1 0 4 7	7 8 7	0 4 6 8	9 5						
	е	If you want your refund check m	ailed to ar	n address outsic	le the Unite	ed State	s not s	hown or	page 1,		
		enter it here.									
	36	Amount of line 34 you want app	lied to you	ur 2024 estimat	ed tax .		36				
Amount	37	Subtract line 33 from line 24. Thi									
You Owe		For details on how to pay, go to	_	-		1				37	
	38	Estimated tax penalty (see instru					38				
Third	•	u want to allow another person to	discuss t			e instruc	ctions.		es. Compl		ow. 🗵 No
Party Designee	Desig			Phone					nal identifi	cation	
Designee	name	penalties of perjury, I declare that I have		no.					er (PIN)	a b aat a	f my lengueladas and
		they are true, correct, and complete. E									
Sign	Your	signature		Date	Your occu	ınation			If the	RS s	ent you an Identity
Here		3.9.1.4.1.0							I .		PIN, enter it here
					SOFTWA	ARE E	NGIN:	EER	(see	inst.)	
	Phone		_	Email address					T ==-::		
Paid	Prepa	rer's name	Preparer'	's signature			Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	IYA RAM SAGAI	R GUPTA T.	ALLAM	03/0	4/2024	P02082		Self-employed
Use Only		s name GLOBAL TAXES							Phone n		78) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171								4-3171965		

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	ur so	social security number								
SAI	SANKETH SANKURI	1-4	7-31	.37						
Par	Part I Additional Income									
1	Taxable refunds, credits, or offsets of state and local income taxes			1						
2a	Alimony received			2a						
b	Date of original divorce or separation agreement (see instructions):									
3	Business income or (loss). Attach Schedule C			3						
4	Other gains or (losses). Attach Form 4797		. [4						
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedul	e E	.	5	-5,917.					
6	Farm income or (loss). Attach Schedule F		.	6						
7	Unemployment compensation		. [7						
8	Other income:									
а	Net operating loss)							
b	Gambling									
С	Cancellation of debt									
d	Foreign earned income exclusion from Form 2555 8d ()							
е	Income from Form 8853									
f	Income from Form 8889									
g	Alaska Permanent Fund dividends									
h	Jury duty pay									
i	Prizes and awards									
j	Activity not engaged in for profit income									
k	Stock options									
I	Income from the rental of personal property if you engaged in the rental									
	for profit but were not in the business of renting such property 8I		\dashv							
m	Olympic and Paralympic medals and USOC prize money (see									
	instructions)									
	Section 951(a) inclusion (see instructions)		\dashv							
0	Section 951A(a) inclusion (see instructions)		\dashv							
р	Section 461(I) excess business loss adjustment		-							
q	Taxable distributions from an ABLE account (see instructions) 8q		-							
r	Scholarship and fellowship grants not reported on Form W-2 8r		\dashv							
S	Nontaxable amount of Medicaid waiver payments included on Form									
	1040, line 1a or 1d									
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t									
	•		\dashv							
u	Wages earned while incarcerated									

z Other income. List type and amount:

9

10

-5**,**917.

9

10

8z

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

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 SAI SANKETH SANKURI 041-47-3137 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other	er (specify)				
						(a) 10%	(b) 15%	(6) 30%	%	%
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	rporations		1a					
b	Dividends paid by fo	reign (corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)) transactions	1c					
2	Interest:	•	,							
а	Mortgage				2a				!	
b			ns		2b					
С					2c					
3			s, trademarks, etc.)		3					
4			right royalties		4					
5	•		, recording, publishing, etc.)		5					
6			natural resources royalties		6					
7					7					
8			8							
9	Capital gain from line	e 18 b	elow		9					
10	Gambling-Resident	s of C	anada only. Enter net income in column	(c).						
	If zero or less, enter								!	
a	Winnings				40-				!	
b	Losses	o of o	· · · · · · · · · · · · · · · · ·		10c					
11	Note: Enter winnings	s only.	Losses aren't allowed		11				!	
12										
					12				!	
13			columns (a) through (d)		13					
14	Multiply line 13 by r	ate of	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine	ess. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	and on Form 1040-	-NR, line 23a 15	
			Capital Gains a	nd Losses F	From	Sales or Excha	inges 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		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).
	ely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real									
gains a	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
	ted with a U.S. business edule D (Form 1040),								()	
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	7. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Attachment Sequence No. **7C**

Name s	hown on Form 1040-NR				Your identifying	number						
SAI	SANKETH SANKURI	041-47-31	.37									
Α	Of what country or countries were you a citizen or national during the tax year? 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 green card holder (lawful permanent resident) of the United States?											
D	Were you ever: I. A U.S. citizen?											
1.	A U.S. citizen?					☐ Yes	⊠ No					
2.	A green card holder (lawful per	rmanent resident) of the Ur	nited States? .			☐ Yes	⊠ No					
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.											
E	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. $_{\rm F1}$											
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?											
G	List all dates you entered and	left the United States durin	g 2023. See instru	uctions.								
	Note: If you're a resident of C				ent intervals,							
	check the box for Canada or	Mexico and skip to item h	<u>1.</u>	\square Canada	☐ Mexico							
	Date entered United States	Date departed United Stat	es	Date entered United State	s Date depa	rted Unite	d States					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy						
Н	Give number of days (including 2021											
ı	Did you file a U.S. income tax	return for any prior year? .				X Yes	☐ No					
	If "Yes," give the latest year ar	nd form number you filed:		1040NR								
J	Are you filing a return for a trust If "Yes," did the trust have a U	st?				☐ Yes	⊠ No					
	U.S. person, or receive a contr	ribution from a U.S. person	?			☐ Yes	☐ No					
K	Did you receive total compens	ation of \$250,000 or more	during the tax yea	ır?		☐ Yes	⊠ No					
	If "Yes," did you use an alterna	ative method to determine	the source of this	compensation?		☐ Yes	☐ No					
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,					
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the					
	(a) Cou	ntry	(b) Tax treaty art	icle (c) Number of month								
	(e) Total. Enter this amount of	n Form 1040-NR, line 1k. D	o not enter it any	where else on line 1								
2.	Were you subject to tax in a fo		=			☐ Yes	☐ No					
	Are you claiming treaty benefit					☐ Yes	⊠ No					
	If "Yes," attach a copy of the C		-									
M	Check the applicable box if:		_									
1.	This is the first year you are muth a U.S. trade or business to											
2.	You have made an election in States as effectively connected											

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SAI SANKETH SANKURI 041-47-3137

SAI	SAMETH SAMO	OKI						041-4	1-3131	
Par	Note: If you a	Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.			C . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
		ayments in 2023 that would require you will you file required Form(s) 1099?								
1a		s of each property (street, city, state, ZII								
Α		HYDERABAD TELANGANA IN 5000		,						
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate properabove, report the number of fair		Fair Rental Days			Persor Da	QJV		
Α	3	personal use days. Check the Q			Α		365		0	
В		if you meet the requirements to to qualified joint venture. See instru			В					
С		quained joint venture. See institu	CLIOIR	J.	С					
	of Property:									
	Single Family Resid		ıtal	5 Land			Self-Rental			
2	Multi-Family Reside	ence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)		
							Propert	ies:		
Incor	me:				Α		В			С
3	Rents received .		3		4	150.				
4	Royalties received	d	4							
Expe	nses:									
5			5							
6		ee instructions)	6							
7	Cleaning and mai	7			525.					
8			8							
9			9							
10		rofessional fees	10			100				
11	-		11			100.				
12 13		paid to banks, etc. (see instructions)	12							
14			14		1 9	375.				
15			15			546.				
16			16		-/-	, 10.				
17			17		1,9	921.				
18		ense or depletion	18							
19	Other (list)	· 	19							
20	Total expenses. A	Add lines 5 through 19	20		6,3	367.				
21	result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	21		-5 , 9	17				
22	Deductible rental	real estate loss after limitation, if any, ee instructions)	22	(-5 , 91		()	(
23a	•	nts reported on line 3 for all rental prope				23a	\	450.		
b		nts reported on line 4 for all royalty prop				23b				
c		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d				
е		nts reported on line 20 for all properties				23e	(5,367.		
24		sitive amounts shown on line 21. Do no t		de any los	sses			. 24		

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (5,917. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 **-5,917.**