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 | ssion Identification Number (SID) | | | | |
|---|---|---|--|---|---|
| Taxpaye | er's name | Social security number | | | |
| AJA: | Y KUMAR CHOUDARY | 305-75 | -264 | 8 | |
| Spouse' | s name | Spouse's social security number | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | vear vou a | are au | thorizina. | .) |
| | whole dollars only on lines 1 through 5. | <i>y</i> • • • • • • • • • • • • • • • • • • • | 0 0.0. | | ·/ |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 | 46 | ,395. |
| 2 | Total tax | | 2 | | ,683. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 7 | ,049. |
| 4 | Amount you want refunded to you | | 4 | | ,366. |
| 5 | Amount you owe | | 5 | | |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a cop | y of y | our retu | rn) |
| return (to send for any Agent t paymen authoriz paymen busines taxes t persona | oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I are | tter, or electriction of the 1 S. Treasury a cated in the 1 In to debit the the authorizests must be processing cayment. I ful | onic reransminand its cax preparation. The electrical of the electrical of the electrical of the acceptance of the acceptance of the acceptance of the electrical of the elect | turn origina ssion, (b) the designated caration soft to this according for revoke (ved no late lectronic packnowledge | tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the |
| | nic Funds Withdrawal Consent. | | | | |
| | yer's PIN: check one box only | 5 | 2 | 6 4 8 | |
| × | I authorize GLOBAL TAXES LLC to enter or generate r | ny PIN | ter five | digits, but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Your s | ignature ▶ Date ▶ | | | | |
| Snous | se's PIN: check one box only | | | | |
| Г | I authorize to enter or generate r | nv PINI | | | as my |
| | ERO firm name | _ | ter five | digits, but | asiny |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| Spous | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part | Certification and Authentication — Practitioner 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 en | 6 0 ter all ze | 8 2 7 eros | 1 |
| authori | that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In | tting this ret | urn in a | accordance | |
| ERO's | signature ▶ Date ▶ | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

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 Jar | n. 1–D | ec. 31, 2023, or other tax year beginn | ning | , 2023, | ending | , 2 | .0 | See separate instructions. | | |
|--|--------|--|-------------|------------------------------------|--------------------------|-----------|---------------|-----------------------------|--|--|
| Your first name | and r | niddle initial | Last na | ame | | | Your iden | tifying number | | |
| | | | | | | | | ctions) | | |
| AJAY KUMA | ΑR | | CHOUDARY | | | | | 305-75-2648 | | |
| Home address | (numl | per and street). If you have a P.O. box | , see ins | tructions. | | | | Apt. no. | | |
| 905 W PRE | SID | ENT GEORGE BUSH HWY | | | | | | 10312 | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | | ZI | P code | | |
| RICHARDSON | | | | | | 7 | 5080 | | | |
| Foreign country name Foreign province/state/county Foreign pos | | | | | ostal code | | | | | |
| | | | | | | | | | | |
| Filing | | Single Married filing sen | arately (N | ΛΕΟ\ ΠΩυαlifvin | na eunvivina enouee ((| 1221 | ☐ Estate | e 🔲 Trust | | |
| Status | | | | | | | | | | |
| Check only | " | you checked the QOO Box, effect the | ornia 3 rie | arrie ir trie qualitying pers | on is a crilia but not y | our deper | ident. | | | |
| one box. | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a | | | | - | (b) sell, exc | | | |
| Dependents | | | | | | (4) Che | ck the box if | qualifies for (see inst.): | | |
| (see instructions) | : | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to you | Child | tax credit | Credit for other dependents | | |
| | | (1) I list harrie Last harrie | | ,g | (b) Holdaronomp to you | | | С | | |
| If more than four | | | | | | | - | | | |
| dependents, see instructions and | | | | | | | – | | | |
| check here | | | | | | | ī | | | |
| Income | 1a | Total amount from Form(s) W-2, box | x 1 (see i | nstructions) | | | 1a | 46,395. | | |
| Effectively | b | Household employee wages not rep | • | * | | | 1b | · | | |
| Connected | С | Tip income not reported on line 1a (| see instr | uctions) | | | 1c | | | |
| With U.S. | d | Medicaid waiver payments not repo | rted on F | Form(s) W-2 (see instruct | ions) | | 1d | | | |
| Trade or | е | Taxable dependent care benefits from | m Form | 2441, line 26 | | | 1e | | | |
| Business f Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | 1f | | | |
| A44I- | g | Wages from Form 8919, line 6 | 1g | | | | | | | |
| Attach Form(s) W-2, | h | Other earned income (see instruction | 1h | | | | | | | |
| 1042-S, | i | Reserved for future use | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | 1j | | | | | | | |
| and 8288-A here. Also | k | Total income exempt by a treaty from line 1(e) | | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | 1z | 46,395. | | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | а | b Tax | able interest | | 2b | | | |
| tax was | 3a | Qualified dividends 3a | а | b Ord | linary dividends | | 3b | | | |
| withheld. | 4a | IRA distributions 4 | | | able amount | | 4b | | | |
| If you did not get a Form | 5a | Pensions and annuities 5a | _ | | able amount | | | | | |
| W-2, see | 6 | Reserved for future use | 6 | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | | | | | | | | |
| | 8 | Additional income from Schedule 1 | | 46.205 | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | 46,395. | | | | | | |
| | 10 | Adjustments to income from Schedincome | 10 | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is y | 11 | 46,395. | | | | | | |
| | 12 | Itemized deductions (from Schedudeduction (see instructions) | | 13,850. | | | | | | |
| | 13a | Qualified business income deductio | | | | | | | | |
| | b | Exemptions for estates and trusts o | 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 | 32,545. | | |

| Form 1040-NR (| 2023) | | | | | | | | Page 2 |
|-------------------|---|---|---------------------|--|-----------------------|---------------|-----------|--------------------|----------------------------------|
| Tax and | 16 | Tax (see instructions). Check if ar | y from Foi | rm(s): 1 | 314 2 🗌 497 | 2 3 🗌 | | 16 | 3,683. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 3,683. |
| | 19 | Child tax credit or credit for other | er 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 z | 22 | 3,683. | | | | | |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | | | | | | | |
| | b | Other taxes, including self-empl line 21 | | | | | | | |
| | С | Transportation tax (see instruction | ons) | | | | | | |
| | d | Add lines 23a through 23c | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is yo | ur total ta | x | | | | 24 | 3,683. |
| Payments | 25 | Federal income tax withheld from | n: | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 7,049. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 7,049. |
| | е | Form(s) 8805 | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | 25g | |
| | 26 | 2023 estimated tax payments ar | nd amount | applied from 20 | 022 return | | 26 | | |
| | 27 | Reserved for future use | | | 27 | | | | |
| | 28 | Additional child tax credit from S | Schedule 8 | 812 (Form 1040 |) | 28 | | | |
| | 29 | Credit for amount paid with Forn | n 1040-C | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form | ,. | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These | are your t o | otal other paym | ents and refunda | ble credits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26 | , and 32. T | hese are your to | otal payments . | | | 33 | 7,049. |
| Refund | 34 | If line 33 is more than line 24, su | | | | • | | 34 | 3,366. |
| | 35a | Amount of line 34 you want refu | 35a | 3,366. | | | | | |
| Direct deposit? | b | Routing number 1 1 1 9 | | | | | | | |
| See instructions. | d | Account number 6 2 4 | | | | | | | |
| | е | If you want your refund check menter it here. | | | | | | | |
| | 36 | Amount of line 34 you want app | | | | 36 | | | |
| Amount | 37 | 37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | | | | | | | |
| You Owe | | | | | | | | | |
| | 38 | Estimated tax penalty (see instru | | | | | | | |
| Third | Do yo | ou want to allow another person to | es. Compl | ete belo | ow. 🗵 No | | | | |
| Party | Desig | | | Phone Personal iden | | | | | |
| Designee | name no number (PIN) | | | | | | | | |
| Ciava | 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 | | | | | | | | |
| Sign | Your | signature | | Date | Your occupation | | | | ent you an Identity |
| Here | | | | Calibrata | | | | ection F inst.) | PIN, enter it here |
| | Dhar | 2 22 | | | | | | | |
| | Phone | e no. urer's name | Prenarer | Email address 's signature | | Date | PTIN | $\overline{}$ | Check if: |
| Paid | | | | · · | ס בווד איי היא דו איי | | | | Self-employed |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM | | RIYA RAM SAGAR GUPTA TALLAM 03/05/2024 | | | P02082 | | |
| Use Only | | s name GLOBAL TAXES | | OTTATOLIT OF ST | T 00016 | | Phone no | (| 7 <u>8)965-9522</u> 4 2171065 |
| 0-1 | | s address 245 ROONEY (| -1 E Br | CUNSWICK N | υ υααπρ | | Firm's El | IN 04 | 4-3171965 |

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 AJAY KUMAR CHOUDARY 305-75-2648 Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | | | |
|--|---|---------|--|------------------------------|----------------|-----------------------------|---------------------|-------------------------|--|--|
| | | | Nature of income | | | (a) 10% | (b) 15% | (6) 30% | % | % |
| 1 | Dividends and divide | end ec | juivalents: | | | | | | | |
| а | Dividends paid by U. | .S. co | rporations | | 1a | | | | | |
| b | Dividends paid by fo | reign | corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayme | nts received with respect to section 871(m) | transactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | Paid by foreign corp | oratio | ns | | 2b | | | | | |
| С | Other | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents | s, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | сору | right royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights | , recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income | e and | natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies . | | | 7 | | | | | |
| 8 | Social security benef | fits . | | | 8 | | | | | |
| 9 | | | elow | | 9 | | | | | |
| 10 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | | 10c | | | | | |
| 11 | Note: Enter winnings | s only. | ountries other than Canada. Losses aren't allowed | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | • | | columns (a) through (d) | | 13 | | | | | |
| 14 | | | f tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectiv | rely connected with a U.S. trade or busine | | | | | | NR, line 23a 15 | |
| | | | Capital Gains an | d Losses F | rom | Sales or Excha | inges of Proper | ty | 1 | T |
| losses f exchang within t | nly the capital gains and from property sales or ges that are from sources 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). |
| effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (Form 1 | property sales or | | | | | | | | | |
| exchan | ges that are effectively | | | | | | | | | |
| connected with a U.S. business on Schedule D (Form 1040), | | | Add columns (f) and (g) of line 16 . | | | | | | | |
| | 797, or both. | 18 | Capital gain. Combine columns (f) and | l (g) of line 17 | . Ente | er the net gain here | 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.

Attachment

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

OMB No. 1545-0074

Internal Revenue Service Sequence No. 7C Name shown on Form 1040-NR Your identifying number 305-75-2648 AJAY KUMAR CHOUDARY Of what country or countries were you a citizen or national during the tax year? _INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε 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. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes 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, Date entered United States Date departed United States **Date entered United States Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ___. Did you file a U.S. income tax return for any prior year? X Yes ☐ No ı If "Yes," give the latest year and form number you filed: 1040NR X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 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) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 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