E1040-NR 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 beginning |) | , 2023 | , ending | , | 20 | See separate instructions. |
|---|---|--|-------------------------------|---------------------------------------|--------------------------------------|--------------|---------------------|-----------------------------|
| Your first name and middle initial | | ast na | ime | | | Your ider | ntifying number | |
| | (s | | | (see instru | (see instructions) | | | |
| CHANDRA S | CHANDRA SEKHER DILEEP PASUMARTHI | | | | | ***-* | *-0999 | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | | | | | Apt. no. | |
| 2401 W PE | LUG | ERVILLE PKWY | | | | | | 721 |
| City, town, or p | City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | Z | IP code |
| ROUND ROC | | | | | | TX | | 8664 |
| Foreign country name | | | Foreign province/state/county | | | Foreign p | ostal code | |
| | 1 | | | | | | | |
| Filing | X | Single | tely (N | MFS) Qualify | ing surviving spouse (| QSS) | ☐ Estat | te Trust |
| Status | If | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: | | | | | | |
| Check only one box. | | | | | | | | |
| | At a | ny time during 2023, did you: (a) receive | (00.0 | roward award ar paym | ant for property or or | unilogali er | r (b) coll ov | ohanga ar |
| Digital Assets | | rwise dispose of a digital asset (or a fina | | | | | · · · · · | Yes No |
| Dependents | | | | 10, 5 | | (4) Che | eck the box if | qualifies for (see inst.): |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Chil | d tax credit | Credit for other dependents |
| | | (·) · ······ | | ,, | (c) restauring to ye | | | |
| If more than four | | | | | | | $\overline{\Box}$ | |
| dependents, see instructions and | | | | | | | $\overline{\sqcap}$ | |
| check here | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box 1 | (see in | nstructions) | | | . 1a | 35,000. |
| Effectively | b | Household employee wages not report | ed on | Form(s) W-2 | | | . 1b | |
| Connected | c Tip income not reported on line 1a (see instructions) | | | | | | . 1c | |
| With U.S. | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | . 1d | |
| Trade or | е | e Taxable dependent care benefits from Form 2441, line 26 | | | | | | |
| Business | siness f Employer-provided adoption benefits from Form 8839, line 29 | | | | . 1f | | | |
| Attach | g | Wages from Form 8919, line 6 | . 1g | | | | | |
| Attach Form(s) W-2, | h | Other earned income (see instructions) | . 1h | | | | | |
| 1042-S, | i | Reserved for future use | | | | | | |
| SSA-1042-S, RRB-1042-S, | P 1042 S | | | | | | . 1j | |
| and 8288-A | k | Total income exempt by a treaty from S | Sched | ule OI (Form 1040-NR), | 1000 | | | |
| here. Also attach | | line 1(e) | | | 1k | | | 25 020 |
| Form(s) | Z | Add lines 1a through 1h . | | | | | . 1z | 35,000. |
| 1099-R if | 2a 3a | Tax-exempt interest 2a Qualified dividends 3a | | | xable interest dinary dividends . | | . 2b . 3b | |
| tax was withheld. | 4a | IRA distributions 4a | - | | xable amount | | | |
| If you did not | 5a | Pensions and annuities 5a | 4 | | xable amount | | | |
| get a Form | 6 | Reserved for future use | , . | | | | | |
| W-2, see instructions. | 7 | Capital gain or (loss). Attach Schedule | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 (Fo | | | | | | · |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income | | | | | | 35,000. |
| | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to | | | | | | · _ | |
| | income | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is you | | | | | | 35,000. |
| | 12 | Itemized deductions (from Schedule | | | | | | |
| | deduction (see instructions) | | | | | | aty 12 | 13,850. |
| | 13a | Qualified business income deduction for | rom Fo | orm 8995 or Form 8995 | | | | |
| | b | Exemptions for estates and trusts only | | | | | | |
| | С | Add lines 13a and 13b | | | | | A. 1921 | 201 Aug. 200 |
| | 14 | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero or | less, e | enter -0 This is your ta | xable income . | | . 15 | 21,150. |

| Form 1040-NR (2 | 2023) | | | Page 2 | | | | | |
|-------------------|---|---|--------------------|------------------------|--|--|--|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 1 | 6 2,321. | | | | | |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | 1 | 7 0. | | | | | |
| | 18 | Add lines 16 and 17 | <u>1</u> | 8 2,321. | | | | | |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) | <u>1</u> | 9 | | | | | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | 2 | .0 | | | | | |
| | 21 | Add lines 19 and 20 | 2 | :1 | | | | | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 2 | 2,321. | | | | | |
| | 23a | Tax on income not effectively connected with a U.S. trade or business from | | | | | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | | | | | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), | | | | | | | |
| | | line 21 | - | | | | | | |
| | С | Transportation tax (see instructions) | | | | | | | |
| | d | Add lines 23a through 23c | | 3d | | | | | |
| | 24 | Add lines 22 and 23d. This is your total tax | 2 | 2,321. | | | | | |
| Payments | 25 | Federal income tax withheld from: | | | | | | | |
| | a | Form(s) W-2 | 3,185. | | | | | | |
| | b | Form(s) 1099 | | | | | | | |
| | C | Other forms (see instructions) | 01 | 2 10F | | | | | |
| | d | Add lines 25a through 25c | | 5d 3,185. | | | | | |
| | e | Form(s) 8805 | | 5e | | | | | |
| | f | Form(s) 8288-A | | 5f | | | | | |
| | g 26 | Form(s) 1042-S | 25 | | | | | | |
| | 27 | Reserved for future use | 2 | | | | | | |
| | 28 | Additional child tax credit from Schedule 8812 (Form 1040) 28 | | | | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | | | | | | |
| | 30 | Reserved for future use | | | | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | | | | | | | |
| | 32 | 3 | 2 | | | | | | |
| | 33 | Add lines 28, 29, and 31. These are your total other payments and refundable credits . Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | | 3,185. | | | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpai | | 864. | | | | | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 🗌 35 | 5a 864. | | | | | |
| Direct deposit? | b | Routing number * * * * * 0 0 2 5 | Savings | | | | | | |
| See instructions. | d | Account number * * * * * * * * 4 9 7 6 | | | | | | | |
| | е | If you want your refund check mailed to an address outside the United States not shown | on page 1, | | | | | | |
| | | enter it here. | | | | | | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | | | | | | | |
| 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 | 3 | 7 | | | | | |
| | 38 Estimated tax penalty (see instructions) | | | | | | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete below. | | | | | | | | |
| Party Designee | Desig | | sonal identificati | ion | | | | | |
| Designee | name | nber (PIN) | | | | | | | |
| | | penalties of perjury, I declare that I have examined this return and accompanying schedules and statementhey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informations. | | | | | | | |
| Sign | Yours | signature Date Your occupation | If the IR | S sent you an Identity | | | | | |
| Here | rour c | Date Total occupation | | on PIN, enter it here | | | | | |
| 1.0.0 | | SOFTWARE | (see inst | t.) | | | | | |
| | Phone | | T | | | | | | |
| Paid | | Preparer's signature Date | PTIN | Check if: | | | | | |
| Preparer | - | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/202 | 4 *****270 |)3 Self-employed | | | | | |
| Use Only | | s name GLOBAL TAXES LLC | Phone no. | (678) 965-9522 | | | | | |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN **-*** | | | | | | | | |

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