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

Submission Identification Number (SID)					
Taxpayer's name	Social secur	Social security number			
SANTHOSH KUMAR VOORE	500-67	500-67-2073			
Spouse's name	Spouse's so	cial secui	ity number		
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you	re auth	norizing.)		
Enter whole dollars only on lines 1 through 5.			<u> </u>		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1	8	040.	
2 Total tax		2		0.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			
4 Amount you want refunded to you		4			
5 Amount you owe	· · · · · ·	5 s		<u>. 0 .</u>	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an					
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompanyment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellat business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related the personal identification number (PIN) below is my signature for the income tax return (original or amendated to the content of the payment (Settlement) and the properties and resolve issues related the personal identification number (PIN) below is my signature for the income tax return (original or amendated to the payment of the payment for the income tax return (original or amendated to the payment of the payment o	te the Ú.S. Treasury abount indicated in the institution to debit the erminate the authorizion requests must be d in the processing of the payment. I further than the processing of the payment. I further than the payment.	ax prepare entry to ation. To entry to ation. To entry the electher ack	esignated I aration soft o this accor o revoke (ced no late ctronic pay nowledge	Financial ware for unt. This cancel) a r than 2 ment of that the	
Taxpayer's PIN: check one box only					
 X I authorize GLOBAL TAXES LLC to enter or get 	porato my DIN	2 0	7 3	ac my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		igits, but all zeros	as my	
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Your signature ▶ Da	ate ▶				
Spouse's PIN: check one box only	_				
• _	nerate my PIN			as my	
ERO firm name	E		igits, but	,	
signature on the income tax return (original or amended) I am now authorizing.			all zeros		
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
<u>- </u>	ate ►				
Practitioner PIN Method Returns Only—continue	below				
Part III 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	6 0	8 2 7	1	
	Don't en	er all zer	os		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I arrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence.	m submitting this red	urn in ac	cordance		
ERO's signature ▶ Da	ate ►				
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requeste					

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	า. 1–🏻	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	0	See separate instructions.
Your first name	and i	niddle initial	Last na	ame			Your iden	tifying number
							(see instru	ctions)
SANTHOSH	KUN	IAR	VOOR	E			500-6	7-2073
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.		•		Apt. no.
2126 AUTU	JMN	TRAIL						
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code
GARLAND						TX		5040
Foreign country	nam nam	e	Foreigr	n province/state/county		Foreign p	ostal code	
	_							
Filing		Single	arately (N	MFS) Qualifyir	ng surviving spouse (C	QSS)	☐ Estate	e 🗌 Trust
Status		you checked the QSS box, enter the			son is a child but not y	our depe		
Check only one box.					·			
	Λ+ ο	ny time during 2023, did you: (a) rece	ivo (00 0	roward award or naum	ant for property or co	nioso): or	(b) coll ov	ohongo or
Digital Assets		rwise dispose of a digital asset (or a f					(D) Sell, ext	
Dependents		·			, , ,	(4) Che	k the box if	qualifies for (see inst.):
(see instructions)				(2) Dependent's		Child	tax credit	Credit for other
	-	(1) First name Last name		identifying number	(3) Relationship to you	1		dependents
If more than four							<u> </u>	
dependents, see	1							
instructions and check here							<u> </u>	
	1a	Total amount from Form(s) W-2, box	, 1 (222 i	notructions)			10	
Income	b	Household employee wages not rep	•	*			1a 1b	
Effectively Connected	C	Tip income not reported on line 1a (` '			1c	
With U.S.	d	Medicaid waiver payments not repo		,			1d	
Trade or	e	Taxable dependent care benefits fro		.,	,		1e	
Business	f	Employer-provided adoption benefit		·			1f	
Buomooo	g	Wages from Form 8919, line 6		·			1g	
Attach	h	Other earned income (see instruction					1h	
Form(s) W-2, 1042-S,	i	Reserved for future use						
SSA-1042-S,	j	Reserved for future use					1j	
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,	tem L, 1k			
attach	z	Add lines 1a through 1h					1z	
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	b Tax	able interest		2b	
tax was	3a	Qualified dividends 3	а	b Ord	linary dividends		3b	
withheld.	4a	IRA distributions 4a	а	b Tax	able amount		4b	
If you did not	5a	Pensions and annuities 5	а	b Tax	able amount		5b	
get a Form W-2, see	6	Reserved for future use					6	
instructions.	7	Capital gain or (loss). Attach Schedu	•		•			
	8	Additional income from Schedule 1						8,040.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and					9	8,040.
	10	Adjustments to income from Schedincome					10	
	11	Subtract line 10 from line 9. This is y	your adju	ısted gross income			11	8,040.
	12	Itemized deductions (from Schedudeduction (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 o	nly (see i	nstructions)	13b			
	С	Add lines 13a and 13b					13c	
	14							13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta :	xable income		15	0.

Form 1040-NR (2023)						Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1	314 2 49	72 3 🗌	16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line				17	0.
	18	Add lines 16 and 17				18	0.
	19	Child tax credit or credit for other depend	ents from Sched	ule 8812 (Form 10	040)	19	
	20	Amount from Schedule 3 (Form 1040), line	98			20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0			22	0.
	23a	Tax on income not effectively connected v	vith a U.S. trade	or business from			
		Schedule NEC (Form 1040-NR), line 15			23a		
	b	Other taxes, including self-employment to	ax, from Schedule	e 2 (Form 1040),			
		line 21			23b		
	С	Transportation tax (see instructions) .			23c		
	d	Add lines 23a through 23c				23 d	
	24	Add lines 22 and 23d. This is your total ta	nx		<u></u>	24	0.
Payments	25	Federal income tax withheld from:					
_	а	Form(s) W-2			25a		
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25 d	
	е	Form(s) 8805				25e	
	f	Form(s) 8288-A				25f	
	g	Form(s) 1042-S				25g	
	26	2023 estimated tax payments and amoun	t applied from 20	22 return		26	
	27	Reserved for future use			27		
	28	Additional child tax credit from Schedule	8812 (Form 1040))	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	e 15		31		
	32	Add lines 28, 29, and 31. These are your t	otal other paym	ents and refund	able credits	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.	These are your to	tal payments		33	
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33.	This is the amou	nt you overpaid	34	
	35a	Amount of line 34 you want refunded to y	ou . If Form 8888	is attached, che	ck here	. 🗌 35a	
Direct deposit?	b	Routing number X X X X X X	X X X	c Type:	Checking	Savings	
See instructions.	d	Account number X X X X X X	X X X X	X X X X	X X X		
	е	If you want your refund check mailed to a	n address outsid	le the United Sta	tes not shown on	page 1,	
		enter it here.					
	36	Amount of line 34 you want applied to yo	ur 2024 estimat	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe.				
You Owe		For details on how to pay, go to www.irs.g	gov/Payments or	see instructions		· · 37	0.
	38	Estimated tax penalty (see instructions)			38		
Third	Do yo	u want to allow another person to discuss	this return with th	ne IRS? See instru	uctions. \Box Y ϵ	es. Complete be	elow. 🗵 No
Party	Designee's Phone Personal						n
Designee	name	er (PIN)					
		penalties of perjury, I declare that I have examine					
Sign	,	they are true, correct, and complete. Declaration		. , ,			, ,
_	Your signature Date			Your occupation	ו		sent you an Identity PIN, enter it here
Here				STUDENT		(see inst.)	i Fila, enter it nere
	Phone	2 00	Email address	STOPHNI		(656 1151.)	
			r's signature		Date	PTIN	Check if:
Paid		·	PRIYA RAM S	באכאף כווחייא		P02082703	
Preparer Use Only		sname GLOBAL TAXES LLC		DAGAK GUFIA	01/11/2021		578)965-9522

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

SANTHOSH KUMAR VOORE

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

Attachment Sequence No. 01 Your social security number

500-67-2073

Par	t 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. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	4	
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	4	
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount: Other Income from box 3 of 1099-Misc 8,040.			
_	Other Income from box 3 of 1099-Misc 8,040.	8z 8,040.	-	0.040
9	Total other income. Add lines 8a through 8z		9	8,040.
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	8.040.
	1040. 1040-30. UL 1040-110. IIIIE 0		1 70	1 0,U4U.

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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 SANTHOSH KUMAR VOORE 500-67-2073 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(=) 100/	(b) 150/	4-1.000/	(d) Other (specify)		
	Nature of income		(a) 10% (b) 15%		(c) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b					
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations	2b					
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	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	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11					
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column	14					
15	Tax on income not effectively connected with a U.S. trade or business. Add colun					-NR, line 23a 15	
	Capital Gains and Losses	From	Sales or Excha	nges of Proper	ty		
losses f	nly the capital gains and from property sales or ges that are from sources he United States and not		(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.						
or loss	on disposing of a U.S. real						
gains a	y interest; report these nd losses on Schedule D						
(Form 1							
exchan	property sales or ges that are effectively						
	797, or both. 18 Capital gain. Combine columns (f) and (g) of line 1	7. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	nown on Form 1040-NR				Your identifying	number					
SANT	HOSH KUMAR VOORE				500-67-20	73					
Α	Of what country or countries w	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 p	ermanent resident)	of the United States? .		☐ Yes	⊠ No				
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful per		☐ Yes	⊠ No							
	If you answer "Yes" to (1) or (2										
E	If you had a visa on the last of immigration status on the last of			ou didn't have a visa, en	•						
F	Have you ever changed your v If you answered "Yes," indicate	isa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigra	ation status?		☐ Yes	⊠ No				
G	List all dates you entered and Note: If you're a resident of C	left the United States durin anada or Mexico AND cor	g 2023. See instruc nmute to work in tl	ctions. he United States at frequ	ent intervals,						
	check the box for Canada or	Mexico and skip to item I	<u> </u>	\square Canada	Mexico						
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		rted United nm/dd/yy	d States				
Н	Give number of days (including										
_	2021	, 2022	, and	2023 365	··	S					
ı	Did you file a U.S. income tax If "Yes," give the latest year ar	nd form number you filed:	1	.040NR		⊠ Yes	∐ No				
J	Are you filing a return for a trus	st?				☐ Yes	⊠ No				
	If "Yes," did the trust have a l					_					
	U.S. person, or receive a contr					∐ Yes	☐ No				
K	Did you receive total compens					∐ Yes	⊠ No				
	If "Yes," did you use an alterna					∐ Yes	☐ No				
L	Income Exempt From Tax—If complete (1) through (3) below	. See Pub. 901 for more inf	formation on tax tre	eaties.							
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefit	, and the				
	(a) Cou	ntry	(b) Tax treaty artic			ount of exe					
				claimed in prior tax ye	ars income in	n current ta	x year				
	(e) Total. Enter this amount or	n Form 1040-NR. line 1k D	lo not enter it anvw	here 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 mount with a U.S. trade or business u						onnected				
2.	You have made an election in										
	States as effectively connected										