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

Subm	nission Identification Number (SID)			
Taxpay	yer's name	Social securit	y number	
LAK	KSHAY SINGH	207-25-	-8996	
Spouse	e's name	Spouse's social security number		
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	⊥ r year you a	re authoriz	ing.)
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	12,611.
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	0.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your r	eturn)
return to sen for an Agent payme author payme busine taxes persor	nowledge 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, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejuy delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independ of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the penal identification number (PIN) below is my signature for the income tax return (original or amended) I a conic Funds Withdrawal Consent.	itter, or electro- ection of the tr. S. Treasury are icated in the ta on to debit the et the authoriza- uests must be processing of payment. I furt	nic return ori ansmission, (nd its designa xx preparation entry to this tition. To revo received no the electroni her acknowle	ginator (ERO) (b) the reason ated Financial n software for account. This bke (cancel) a later than 2 ic payment of edge that the
	ayer's PIN: check one box only			
	▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 5	8 9 9	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, l n't enter all ze	but
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Your	signature ▶ Date ▶ _			
Spau	se's PIN: check one box only			
Spou		my DINI		00 000
L	I authorize to enter or generate to enter or generate		er five digits.	as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all ze	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Spou	se'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		6 0 8 2 er all zeros	2 7 1
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income to rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	itting this retu	rn in accorda	ance with the
EBO'	s signature ▶ Date ▶			
LINU	ERO Must Retain This Form — See Instructions			
	Eno iviusi netalli i ilis fulli — see ilistructiolis			

Don't Submit This Form to the IRS Unless Requested To Do 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 Ja	า. 1–🏻	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	0	See separate instructions.	
Your first name and middle initial		Last name Y					Your identifying number		
							(see instructions)		
LAKSHAY			SING	Н			207-2	5-8996	
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.	
70 THORNE	SI	REET, UNIT-1							
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.	:	State	ZI	P code	
JERSEY C	TY					NJ	0	7307	
Foreign country	/ nam	e	Foreigr	n province/state/county		Foreign po	ostal code		
Filing		Single	arately (N	ΛΕS) □ Qualifvii	ng surviving spouse (C	1221	☐ Estat	e 🔲 Trust	
Status		you checked the QSS box, enter the			· · · ·	,		o 🗀 mast	
Check only	"	you oncolled the QCC Box, office the	orma o m	arrio il tiro qualifying port	son io a orma sacriot y	our dopor	140111.		
one box.									
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a t					(b) sell, exc		
D		wise dispose of a digital asset (of a	manciai	linterest in a digital asse					
Dependents (see instructions)				(2) Dependent's				Credit for other	
(See Instructions)		(1) First name Last name		identifying number	(3) Relationship to you	ı Chila	tax credit	dependents	
If mare than form									
If more than four dependents, see									
instructions and							<u> </u>		
check here									
Income	1a	Total amount from Form(s) W-2, box	•	,			1a	12,611.	
Effectively	b	Household employee wages not rep		` '			1b		
Connected	С.	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		
Attach	g	Wages from Form 8919, line 6					1g		
Form(s) W-2,	h i	Other earned income (see instruction Reserved for future use	,				1h		
1042-S, SSA-1042-S,		Reserved for future use					1j		
RRB-1042-S,	J k	Total income exempt by a treaty from			1 1		-,		
and 8288-A here. Also		line 1(e)			1k				
attach	z	Add lines 1a through 1h					1z	12,611.	
Form(s)	2a	Tax-exempt interest 2a	1	1	kable interest		2b		
1099-R if tax was	3a	Qualified dividends 3a	_		dinary dividends		3b		
withheld.	4a	IRA distributions 4			kable amount		4b		
If you did not	5a	Pensions and annuities 5a			cable amount		5b		
get a Form	6	Reserved for future use					6		
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	ıle D (Fo	rm 1040) if required. If n	ot required, check her	e 🗆	7		
	8	Additional income from Schedule 1	(Form 10	040), line 10			8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively o	onnected income .		9	12,611.	
	10	Adjustments to income from Schedincome	•	•	•		10		
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross income			11	12,611.	
	12	Itemized deductions (from Schedu	ıle A (Fo	rm 1040-NR)) or, for cer	rtain residents of India	a, standar	d b		
		deduction (see instructions)	ty 12	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	instructions)	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 (2	2023)										Page 2
Tax and	16	Tax (see instructions). Check if any from	m For	rm(s): 1 88	314 2 497	'2 3			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 dep	pende	ents from Schedi	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 of	or less	s, enter -0					22		0.
	23a	Tax on income not effectively connec	ted w	rith a U.S. trade o	or business from						
		Schedule NEC (Form 1040-NR), line 1	15 .			23a					
	b	Other taxes, including self-employme	ent ta	x, from Schedule	e 2 (Form 1040),						
		line 21				23b					
	С	Transportation tax (see instructions)				23c					
	d	Add lines 23a through 23c							23d		
	24	Add lines 22 and 23d. This is your to	tal ta	x					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							25d		
	е	Form(s) 8805							25e		
	f	Form(s) 8288-A							25f		
	g	Form(s) 1042-S							25g		
	26	2023 estimated tax payments and an							26		
	27	Reserved for future use				27					
	28	Additional child tax credit from Scheo				28					
	29	Credit for amount paid with Form 104		` '		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3 (Form 1040				31					
	32	Add lines 28, 29, and 31. These are y	, .			$\overline{}$	lits .		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, and							33		
Refund	34								34		
riciana	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									
Direct deposit?	b	Routing number X X X X X							35a		
See instructions.	d										
	e	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 t	to voi	ur 2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is t									
You Owe	•-	For details on how to pay, go to www		-	see instructions .				37		0.
rou owe	38	Estimated tax penalty (see instruction	_	-		38					J.
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.								lete be	ow.	⊠ No
Party	· ·									•	
Designee	Designee's Phone Personal identifi name no. number (PIN)							ication			
	Under	penalties of perjury, I declare that I have exathey are true, correct, and complete. Declare	amine	d this return and ac			tatement	s, and to th			
Sign				Date Your occupation						an Identity	
Here	Your signature			Date	Tour occupation			I .		,	nter it here
11616					STUDENT			I .	inst.)	,	
	Phone	e no.		Email address				- ' '			
Doid			parer'	's signature		Date		PTIN		Checl	k if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYA	AM PR	IYA RAM SAGAF	R GUPTA TALLAM	02/29	/2024	P0208	2703		elf-employed
Preparer		s name GLOBAL TAXES LLC				1,20		Phone r			65-9522
Use Only		s address 245 DOONEY CT I		TINGWITCK N	т 09916			Firm's F			71965

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 LAKSHAY SINGH 207-25-8996 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)				
				(a) 10%	(b) 15%	(6) 30%	%	%		
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		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			18		2b					
С					2c					
3			s, trademarks, etc.)		3					
4			ight royalties		4					
5	•		recording, publishing, etc.)		5					
6			natural resources royalties		6					
7					7					
8					8					
9	Capital gain from line	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	ss. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	and on Form 1040-	-NR, line 23a 15	
			Capital Gains an	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	l (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/Form10

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				
LAKS	SHAY SINGH				207-25-8996					
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 p	ermanent residen	t) of the United States? .		Yes	⊠ No			
D	Were you ever:									
1.	A U.S. citizen?					☐ Yes	⊠ No			
2.	A green card holder (lawful per	rmanent resident) of the Un	ited States? .			☐ Yes	⊠ No			
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation ru	les 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. $F1$									
F	Have you ever changed your value of the second of the seco	isa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immig	gration status?		☐ Yes	⊠ No			
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	1	\square Canada	☐ Mexico					
	Date entered United States	Date departed United State	es	Date entered United State	s Date depa	rted Unite	ed States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy	у			
]							
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 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			•			☐ 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, 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) Cou	ntry	(b) Tax treaty art	icle (c) Number of month claimed in prior tax ye						
	(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	reign country on any of the	income shown ir	1(d) above?		☐ Yes	☐ No			
3.	Are you claiming treaty benefit	s pursuant to a Competent	t Authority determ	ination?		☐ Yes	⊠ No			
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to y	our return.						
M	Check the applicable box if:									
1.	This is the first year you are multiplier with a U.S. trade or business to									
2.	You have made an election in States as effectively connected									