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

	5				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name S	ocial securi	ty numb	per	
ANVE	SH MUPPEDA	588-32	-700	3	
Spouse's	s name S	pouse's soc			•
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter y	ear vou a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	ear you a	i e au	inonzing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	25	,520.
	Total tax		2		,128.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,480.
4	Amount you want refunded to you		4		,352.
5	Amount you owe		5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and ke	ер а сор	y of y	our retu	rn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I wledge 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, transmitte my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicate of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution return is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transfer of the payment (settlement) date. I also authorize the financial institutions involved in the professor or receive confidential information necessary to answer inquiries and resolve issues related to the pay il identification number (PIN) below is my signature for the income tax return (original or amended) I am inc	are the amer, or electrosion of the trace treasury a ted in the trace debit the ene authorizats must be ocessing of ment. I further the enement of the eneme	ounts for the counts of the co	from the incurrence of the control o	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	yer's PIN: check one box only				
X	•	, PIN 2	7 (0 0 3	as my
<u> </u>	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En ⁻		digits, but er all zeros	do my
	I will enter my PIN as my signature on the income tax return (original or amended) I am nov if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your si	gnature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate my	, DINI			as my
	ERO firm name		ter 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 am now if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	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		6 0	8 2 7	1
		Don't ent	er all ze	:108	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submittinents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indianated IRS e-fil	ng this retu	ırn 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 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 Jan. 1-Dec. 31, 2023, or other tax year beginn				nning, 2023, ending, 20					See separate instructions.	
Your first name	and i	middle initial	Last name				Your identifying number (see instructions)			
ANVESH			MUPPEDA				588-32-7003			
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.					Apt. no.	
		HERITAGE							F09	
City, town, or p	ost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP c	ode	
LUBBOCK						TX		794	15	
Foreign country	nam	е	Foreigr	n province/state/county		Foreign	postal co	de		
	1									
Filing	\times	Single Married filing sepa	arately (N	/IFS) 🗌 Qualifyii	ng surviving spouse ((QSS)	☐ Es	tate	☐ Trust	
Status	If	you checked the QSS box, enter the o	child's na	ame if the qualifying pers	son is a child but not	your dep	endent:			
Check only one box.										
	Δta	ny time during 2023, did you: (a) recei	ve (as a	reward award or navm	ent for property or se	arvices). c	r (h) sell	evchs	ange or	
Digital Assets		erwise dispose of a digital asset (or a f							Yes 🔀 No	
Dependents						(4) Ch	eck the bo	x if qua	lifies for (see inst.):	
(see instructions):		(I) = 1		(2) Dependent's	(2) 5	Chi	ld tax cred	it	Credit for other	
		(1) First name Last name		identifying number	(3) Relationship to yo	ou -		+	dependents	
If more than four								+		
dependents, see								-		
instructions and check here							\dashv	+		
	1a	Total amount from Form(s) W-2, how	/ 1 (see i	netructions)			 . 1a	\top	25,520.	
Income Effectively	b	• • • • • • • • • • • • • • • • • • • •	,	,					23,320.	
Connected	C									
With U.S.	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
Trade or	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
	f	·	. 1e							
Business	g			•			. 1g			
Attach	h	•					. 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	k	Total income exempt by a treaty from	aty from Schedule OI (Form 1040-NR), item L,							
here. Also		line 1(e)			1k					
attach	z	Add lines 1a through 1h					. 1z		25,520.	
Form(s) 1099-R if	2a	Tax-exempt interest 2a	_		cable interest		. 2b			
tax was	3a	Qualified dividends 3a			dinary dividends .		. 3b	1		
withheld.	4a -	IRA distributions 4a	_		kable amount			-		
If you did not get a Form	5a	Pensions and annuities 5a			kable amount					
W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schedu	•		•					
	8 9	Additional income from Schedule 1 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8							25,520.	
				•				+	23,320.	
	10	Adjustments to income from Sched income	,	,.	,					
	11	Subtract line 10 from line 9. This is y							25,520.	
	12	Itemized deductions (from Schedu								
	-	deduction (see instructions)							13,850.	
	13a	Qualified business income deduction							·	
	b	Exemptions for estates and trusts of								
	С	Add lines 13a and 13b					. 130			
	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		11,670.	

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	m(s): 1 88	314 2 [4972	2 3			16	1,181.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	1,181.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (F	orm 104	40) .			19	
	20	Amount from Schedule 3 (Form	1040), line	8						20	53.
	21	Add lines 19 and 20								21	53.
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0						22	1,128.
	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-emple	oyment ta	x, from Schedul	e 2 (Form 1	1040),					
		line 21				t t	23b			4	
	С	Transportation tax (see instruction	,				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you		x			· ·			24	1,128.
Payments	25	Federal income tax withheld from									
	а	Form(s) W-2				t t	25a		2 , 480.	-	
	b	Form(s) 1099				ī	25b			-	
	С.	Other forms (see instructions) .					25c				0 400
	d	Add lines 25a through 25c								25d	2,480.
	e	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g oe	Form(s) 1042-S								25g 26	
	26 27	Reserved for future use					27			20	
	28	Additional child tax credit from S				1	28			-	
	29			•	,	t t	29			1	
	30	Credit for amount paid with Form 1040-C									
	31	Amount from Schedule 3 (Form 1040), line 15							1		
	32									32	
	33	Add lines 25d, 25e, 25f, 25g, 26,								33	2,480.
Refund	34	If line 33 is more than line 24, su								34	1,352.
	35a	Amount of line 34 you want refu	nded to y	ou . If Form 8888	is attache	d, checl	k here		🗆	35a	1,352.
Direct deposit?	b										
See instructions.	d	Account number 4 8 8 1 1 2 5 4 5 0 9 1									
	е	If you want your refund check m	nailed 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. This		-							
You Owe		For details on how to pay, go to	•	-		tions .				37	
	38	Estimated tax penalty (see instru					38				[[]
Third	•	u want to allow another person to	discuss t	his return with th	ne IRS? See	e instruc	ctions.		es. Comp		low. 🗵 No
Party	Desig			Phone					nal identif	ication	
Designee	name			no.					er (PIN)		
		penalties of perjury, I declare that I hat they are true, correct, and complete. I									
Sign						•					ent you an Identity
Here	Your signature			Date Your occupation						PIN, enter it here	
					STUDEN	IT			(see	inst.)	
	Phone			Email address							
Paid	Prepa	rer's name	Preparer	's signature			Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	IYA RAM SAGAI	R GUPTA T.	ALLAM	02/1	0/2024	P02082	2703	Self-employed
Use Only	Firm's	name GLOBAL TAXES							Phone n		78)965-9522
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's						Firm's E	IN 8	4-3171965			

BAA

SCHEDULE 3 (Form 1040)

ANVESH

Department of the Treasury

Additional Credits and Payments

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

OMB No. 1545-0074

Internal Revenue Service

MUPPEDA

Attachment Sequence No. **03** Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 588-32-7003

Par	t Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	53.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	Sa		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	Sc		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	Se		
f	Clean vehicle credit. Attach Form 8936	Sf .		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	ôj <u> </u>		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	m		
Z	Other nonrefundable credits. List type and amount:			
		Sz		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10-	40, 1040-SR, or		
	1040-NR, line 20		8	53.
		(Co	วทนทน6	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

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

Name shown on Form 1040-NR

or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D

Report property sales or exchanges that are effectively connected with a U.S. business

Form 4797, or both.

on Schedule D (Form 1040).

(Form 1040).

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Attachment Sequence No. 7B

Your identifying number

ANVESH MUPPEDA 588-32-7003 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain

17 Add columns (f) and (g) of line 16

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -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

2023

Attachment Sequence No. 7C

Name	shown on Form 1040-NR				Your identifying number									
ANV	ESH MUPPE				588-32-7003									
Α	Of what country or countries w	ere you a citizen or nationa	al during the tax y	/ear? INDIA										
В	In what country did you claim i			O T1 -										
С	Have you ever applied to be a	green card holder (lawful p	ermanent resider	nt) of the United States? .		☐ Yes	⊠ No							
D	Were you ever:													
1	. A U.S. citizen?					☐ Yes	⊠ No							
2	. A green card holder (lawful per	manent resident) of the Un	ited States? .			☐ Yes	⊠ No							
	If you answer "Yes" to (1) or (2)	, see Pub. 519, chapter 4,	for expatriation r	ules that apply to you.										
E	If you had a visa on the last d immigration status on the last d			you didn't have a visa, en	-									
F	Have you ever changed your vi If you answered "Yes," indicate		tus) or U.S. immiç			☐ Yes	⊠ No							
G	List all dates you entered and le	eft the United States during	g 2023. See instr	uctions.										
	Note: If you're a resident of Ca	anada or Mexico AND cor	nmute to work in	the United States at frequ	frequent 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	as = 32 - 7003 Yes N								
	mm/dd/yy	mm/dd/yy		mm/dd/yy	ı İ	mm/dd/yy								
Н	Give number of days (including v	vacation, nonworkdays, and	l partial days) you	were present in the United	States during:									
	2021	, 2022 3 6	65 , a n	nd 2023365										
I	Did you file a U.S. income tax r	eturn for any prior year?.				X Yes	☐ No							
	If "Yes," give the latest year and	d form number you filed:		1040NR										
J	Are you filing a return for a trus	t?				☐ Yes	⊠ No							
		Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a												
	U.S. person, or receive a contri	ibution from a U.S. person	?			☐ Yes	☐ No							
K	Did you receive total compensa					☐ Yes	⊠ No							
	If "Yes," did you use an alterna						☐ No							
L		ncome Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.												
1	 Enter the name of the country, t amount of exempt income in the 				claimed the tre	eaty benefi	t, and the							
	(a) Cour	ntry	(b) Tax treaty ar	ticle (c) Number of month										
	(e) Total. Enter this amount on	n Form 1040-NR, line 1k. D	o not enter it anv	where else on line 1										
2			-			☐ Yes	☐ No							
3						Yes	⊠ No							
	If "Yes," attach a copy of the C		-											
М	Check the applicable box if:	,		•										
1							onnected							
2	You have made an election in States as effectively connected	a previous year that has	not been revoke	ed, to treat income from re	eal property lo	cated in th								

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Name(s) shown on return ANVESH

Your social security number 588-32-7003

(a) You



You cannot take this credit if either of the following applies.

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- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

							(a) You		(b) Your spous	se
1				LE account contribu bllover contributions.		1				_
2	•	•				1				—
2				mployer plan, volunta for 2023 (see instruct		2	5	33.		
3	Add lines 1 an	d 2								
4	Certain distributions received after 2020 and before the due date (including									_
	extensions) of	your 2023 tax	return (see instructio	ns). If married filing jo	intly, include					
	both spouses	' amounts in b e	oth columns. See inst	ructions for an excep	tion	4				
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5	5	33.		_
6	In each colum	n, enter the sn	naller of line 5 or \$2,0	00		6	5	33.		
7	Add the amou	nts on line 6. It	f zero, stop ; you can't	take this credit				7	533	
8	Enter the amo	unt from Form	1040, 1040-SR, or 10	040-NR, line 11*	8	2	25,520.			
9	Enter the appl	icable decimal	amount from the table	e below.						
	If line	8 is-	l l	And your filing status	is—					
		But not	Married	Head of	Single, Marr	Single, Married filing				
	Over-	over—	filing jointly	household	separate					
			Enter or	n line 9—	Qualifying survi	iving spouse				
		\$21,750	0.5	0.5	0.5					
	\$21,750	\$23,750	0.5	0.5	0.2					
	\$23,750	\$32,625	0.5	0.5	0.1			9	x .1	
	\$32,625	\$35,625	0.5	0.2	0.1					
	\$35,625	\$36,500	0.5	0.1	0.1					
	\$36,500	\$43,500	0.5	0.1	0.0					
	\$43,500	\$47,500	0.2	0.1	0.0					
	\$47,500	\$54,750	0.1	0.1	0.0					
	\$54,750	\$73,000	0.1	0.0	0.0					
	\$73,000		0.0	0.0	0.0					
		Note:	If line 9 is zero, stop ;	you can't take this cre	edit.					
10	Multiply line 7	,						10	53	•
11			,	from the Credit Limit				11	1,181	
12				utions. Enter the sm			11 here			
	and on Sched	ule 3 (Form 10	40), line 4					12	53	

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

REV 02/05/24 PRO