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

| IIILEIIIAII | reveilue dei vice | | | | | | |
|--|---|--|---|--|--|---|--|
| Submi | ssion Identification Number (SID) | | | | | | |
| Taxpaye | er's name | Social secu | rity num | oer | | | |
| ROH: | IN GOPALAKRISHNAN | 899-60-8762 | | | | | |
| Spouse' | s name | Spouse's so | cial sec | urity nu | mber | | |
| | | | | | | | |
| Part | , , | year you | are au | thoriz | ing.) | | |
| | whole dollars only on lines 1 through 5. | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | 1 | I | ΓЭ | C1 1 | |
| 1 | Adjusted gross income | | 2 | | | 614. 553. | |
| 2 3 | Total tax | | 3 | | | | |
| 4 | Amount you want refunded to you | | 4 | | | <u>673.</u> | |
| 5 | Amount you owe | | 5 | | 6, | 120. | |
| Part | | | _ | our r | eturi | າ) | |
| | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) | | | | | | |
| to send for any Agent t paymen authoric paymen business taxes t person | original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provided in the IRS (a) an acknowledgement of receipt or reason for rejected provided in the IRS (a) and provided in 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 indigent of the IRS (a) and the financial institution account indigent in the IRS (a) and the financial institution and the financial institution requires a 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 path of the IRS (a) withdrawal Consent. | ection of the S. Treasury cated in the on to debit the the authori- lests must be processing a ayment. I fu | transminand its cand | ssion, designation to this Forevolution to the control of the cont | (b) the ated Fin softwaccoupke (cap later ic paying edge t | reason inancial vare for nt. This ancel) a than 2 ment of that the | |
| | nic Funds Withdrawal Consent. | | | | | | |
| - | yer's PIN: check one box only | (|) 8 ' | 7 6 | 2 | | |
| × | I authorize GLOBAL TAXES LLC to enter or generate ERO firm name | · E | nter five | | but | as my | |
| | signature on the income tax return (original or amended) I am now authorizing. | d | on't ente | r all ze | ros | | |
| | 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 s | ignature ▶ Date ▶ | | | | | | |
| Snous | se's PIN: check one box only | | | | | | |
| Opous | I authorize to enter or generate | my DINI | | | | ac my | |
| | ERO firm name | | nter five | digits. | | as my | |
| | signature on the income tax return (original or amended) I am now authorizing. | | on't ente | | | | |
| | 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. | | _ | | | _ | |
| Spous | e's signature ▶ Date ▶ | | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | | | | |
| FRO'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 | 2 7 | 1 | |
| | 2 11471 IN. Effect your six digit in tollowed by your live digit self-selected inv. | Don't er | | | | | |
| authori | that the above numeric entry is my PIN, which is my signature for the electronic individual income to the 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 Ir | x return (ori | ginal or turn in a | amenc accord | anće v | | |
| ERO's | signature ▶ Date ▶ | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | 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 Jan | or the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20 | | | | | 20 | See separate instructions. | | |
|---|---|---|-----------------|------------------------------------|-------------------------|---------------------|----------------------------|---------|--------------------------------|
| Your first name | r first name and middle initial Last name | | | | | Your identifying nu | | | |
| | | | | | ` | see instructions) | | | |
| | | | | | | 899- | -60- | -8762 | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | | | | | | | Apt. no. |
| 1856 TERS | | | | lata anggan halaw | | Ctata | | ZID | |
| • • • | ost of | fice. If you have a foreign address, als | so comp | lete spaces below. | | State | | | code |
| SAN JOSE Foreign country | nam | | Foreign | n province/state/county | | CA Foreign p | oostal oo | | 131 |
| Toroigh bounty hamo | | | | | | | Josiai Co | ue | |
| Filing | ☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) | | | | | | | | ☐ Trust |
| Status | | ou checked the QSS box, enter the | | , | 0 . | , , | | tate | Hust |
| Check only | " : | or or concert the QOO BOX, or ter the C | Jillia 5 110 | arrie ir trie qualifying pere | ion io a orina bat riot | your dop | oridorit. | | |
| one box. | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f | | | | | r (b) sell, | | ange, or Yes X No |
| Dependents | | | | (2) 5 | | (4) Ch | eck the bo | x if qu | ualifies for (see inst.): |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Chil | d tax crec | it | Credit for other dependents |
| | | (), | | , 0 | (-) | | | | |
| If more than four | | | | | | | Ħ | | |
| dependents, see instructions and | | | | | | | | | |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | . 1a | | 59,964. |
| Effectively | b | Household employee wages not rep | orted on | Form(s) W-2 | | | . 1b | | |
| Connected | С | Tip income not reported on line 1a (s | see instr | uctions) | | | . 1c | | |
| With U.S. | d | Medicaid waiver payments not repo | rted on F | orm(s) W-2 (see instruct | ions) | | . 1d | | |
| Trade or | е | Taxable dependent care benefits fro | m Form | 2441, line 26 | | | . 1e | | |
| Business | f | Employer-provided adoption benefit | s from F | orm 8839, line 29 . | | | . 1f | | |
| Attach | g | Wages from Form 8919, line 6 | | | | | . 1g | | |
| 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 | | | 1 1 | | . <u>1j</u> | | |
| and 8288-A here. Also | k | Total income exempt by a treaty from line 1(e) | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1z | | 59,964. |
| Form(s) 1099-R if | 2 a | Tax-exempt interest 2a | a | b Tax | able interest | | . 2b | _ | |
| tax was | 3a | Qualified dividends 3a | 3 | b Ord | linary dividends . | | . 3b | | |
| withheld. | 4a | IRA distributions 4a | _ | | able amount | | | _ | |
| If you did not get a Form | 5a | Pensions and annuities 5a | | | able amount | | | _ | |
| W-2, see | 6 | Reserved for future use | | | | _ | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | • | | • | | | + | |
| | 8 | Additional income from Schedule 1 | • | • | | | | - | <u>-6,350.</u> |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | | | | | + | 53,614. |
| • | 10 | Adjustments to income from Sched income | • | • | • | | | | |
| • | 11 | Subtract line 10 from line 9. This is y | our adju | ısted gross income | | | . 11 | | 53,614. |
| | 12 | Itemized deductions (from Schedudeduction (see instructions) | | | | | | | 13,850. |
| | 13a | Qualified business income deduction | | | | | | | |
| | b | Exemptions for estates and trusts or | nly (see i | nstructions) | 13b | | | | |
| | 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 x | cable income . | | . 15 | | 39,764. |

| Form 1040-NR (| 2023) | | | | | | | | | | Page 2 |
|--------------------------------------|--|--|------------|---------------------|---------------|------------|---------|----------------------|-------------------------|----------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any | from For | m(s): 1 88 | 314 2 | 4972 | 3 | | | 16 | 4,553. |
| Credits | 17 | Amount from Schedule 2 (Form 10 | 040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 4,553. |
| | 19 | Child tax credit or credit for other | depende | ents from Sched | ule 8812 (F | orm 104 | 0) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 10 | 040), line | 8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zer | o or less | s, enter -0 | | | | | | 22 | 4,553. |
| | 23a | Tax on income not effectively conr Schedule NEC (Form 1040-NR), lir | | | | | 23a | | | | |
| | b | Other taxes, including self-employ line 21 | | • | • | ,. | 23b | | | | |
| | С | Transportation tax (see instruction | s) | | | [| 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your | total tax | x | | | | | | 24 | 4,553. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | | |
| - | а | Form(s) W-2 | | | | [| 25a | 1 | 0,673. | | |
| | b | Form(s) 1099 | | | | [| 25b | | | | |
| | С | Other forms (see instructions) . | | | | [| 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 10,673. |
| | е | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and | amount | applied from 20 | 22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | | | 27 | | | | |
| | 28 | Additional child tax credit from Sc | hedule 8 | 812 (Form 1040 |) | | 28 | | | | |
| | 29 | Credit for amount paid with Form | | | | - | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form 10 | ,. | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These ar | | | | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, a | | | | | | | | 33 | 10,673. |
| Refund | 34 | If line 33 is more than line 24, subt | | | | | - | - | | 34 | 6,120. |
| | 35a | Amount of line 34 you want refund | | | | | | | | 35a | 6,120. |
| Direct deposit? See instructions. | b | Routing number 3 2 2 2 | | | c Type | e: 🔀 (| Check | ing $_{_{_{arphi}}}$ | Savings | | |
| See instructions. | d | Account number 3 9 5 5 | | | | | | | | | |
| | е | If you want your refund check ma | | | | | | | | | |
| | | enter it here. | | | | | | | | - | |
| | 36 | Amount of line 34 you want applie | | | | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This For details on how to pay, go to w | | - | | otiono | | | | | |
| You Owe | 20 | | _ | - | | , zilons | 20 | | | 37 | |
| Thind | 38 Do vo | Estimated tax penalty (see instructure want to allow another person to compare the compared to | | | | o inatrua | 38 | | es. Comp | loto bol | ow. 🗵 No |
| Third Party | • | • | แรบนธร เเ | | | e iristruc | 110115. | | | | OW. Z NO |
| Designee | Designame | | | Phone no. | | | | | nal identif er (PIN) | ication | |
| | Under | penalties of perjury, I declare that I have they are true, correct, and complete. De | | d this return and a | | | | statement | s, and to th | | |
| Sign | Your | signature | | Date | Your occu | upation | | | If th | e IRS s | ent you an Identity |
| Here | | 3 | | | | | | | Prot | ection | PIN, enter it here |
| | | | | | STUDEN | VT | | | (see | inst.) | |
| | Phone | | | Email address | | 1 | | | I == | | |
| Paid | Prepa | rer's name | reparer' | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | | | | PRIYA RAM | SAGAR G | UPTA | 04/0 | 4/2024 | P0208 | | Self-employed |
| Use Only | | name GLOBAL TAXES L | | | | | | | Phone n | , , | 78)965-9522 |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | | | | | | IN 8 | 4-3171965 | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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.

| | Sequence No. 01 |
|-----------|------------------------|
| Your soci | ial security number |
| 899-60 | -8762 |

| ROHI | HIN GOPALAKRISHNAN 899-60 | | | | | | | | |
|--------|--|---------------|--------------|---------|--|--|--|--|--|
| Par | t I Additional Income | | | | | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | | | | | | |
| 2a | Alimony received | | | | | | | | |
| b | Date of original divorce or separation agreement (see instructions): | | | | | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | | | | | | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | | | | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule | E . <u>5</u> | -6,350. | | | | | |
| 6 | Farm income or (loss). Attach Schedule F | | | | | | | | |
| 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 | | | | | | | |
| İ | 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 | | | | | | | |
| | Section 951(a) inclusion (see instructions) | 8n | - | | | | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 8p | | | | | | | |
| p | Section 461(I) excess business loss adjustment | 8q | | | | | | | |
| q r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | | | | | |
| ı S | Nontaxable amount of Medicaid waiver payments included on Form | OI . | - | | | | | | |
| 3 | 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: | | | | | | | | |
| | | 8z | | | | | | | |
| 9 | Total other income. Add lines 8a through 8z | | | | | | | | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income. Ente | r here and or | Form | 1 | | | | | |

-6,350.

10

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 | | | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | |
| 17 | Self-employed health insurance deduction | | | | |
| 18 | Penalty on early withdrawal of savings | | | | |
| 19a | Alimony paid | | | | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | Į. |
| 20 | IRA deduction | | | | |
| 21 | Student loan interest deduction | | | | |
| 22 | Reserved for future use | | | | |
| 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 | the state of the s | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 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 | | | | |
| | - | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | Į. |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10 | . Enter | r here and | on 26 | |
| | 1 OITH 1070, 1070-011, 01 1070-1111, 11110-10 | • • | | . 20 | |

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

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

Your identifying number

ROHIN GOPALAKRISHNAN 899-60-8762 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 3 Motion picture or TV copyright royalties 4 5 Real property income and natural resources royalties 6 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 losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. rea property interest; report these gains and losses on Schedule D (Form 1040).

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). Form 4797, or both.

| | Capital Gaille and Ecoses From Cales of Exonalityes of Froperty | | | | | | | | | | |
|--------------|---|--|------------------------------|-----------------------------|---------------------|-------------------------|--|--|--|--|--|
| l es t | 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). | | | |
| 3. | | | | | | | | | | | |
| al | | | | | | | | | | | |
| , | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Add columns (f) and (g) of line 16 . | | | | | () | | | | |
| | 18 (| Capital gain. Combine columns (f) and | (g) of line 17. Ente | er the net gain here | e and on line 9 abo | ove. If a loss, enter | r-0 18 | | | | |

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

| Name sh | me shown on Form 1040-NR Your identifying number | | | | | | | | | |
|---------|--|--|--|---|---------------------|-------------------------------|--|--|--|--|
| ROHI | HIN GOPALAKRISHNAN 899-60-8762 | | | | | | | | | |
| 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 permanent resident) of the United States? | | | | | | | | | |
| D | Were you ever: ■ A U.S. citizen? | | | | | | | | | |
| 1. | I. A U.S. citizen? | | | | | | | | | |
| 2. | A green card holder (lawful permanent resident) of the United States? | | | | | | | | | |
| | If you answer "Yes" to (1) or (2 | | | | | | | | | |
| 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 yearF1 | | | | | | | | | |
| F | Have you ever changed your value of the state of the stat | | | on status? | | Yes 🗵 No | | | | |
| G | List all dates you entered and | left the United States durin | | | | | | | | |
| | Note: If you're a resident of C | | | | | | | | | |
| | check the box for Canada or | Mexico and skip to item I | 1 | 🗌 Canada | Mexico | | | | | |
| | Date entered United States | Date departed United Stat | es Da | te entered United State | | United States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | mm/ | dd/yy | | | | |
| | | | | | | | | | | |
| | | | \perp | | | | | | | |
| | | | | | | | | | | |
| | | | | | <u> </u> | | | | | |
| Н | | , 2022 | , and 202 | 23 365 | | _ | | | | |
| I | Did you file a U.S. income tax If "Yes," give the latest year ar | nd form number you filed: | 104 | ONR | | Yes 🗌 No | | | | |
| J | Are you filing a return for a tru If "Yes," did the trust have a U.S. person, or receive a cont | st? . U.S. or foreign owner unde | r the grantor trust rule | es, make a distribution | | Yes ⊠ No Yes □ No | | | | |
| K | Did you receive total compens | sation of \$250,000 or more | during the tax year? . | | \square | Yes 🗵 No | | | | |
| | If "Yes," did you use an alternation | | | • | | Yes 🗌 No | | | | |
| L | Income Exempt From Tax—It complete (1) through (3) below | | | | tax treaty with a f | oreign country, | | | | |
| 1. | Enter the name of the country, amount of exempt income in the | | | | claimed the treaty | benefit, and the | | | | |
| | (a) Cou | ntry | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | | t of exempt rrent tax year | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (-) T-1-1 [1 11 11 11 11 11 11 11 11 11 11 11 1 | - F 4040 ND " 41 5 | <u> </u> | | | | | | | |
| ^ | (e) Total. Enter this amount o | | - | | | Voc. DN- | | | | |
| | Were you subject to tax in a fo | | , , | | E | Yes ☐ No | | | | |
| 3. | Are you claiming treaty benefit | • | • | | ⊔ | Yes 🗵 No | | | | |
| N/I | If "Yes," attach a copy of the Check the applicable box if: | competent Authority deterr | illilation letter to your i | etum. | | | | | | |
| M 1 | Check the applicable box if: | aking an election to treat in | ncomo from roal propo | rty located in the Units | nd States as offert | wolv copposited | | | | |
| | This is the first year you are m with a U.S. trade or business u | under section 871(d). See in | nstructions | | | | | | | |
| 2. | You have made an election in States as effectively connected | า a previous year that has d with a U.S. trade or busir | not been revoked, to ness under section 871 | treat income from real (d). See instructions. | eal property locate | a in the United | | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13 Your social security number

OMB No. 1545-0074

| ROH] | N GOPALAKRISHNAN | | | | | | 899-6 | 0-8762 | |
|-------|--|----------------|----------------|----------------|---------|-------------------|----------------------|-------------|----------|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you | are an indi | vidual, rep | ort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | | - () 4 | 2000 | | | | | 57.11 |
| | | | | | | | | | |
| В | | | | | | | | | s No |
| 1a | Physical address of each property (street, city, state, ZIF | ode? |)) | | | | | | |
| Α | 711,11TH MAIN ROAD VIJAYA BANK LAYOUR | BANG | BALORE, | KARN | ATAK | A IN 560 | 076 | | |
| В | | | | | | | | | |
| С | | | | | | | 1 | | I |
| 1b | Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair | | | | Fa | ir Rental Days | Personal Use Days | | QJV |
| Α | g personal use days. Check the Qu | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| С | quainied joint venture. See instru | ICLIONS | ·. [| С | | | | | |
| Туре | of Property: | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | ılties | 8 | Other (desc | ribe) | | |
| | | | | | | Propert | | | |
| Incon | ים. | | | Α | | В | 103. | | С |
| 3 | Rents received | 3 | | | 50. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | nses: | - - | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | | | 1,120. | | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,9 | 50. | | | | |
| 15 | Supplies | 15 | 2,100. | | | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | , | | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,8 | 00. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must | | | | | | | | |
| | file Form 6198 | 21 | | -6,3 | 50. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| -6,35 | 0.) | (|) | (| |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | | 23a | | 450. | | |
| b | Total of all amounts reported on line 4 for all royalty properties. | erties | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | (| 5,800. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | e losse | s from lin | e 22. Eı | nter to | tal losses he | re 25 | (| 6,350. |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | on | | |
| | Schedule 1 (Form 11/11) line 5 ()therwise include this or | malint | in the tot | al on li | na /11 | on nage o | 1 00 | ı | _6 3EO |