## 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  | ission Identification Number (SID)   |  |   |  |
|---|--|--|---|--|
| Taxpaye   | er's name  | Social securit   | y numbe   | er   |
| SAI   | KEERTHI KONDURU  | 319-43-  | -<br>-3596  |  |
| Spouse  | 's name  | Spouse's soc   |   |  |
| Part  | Tax Return Information — Tax Year Ending December 31, 2023 (Enter  | year you a   | re auth   | norizing.)   |
| Enter   | whole dollars only on lines 1 through 5.   | <i>,</i> ,   |   | 3 /  |
| Note:   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |   |  |
| 1   | Adjusted gross income  |  | 1   | 76 <b>,</b> 781.   |
| 2   | Total tax  |  | 2   | 9,151.   |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  | 3   | 11,183.  |
| 4   | Amount you want refunded to you  |  | 4   | 2,032.   |
| 5   | Amount you owe   |  | 5   |  |
| Part  | Taxpayer Declaration and Signature Authorization (Be sure you get and k penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)   |  |   |  |
| return to send for any Agent to payme authori payme busines taxes to person | owledge 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 reject 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 indicated in the financial return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests 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 particle funds withdrawal Consent. | ter, or electroction of the tr<br>S. Treasury are<br>tated in the tanto debit the<br>the authorizates must be<br>processing of<br>ayment. I furt | onic retu<br>ansmiss<br>nd its de<br>ax prepa<br>entry to<br>ation. To<br>receive<br>the ele<br>her ack | arn originator (ERO) sion, (b) the reason esignated Financial aration software for this account. This orevoke (cancel) ared no later than 2 ctronic payment of the could be that the |
| Taxpa   | ayer's PIN: check one box only   |  |   |  |
| X   | -<br>-   | ř Ent  |   | igits, but all zeros   |
| Yours   | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.  Signature ▶  |  |   |  |
|   | se's PIN: check one box only   |  |   |  |
|   | I authorize to enter or generate resignature on the income tax return (original or amended) I am now authorizing.  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.  | Ent<br>doi<br>ow authorizin  | n't enter<br>ng. Che  |  |
| Spous   | se's signature ▶ Date ▶  |  |   |  |
|   | Practitioner PIN Method Returns Only—continue below  |  |   |  |
| Part  | III Certification and Authentication — Practitioner PIN Method Only  |  |   |  |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2  | 2 4 9 Don't ente   |   | 8 2 7 1<br>os  |
| authori   | y that the above numeric entry is my PIN, which is my signature for the electronic individual income taked to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In  | tting this retu  | rn in ac  | cordance with the  |
| FRO's   | s signature ▶ Date ▶   |  |   |  |
|   | ERO Must Retain This Form — See Instructions   |  |   |  |
|   |  |  |   |  |

Don't Submit This Form to the IRS Unless Requested To Do So

# 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 |         |  |  | , 2023,                     | 20                     | instructions.          |               |                               |  |  |
|---|---------|--|--|-----------------------------|------------------------|------------------------|---------------|-------------------------------|--|--|
| Your first name and middle initial                          |         |  |  | ame                         | Your ide               | our identifying number |               |                               |  |  |
|   |         |  | (:   |                             |                        |                        |               | (see instructions)            |  |  |
| SAI KEERT   | 'HI     |  | KOND   | URU                         | 319-4                  | 13-3596                |               |                               |  |  |
| Home address  | (numl   | per and street). If you have a P.O. bo                       | x, see ins   | structions.                 |                        |                        |               | Apt. no.                      |  |  |
| 8655 ARLI   | NGT     | ON AVE   |  |                             |                        |                        |               | H165                          |  |  |
| City, town, or p  | ost o   | ffice. If you have a foreign address, a                      | lso comp   | olete spaces below.         |                        | State                  |               | IP code                       |  |  |
| RIVERSIDE   |         |  |  |                             |                        | CA                     |               | 92503                         |  |  |
| Foreign country   | nam     | е  | Foreig   | n province/state/county     |                        | Foreign                | postal cod    | е                             |  |  |
|   | _       |  |  |                             |                        |                        |               |                               |  |  |
| Filing  |         | Single   | arately (N   | MFS) Qualifyir              | ng surviving spouse    | (QSS)                  | ☐ Esta        | ate 🗌 Trust                   |  |  |
| Status  | If      | you checked the QSS box, enter the                           | hecked the QSS box, enter the child's name if the qualifying person is a child but not your dependen |                             |                        |                        |               |                               |  |  |
| Check only one box.   |         |  |  |                             |                        |                        |               |                               |  |  |
|   | Δt a    | ny time during 2023, did you: (a) rece                       | aive (as a   | reward award or payme       | ent for property or se | arvices): c            | or (h) sall a | vehange or                    |  |  |
| Digital Assets  | othe    | erwise dispose of a digital asset (or a                      | financial  | interest in a digital asset | )? (See instructions.) |                        |               | . Yes X No                    |  |  |
| Dependents  |         |  |  |                             | , , ,                  |                        |               | if qualifies for (see inst.): |  |  |
| (see instructions):   | 1       | (N=1)  |  | (2) Dependent's             |                        | Chi                    | ld tax credit | Credit for other              |  |  |
| ,   |         | (1) First name Last name                                     | 9  | identifying number          | (3) Relationship to yo | ou Sim                 |               | dependents                    |  |  |
| If more than four   |         |  |  |                             |                        |                        |               |                               |  |  |
| dependents, see   |         |  |  |                             |                        |                        |               |                               |  |  |
| instructions and check here                                 |         |  |  |                             |                        |                        |               |                               |  |  |
| Income  | 1a      | Total amount from Form(s) W-2, bo                            | x 1 (see i   | Instructions)               |                        |                        | . la          | 86,012.                       |  |  |
| Effectively   | b       | Household employee wages not re                              | •  | •                           |                        |                        |               | 00,012.                       |  |  |
| Connected   | С       | Tip income not reported on line 1a                           |  |                             |                        |                        |               |                               |  |  |
| With U.S.   | d       | Medicaid waiver payments not repo                            |  |                             |                        |                        |               |                               |  |  |
| Trade or  | е       | Taxable dependent care benefits fr                           | om Form  | 2441, line 26               |                        |                        | . 1e          |                               |  |  |
| Business  | f       | Employer-provided adoption benef                             | . 1f   |                             |                        |                        |               |                               |  |  |
| A11 1:  | g       | Wages from Form 8919, line 6 .                               | . 1g   |                             |                        |                        |               |                               |  |  |
| Attach<br>Form(s) W-2,                                      | h       | Other earned income (see instruction                         | ons) .   |                             | <u></u>                |                        | . 1h          |                               |  |  |
| 1042-S,   | i       | Reserved for future use                                      |  |                             |                        |                        |               |                               |  |  |
| SSA-1042-S,<br>RRB-1042-S,                                  | j       | Reserved for future use                                      | . <u>1j</u>  |                             |                        |                        |               |                               |  |  |
| and 8288-A  | k       | Total income exempt by a treaty fro                          |  |                             |                        |                        |               |                               |  |  |
| here. Also attach   | _       | line 1(e)  | . 1z   | 06 012                      |                        |                        |               |                               |  |  |
| Form(s)   | z<br>2a | Add lines 1a through 1h Tax-exempt interest   2              | <br>2a   | 1                           | able interest          |                        |               | 86,012.                       |  |  |
| 1099-R if tax was   | 3a      |  | a<br>Ba  |                             | linary dividends .     |                        |               |                               |  |  |
| withheld.   | 4a      | IRA distributions 4  | . 4b   |                             |                        |                        |               |                               |  |  |
| If you did not  | 5a      | Pensions and annuities 5                                     | . 5b   |                             |                        |                        |               |                               |  |  |
| get a Form  | 6       | Reserved for future use                                      |  |                             |                        |                        |               |                               |  |  |
| W-2, see instructions.                                      | 7       | Capital gain or (loss). Attach Scheo                         | lule D (Fo   | rm 1040) if required. If no | ot required, check he  | ere                    | 7             |                               |  |  |
|   | 8       | Additional income from Schedule 1                            | (Form 10   | 040), line 10               |                        |                        | . 8           | -9 <b>,</b> 231.              |  |  |
|   | 9       | Add lines 1z, 2b, 3b, 4b, 5b, 7, and                         | 8. This is   | your total effectively c    | onnected income        |                        | . 9           | 76 <b>,</b> 781.              |  |  |
|   | 10      | Adjustments to income from Scherincome                       | ,  | orm 1040), line 26. These   |                        |                        |               |                               |  |  |
|   | 11      | Subtract line 10 from line 9. This is                        | your <b>adj</b> ı  | usted gross income          |                        |                        | . 11          | 76,781.                       |  |  |
|   | 12      | Itemized deductions (from Sched deduction (see instructions) |  |                             |                        |                        |               | 13 <b>,</b> 850.              |  |  |
|   | 13a     | Qualified business income deduction                          |  |                             |                        |                        |               |                               |  |  |
|   | b       | Exemptions for estates and trusts of                         |  |                             |                        |                        |               |                               |  |  |
|   | С       | Add lines 13a and 13b  |  |                             |                        |                        | . 13c         |                               |  |  |
|   | 14      |  |  |                             |                        |                        |               | 13,850.                       |  |  |
|   | 15      | Subtract line 1/1 from line 11 If zero                       | or lace  | antar -0- This is your ta   | vahla incomo           |                        | 15            | 62 931                        |  |  |

Form 1040-NR (2023) Page **2** 

| Tax and           | 16  | Tax (see instructions). Check if any   | from For   | rm(s): <b>1</b>      | 88           | 14 <b>2</b>   | <u>49</u> | 72 3             | B 🗆           |                                     | 16  | 9,151.            |
|-------------------|---|--|------------|----------------------|--------------|---------------|-----------|------------------|---------------|-------------------------------------|---|-------------------|
| Credits           | 17  | Amount from Schedule 2 (Form 1   | 040), line | 3                    |              |               |           |                  | · ·           |                                     | 17  | 0.                |
| 0.000             | 18  | Add lines 16 and 17  |            |                      |              |               |           |                  |               |                                     | 18  | 9,151.            |
|                   | 19  | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)       |            |                      |              |               |           |                  |               | 19                                  |   |                   |
|                   | 20  | Amount from Schedule 3 (Form 1   | •          |                      |              | •             |           | ,                |               |                                     | 20  |                   |
|                   | 21  | Add lines 19 and 20  |            |                      |              |               |           |                  |               |                                     | 21  |                   |
|                   | 22  | Subtract line 21 from line 18. If ze   |            |                      |              |               |           |                  |               |                                     | 22  | 9,151.            |
|                   | 23a   | Tax on income not effectively con<br>Schedule NEC (Form 1040-NR), li                 | nected w   | ith a U.S. tra       | ade d        | or busines    | s from    | 1 1              |               |                                     |   | 0, = 0 = 0        |
|                   | b   | Other taxes, including self-emplo line 21  |            |                      |              |               |           | 23b              |               |                                     |   |                   |
|                   | С   | Transportation tax (see instruction  |            |                      |              |               |           | 23c              |               |                                     |   |                   |
|                   | d   | Add lines 23a through 23c  |            |                      |              |               |           |                  |               |                                     | 23d                                       |                   |
|                   | 24  | Add lines 22 and 23d. This is you  | total ta   | <b>x</b>             |              |               |           |                  |               |                                     | 24  | 9,151.            |
| <b>Payments</b>   | 25  | Federal income tax withheld from   | :          |                      |              |               |           |                  |               |                                     |   |                   |
|                   | а   | Form(s) W-2  |            |                      |              |               |           | 25a              | 1.            | 1,183.                              |   |                   |
|                   | b   | Form(s) 1099   |            |                      |              |               |           | 25b              |               |                                     |   |                   |
|                   | С   | Other forms (see instructions) .   |            |                      |              |               |           | 25c              |               |                                     |   |                   |
|                   | d   | Add lines 25a through 25c  |            |                      |              |               |           |                  |               |                                     | 25d                                       | 11,183.           |
|                   | е   | Form(s) 8805   |            |                      |              |               |           |                  |               |                                     | 25e                                       |                   |
|                   | f   | Form(s) 8288-A   |            |                      |              |               |           |                  |               |                                     | 25f                                       |                   |
|                   | g   | Form(s) 1042-S   |            |                      |              |               |           |                  |               |                                     | 25g                                       |                   |
|                   | 26  | 2023 estimated tax payments and  | d amount   | applied fror         | n 20         | 22 return     |           |                  |               |                                     | 26  |                   |
|                   | 27  | Reserved for future use  |            |                      |              |               |           | 27               |               |                                     |   |                   |
|                   | 28  | Additional child tax credit from So  | chedule 8  | 812 (Form 1          | 040)         |               |           | 28               |               |                                     |   |                   |
|                   | 29  | Credit for amount paid with Form   | 1040-C     |                      |              |               |           | 29               |               |                                     |   |                   |
|                   | 30  | Reserved for future use  |            |                      |              |               |           | 30               |               |                                     |   |                   |
|                   | 31  | Amount from Schedule 3 (Form 1   | 040), line | 15                   |              |               |           | 31               |               |                                     |   |                   |
|                   | 32  | Add lines 28, 29, and 31. These are your total other payments and refundable credits |            |                      |              |               |           |                  | 32            |                                     |   |                   |
|                   | 33  | Add lines 25d, 25e, 25f, 25g, 26,  | and 32. T  | hese are yo          | ur <b>to</b> | tal payme     | ents      |                  |               |                                     | 33  | 11,183.           |
| Refund            | 34  | If line 33 is more than line 24, sub   | tract line | 24 from line         | 33.          | This is the   | e amou    | ınt you <b>c</b> | overpaid      |                                     | 34  | 2,032.            |
|                   | 35a   | Amount of line 34 you want refun   | ded to y   | ou. If Form 8        | 3888         | is attache    | ed, che   | ck here          |               |                                     | 35a                                       | 2,032.            |
| Direct deposit?   | b   | Routing number 3 2 2 2   | 7 1        | 6 2 7                |              | <b>c</b> Type | e: 🗵      | Check            | ing $\square$ | Savings                             |   |                   |
| See instructions. | d   | Account number 7 5 5 3   | 7 1        | 9 8 3                |              |               |           |                  |               |                                     |   |                   |
|                   | е   | If you want your refund check ma   | iled to a  | n address ou         | utsid        | e the Unit    | ed Sta    | tes not          | <br>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 ar  | mount you o          | we.          |               |           |                  |               |                                     |   |                   |
| You Owe           |   | For details on how to pay, go to v   | vww.irs.g  | ov/Payment           | s or         | see instru    | ctions    |                  |               |                                     | 37  |                   |
|                   | 38  | Estimated tax penalty (see instruc   | tions) .   |                      |              |               |           | 38               |               |                                     |   |                   |
| Third             | Do yo   | ou want to allow another person to   | discuss t  | his return wi        | th th        | e IRS? Se     | e instr   | uctions.         | □ Ye          | es. Comp                            | lete bel                                  | ow. 🗵 <b>No</b>   |
| Party<br>Designee | Desig<br>name   |  |            | no                   | one          |               |           |                  |               | nal identifi<br>er (PIN)            | cation                                    |                   |
|                   |   | penalties of perjury, I declare that I have they are true, correct, and complete. De |            |                      |              |               |           |                  |               |                                     |   |                   |
| Sign              | Your signature  |  |            | Date Your occupation |              |               |           |                  |               |                                     | ent you an Identity<br>PIN, enter it here |                   |
| Here              |   |  |            |                      |              | QA ENG        | GINE      | ER               |               |                                     | inst.)                                    | , 0.1101 11 11010 |
|                   | Phon  | e no.  |            | Email addre          | ess          |               |           |                  |               | 1 ,                                 |   |                   |
| Do:d              |   |  | Preparer   | 's signature         |              |               |           | Date             |               | PTIN                                |   | Check if:         |
| Paid              |   |  | -          | RIYA RAM SA          | AGAR         | GUPTA T       | TALLAM    | 1 02/2           | 9/2024        | P02082703 Self-employed             |   |                   |
| Preparer          |   | s name GLOBAL TAXES L  |            |                      |              |               |           | 1 / -            |               | Phone n                             |   | 78) 965-9522      |
| Use Only          | Firm's address 245 DOONEY OF E BRIDGHTOK N.T. 0.8816 Firm's Ell |  |            |                      |              |               |           |                  |               | <del>707903-9522</del><br>4-3171965 |   |                   |

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
319-43-3596

| Par | t I 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  | -9,231. |
| 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               |    |         |
| I   | 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               |    |         |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n               |    |         |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80               |    |         |
| 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:  |                  |    |         |
|     |  | 8z               |    |         |
| 9   | Total other income. Add lines 8a through 8z                                    |                  | 9  |         |
| 10  | Combine lines 1 through 7 and 9. This is your additional income. Enter         |                  |    |         |
|     | 1040, 1040-SR, or 1040-NR, line 8  |                  | 10 | -9,231. |

Page 2 Schedule 1 (Form 1040) 2023

| Par | t II Adjustments to Income   |        |     |                  |
|-----|--|--------|-----|------------------|
| 11  | Educator expenses  |        | 11  |                  |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis government  | rnment |     |                  |
|     | 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   | Jury duty pay (see instructions)   |        |     |                  |
| b   | Deductible expenses related to income reported on line 8l from the   |        |     |                  |
|     | rental of personal property engaged in for profit  |        |     |                  |
| С   | The state of the s |        |     |                  |
| اہ  | and USOC prize money reported on line 8m   |        |     |                  |
| d   | Reforestation amortization and expenses  |        |     |                  |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974  |        |     |                  |
| £   | Act of 1974  |        |     |                  |
| f   | Contributions by certain chaplains to section 403(b) plans   |        |     |                  |
| g   | Attorney fees and court costs for actions involving certain unlawful   |        |     |                  |
| "   | discrimination claims (see instructions)   |        |     |                  |
|     | 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   |        |     |                  |
| i   | Housing deduction from Form 2555   |        |     |                  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |        |     |                  |
| ••  | 1041)  |        |     |                  |
| 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 <b>adjustments to income</b> . Enter here   | and on |     |                  |
|     | Form 1040, 1040-SR, or 1040-NR, line 10  |        | 26  |                  |
|     | <b>BAA</b> REV 02/22/24 PR   | )<br>) |     | (Form 1040) 2023 |

#### **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.

Attachment Sequence No. **7B** 

Name shown on Form 1040-NR

Your identifying number

SAI KEERTHI KONDURU 319-43-3596

| LITTE   | inioditi of income and  | CI LIIC          | appropriate rate of tax. See instructions.   |                              |        |                             |                     | (d) Other (specify)     |  |   |  |
|---|---|------------------|--|------------------------------|--------|-----------------------------|---------------------|-------------------------|--|---|--|
|   |   | Nature of Income |  |                              |        | (a) 10%                     | <b>(b)</b> 15%      | (c) 30%                 | %  |   |  |
| 1   | Dividends and divide  | nd ea            | uivalents:   |                              |        |                             |                     |                         | ,,   | ,,  |  |
| а   | Dividends paid by U.  |                  |  |                              | 1a     |                             |                     |                         |  |   |  |
| b   |   |                  | corporations   |                              | 1b     |                             |                     |                         |  |   |  |
| С   |   |                  | nts received with respect to section 871(m)  |                              | 1c     |                             |                     |                         |  |   |  |
| 2   | Interest:   | -                | , ,  |                              |        |                             |                     |                         |  |   |  |
| а   | Mortgage  |                  |  |                              | 2a     |                             |                     |                         |  |   |  |
| b   | Paid by foreign corporations  |                  |  |                              | 2b     |                             |                     |                         |  |   |  |
| С   |   |                  |  |                              | 2c     |                             |                     |                         |  |   |  |
| 3   | Industrial royalties (p   | atents           | s, trademarks, etc.)   |                              | 3      |                             |                     |                         |  |   |  |
| 4   |   |                  | ight royalties   |                              | 4      |                             |                     |                         |  |   |  |
| 5   | Other royalties (copy   | rights           | , recording, publishing, etc.)   |                              | 5      |                             |                     |                         |  |   |  |
| 6   | Real property income  | e and            | natural resources royalties  |                              | 6      |                             |                     |                         |  |   |  |
| 7   | Pensions and annuiti  | es .             |  |                              | 7      |                             |                     |                         |  |   |  |
| 8   | Social security benef   | its .            |  |                              | 8      |                             |                     |                         |  |   |  |
| 9   |   |                  | elow   |                              | 9      |                             |                     |                         |  |   |  |
| 10  | Gambling — Residents of Canada only. Enter net income in column (c).  If zero or less, enter -0 |                  |  |                              |        |                             |                     |                         |  |   |  |
| а   | Winnings  |                  |  |                              |        |                             |                     |                         |  |   |  |
| b   |   |                  | <u> </u>   |                              | 10c    |                             |                     |                         |  |   |  |
| 11  | Note: Enter winnings  | s only.          | ountries other than Canada.<br>Losses aren't allowed   |                              | 11     |                             |                     |                         |  |   |  |
| 12  | Other (specify):  |                  |  |                              |        |                             |                     |                         |  |   |  |
|   |   |                  |  |                              | 12     |                             |                     |                         |  |   |  |
| 13  | _   |                  | columns (a) through (d)  |                              | 13     |                             |                     |                         |  |   |  |
| 14  |   |                  | tax at top of each column  |                              | 14     |                             |                     |                         |  |   |  |
| 15  | Tax on income not e   | ffectiv          | ely connected with a U.S. trade or busines   |                              |        |                             |                     |                         | -NR, line 23a <b>15</b>                                  |   |  |
|   |   |                  | Capital Gains an   | d Losses F                   | rom    | Sales or Excha              | anges 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<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acquired mm/dd/yyyy |        | (c) Date sold<br>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. s. Do not include a gain  |                  |  |                              |        |                             |                     |                         |  |   |  |
| or loss   | on disposing of a U.S. real y interest; report these  |                  |  |                              |        |                             |                     |                         |  |   |  |
|   | nd losses on Schedule D   |                  |  |                              |        |                             |                     |                         |  |   |  |
| •   | บ4บ).<br>property sales or  |                  |  |                              |        |                             |                     |                         |  |   |  |
| exchan  | ges that are effectively  |                  |  |                              |        |                             |                     |                         |  |   |  |
| on Sche   | ted with a U.S. business edule D (Form 1040),   |                  |  |                              |        |                             |                     |                         |  |   |  |
| Form 4  | 797, or both.   | 18               | Capital gain. Combine columns (f) and  | (g) of line 17               | . Ente | er the net gain her         | e and on line 9 abo | ove. It a loss, ente    | er -0 <b>18</b>  |   |  |

#### **SCHEDULE OI** (Form 1040-NR)

#### **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Attachment Sequence No. **7C** 

| SAI | KEERTHI KONDURU  | 319-43-3596                     |                           |                                     |                      |                         |              |  |  |  |
|-----|--|---------------------------------|---------------------------|-------------------------------------|----------------------|-------------------------|--------------|--|--|--|
| Α   | Of what country or countries were you a  |                                 |                           |                                     |                      |                         |              |  |  |  |
| 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 care   |                                 | ☐ Yes                     | ⊠ No                                |                      |                         |              |  |  |  |
| D   | Were you ever:   |                                 |                           |                                     |                      |                         |              |  |  |  |
| 1.  | A U.S. citizen?  |                                 |                           | ☐ Yes                               | ⊠ No                 |                         |              |  |  |  |
| 2.  | A green card holder (lawful permanent re   |                                 |                           | ☐ Yes                               | ⊠ No                 |                         |              |  |  |  |
|     | If you answer "Yes" to (1) or (2), see Pub   |                                 |                           |                                     |                      |                         |              |  |  |  |
| Е   | If you had a visa on the last day of the   | tax year, enter you             | r visa type. If y         | ou didn't have a visa, en           | er your U.S.         |                         |              |  |  |  |
|     | immigration status on the last day of the t  | tax year. $_{ m F1}$            |                           |                                     |                      |                         |              |  |  |  |
| F   | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?   |                                 |                           |                                     |                      |                         |              |  |  |  |
| ^   | If you answered "Yes," indicate the date and nature of the change:  List all dates you entered and left the United States during 2023. See instructions. |                                 |                           |                                     |                      |                         |              |  |  |  |
| G   | Note: If you're a resident of Canada or  | •                               |                           |                                     | ont intonvals        |                         |              |  |  |  |
|     | check the box for Canada or Mexico a   |                                 |                           |                                     | Mexico               |                         |              |  |  |  |
|     |  |                                 |                           |                                     |                      | سلمط المناهم            | Ctataa       |  |  |  |
|     |  | arted United States<br>mm/dd/yy |                           | Date entered United States mm/dd/yy |                      | rted United<br>nm/dd/yy | States       |  |  |  |
|     | Timi, dd, yy   | ппп аалуу                       | + +                       | Timin dan yy                        |                      |                         |              |  |  |  |
|     |  |                                 | + +                       |                                     |                      |                         |              |  |  |  |
|     |  |                                 | <del> </del>              |                                     |                      |                         |              |  |  |  |
|     |  |                                 | <del> </del>              |                                     |                      |                         |              |  |  |  |
| н   | Give number of days (including vacation, r   | onworkdays and pa               | 」<br>artial davs\ vou v   | were present in the I Inited S      | States during:       |                         |              |  |  |  |
| ••  | 2021, 2022   |                                 |                           |                                     |                      |                         |              |  |  |  |
| ı   | Did you file a U.S. income tax return for a  | -<br>any prior vear?            | , and                     | 12020                               | ··                   | ⊠ Yes                   | □No          |  |  |  |
| •   | If "Yes," give the latest year and form nu   |                                 |                           |                                     |                      | <u>~</u> 103            |              |  |  |  |
| J   | Are you filing a return for a trust?   | iniber you nicu.                |                           | 1040111                             |                      | Yes                     | X No         |  |  |  |
| Ū   | If "Yes," did the trust have a U.S. or for   |                                 |                           |                                     |                      | □ 163                   | <u> </u>     |  |  |  |
|     | U.S. person, or receive a contribution from  |                                 |                           |                                     |                      | Yes                     | □No          |  |  |  |
| K   | Did you receive total compensation of \$2  | · ·                             |                           |                                     |                      | ☐ Yes                   | ⊠ No         |  |  |  |
| ••  | If "Yes," did you use an alternative metho   |                                 |                           |                                     |                      | Yes                     | □ No         |  |  |  |
| L   | Income Exempt From Tax—If you are of   |                                 |                           | •                                   |                      |                         |              |  |  |  |
|     | complete (1) through (3) below. See Pub.   | . 901 for more inform           | mation on tax tr          | reaties.                            |                      |                         |              |  |  |  |
| 1.  | Enter the name of the country, the applica   | ,                               | •                         | . , ,                               | claimed the tre      | aty benefit             | , and the    |  |  |  |
|     | amount of exempt income in the columns   | below. Attach Form              | 8833 if require           | d. See instructions.                |                      |                         |              |  |  |  |
|     | (a) Country  | (t                              | <b>b)</b> Tax treaty arti |                                     |                      | ount of exe             | exempt       |  |  |  |
|     |  |                                 |                           | claimed in prior tax ye             | ars income in curren |                         | x year       |  |  |  |
|     |  |                                 |                           |                                     |                      |                         |              |  |  |  |
|     |  |                                 |                           |                                     |                      |                         |              |  |  |  |
|     |  |                                 |                           |                                     |                      |                         |              |  |  |  |
|     |  |                                 |                           |                                     |                      |                         |              |  |  |  |
|     |  |                                 |                           |                                     |                      |                         |              |  |  |  |
|     | () T. I. E. I. II  | 40 ND 11 41 5                   |                           |                                     |                      |                         |              |  |  |  |
| _   | (e) Total. Enter this amount on Form 10  |                                 | •                         |                                     |                      |                         |              |  |  |  |
| 2.  | , ,  | •                               |                           |                                     |                      | ∐ Yes                   | ∐ No<br>⊠ Na |  |  |  |
| 3.  | Are you claiming treaty benefits pursuant  | · · ·                           | •                         |                                     |                      | Yes                     | ⊠ No         |  |  |  |
| M   | If "Yes," attach a copy of the Competent   | Authority determina             | ation letter to y         | our return.                         |                      |                         |              |  |  |  |
| М   | Check the applicable box if:   | lastian to tract in             | ma fram raal ==           | oportu logatod in the limite        | d Ctatas as -f       | footival:               | nnoctod      |  |  |  |
| 1.  | This is the first year you are making an e with a U.S. trade or business under secti   |                                 |                           |                                     |                      |                         | inected      |  |  |  |
| 9   | You have made an election in a previous  |                                 |                           |                                     |                      |                         | e United     |  |  |  |
|     | States as effectively connected with a U.  |                                 |                           |                                     |                      |                         |              |  |  |  |

#### **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.

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

Attachment Sequence No. 13

| SAI  | KEERTHI KONDURU  |  |                |                  |            | 319-43                 | 3-3596               | <u> </u>    |     |
|------|--|--|----------------|------------------|------------|------------------------|----------------------|-------------|-----|
| Par  | Note: If you are in the business of renting personal proper  |  |                | instructions     | . If you a | re an indiv            | vidual, rep          | ort farm    |     |
| Α    | rental income or loss from <b>Form 4835</b> on page 2, line 40. Did you make any payments in 2023 that would require you | to file Form                                     | v(c) 10002 S   | oo instructi     | one        |                        |                      | - X N       | No  |
|      | If "Yes," did you or will you file required Form(s) 1099?  |  |                |                  |            |                        |                      |             |     |
|      |  |  |                | · · · ·          | • •        |                        | · 🗆 · \              | ,3 <u> </u> | 10  |
| 1a   | , , , , , , , , , , , , , , , , , , ,  |  |                |                  |            |                        |                      |             |     |
| A    | RD NO-20, PHASE 3 ECIL TELANGANA IN 500  | 0062   |                |                  |            |                        |                      |             |     |
| В    |  |  |                |                  |            |                        |                      |             |     |
| C    |  |  |                |                  |            |                        |                      |             |     |
| 1b   | (from list below) above, report the number of fair   | rental and                                       |                | Fair Rental Days |            |                        | Personal Use<br>Days |             |     |
| Α    | personal use days. Check the Q   |  | ′ A            | 3                | 65         |                        | 0                    |             |     |
| В    | if you meet the requirements to find a qualified joint venture. See instru   |  | В              |                  |            |                        |                      |             | ]   |
| С    | qualified joint venture. See institu   | actions.   | С              |                  |            |                        |                      |             |     |
| Туре | of Property:   |  |                |                  |            |                        |                      |             |     |
| 1    | Single Family Residence 3 Vacation/Short-Term Ren  | ntal 5 L   | _and           | 7 Self-          | Rental     |                        |                      |             |     |
| 2    | Multi-Family Residence 4 Commercial  | 6 F  | Royalties      | 8 Othe           | r (descr   | ibe)                   |                      |             |     |
|      |  |  |                |                  | roperti    |                        |                      |             |     |
| Inco | me <sup>,</sup>  |  | Α              |                  | В          |                        |                      | С           |     |
| 3    | Rents received   | 3  |                | 40.              |            |                        |                      |             |     |
| 4    | Royalties received   | 4  |                |                  |            |                        |                      |             |     |
| Ехре | nses:  | <del>                                     </del> |                |                  |            |                        |                      |             | -   |
| 5    | Advertising  | 5  |                |                  |            |                        |                      |             |     |
| 6    | Auto and travel (see instructions)   | 6  |                |                  |            |                        |                      |             |     |
| 7    | Cleaning and maintenance   | 7  | 1,2            | 24.              |            |                        |                      |             |     |
| 8    | Commissions  | 8  |                |                  |            |                        |                      |             |     |
| 9    | Insurance  | 9  |                |                  |            |                        |                      |             |     |
| 10   | Legal and other professional fees  | 10   |                |                  |            |                        |                      |             |     |
| 11   | Management fees  | 11   | 8              | 00.              |            |                        |                      |             |     |
| 12   | Mortgage interest paid to banks, etc. (see instructions)   | 12   |                |                  |            |                        |                      |             |     |
| 13   | Other interest   | 13   |                |                  |            |                        |                      |             |     |
| 14   | Repairs  | 14   | 1,1            | 24.              |            |                        |                      |             |     |
| 15   | Supplies   | 15   | 1,3            | 45.              |            |                        |                      |             |     |
| 16   | Taxes  | 16   |                |                  |            |                        |                      |             |     |
| 17   | Utilities  | 17   | 2,1            |                  |            |                        |                      |             |     |
| 18   | Depreciation expense or depletion  | 18   | 3,1            | 28.              |            |                        |                      |             |     |
| 19   | Other (list)   | 19   |                |                  |            |                        |                      |             |     |
| 20   | Total expenses. Add lines 5 through 19   | 20   | 9,7            | 71.              |            |                        |                      |             |     |
| 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   |  | 0 0            | 21               |            |                        |                      |             |     |
|      | file Form 6198   | 21   | -9,2           | 31.              |            |                        |                      |             |     |
| 22   | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)                      | 22 (   | -9 <b>,</b> 23 | 1.)(             |            | )                      | (                    |             | )   |
| 23a  |  |  |                | 23a              |            | 540.                   |                      |             |     |
| b    | 1 , , , , ,  |  |                | 23b              |            |                        |                      |             |     |
| С    |  |  |                | 23c              |            |                        |                      |             |     |
| d    |  |  |                | 23d              |            | ,128.                  |                      |             |     |
| е    | •  |  |                | 23e              | 9          | <b>,</b> 771.          |                      |             |     |
| 24   | Income. Add positive amounts shown on line 21. Do not  |  | -              |                  |            | . 24                   |                      |             |     |
| 25   | Losses. Add royalty losses from line 21 and rental real estat  |  |                |                  |            |                        | (                    | 9,23        | 1.) |
| 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 Schedule 1 (Form 1040), line 5. Otherwise, include this at   |  |                |                  |            | n    <br>·   <b>26</b> |                      | -9,2        | 31. |