## Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| For the year Jar                            | 1. 1–D   | ec. 31, 2023, or other tax year beginn  | ing       | , 2023,                            | ending                  | ·,          | 20            | See separate instructions.   |  |  |
|---|--|---|-----------|------------------------------------|-------------------------|-------------|---------------|------------------------------|--|--|
| Your first name and middle initial          |  |   |           |                                    |                         |             |               | ntifying number              |  |  |
|   |  |   |           |                                    |                         |             | (see instr    | (see instructions)           |  |  |
| ANIRUDH                                     |  |   |           | DIA                                |                         |             | 047-          | 047-73-9031                  |  |  |
| Home address                                | (numl  | per and street). If you have a P.O. box   | , see ins | structions.                        |                         |             |               | Apt. no.                     |  |  |
| 321 86TH                                    |  |   |           |                                    |                         |             |               | 2A                           |  |  |
| City, town, or po                           | ost of   | fice. If you have a foreign address, als  | so comp   | lete spaces below.                 |                         | State       |               | IP code                      |  |  |
| BROOKLYN                                    |  |   |           |                                    |                         | NY          |               | 11209                        |  |  |
| Foreign country                             | nam  | 9   | Foreigi   | ign province/state/county          |                         |             | ostal cod     | е                            |  |  |
|   |  |   |           |                                    |                         |             |               |                              |  |  |
| Filing<br>Status                            |  |   |           |                                    |                         |             |               | ate 🗌 Trust                  |  |  |
|   | lf :   | ou checked the QSS box, enter the c   | :hild's n | ame if the qualifying pers         | son is a child but not  | your depe   | endent:       |                              |  |  |
| Check only one box.                         |  |   |           |                                    |                         |             |               |                              |  |  |
| Digital Assets                              | At a   | ny time during 2023, did you: (a) recei   | ve (as a  | reward, award, or payme            | ent for property or se  | ervices): o | (b) sell. e   | xchange. or                  |  |  |
| Digital Access                              | othe   | rwise dispose of a digital asset (or a f  | inancial  | interest in a digital asset        | )? (See instructions.)  |             |               |                              |  |  |
| Dependents                                  |  |   |           |                                    |                         | (4) Ch      | eck the box   | f qualifies for (see inst.): |  |  |
| (see instructions):                         |  | (1) First name Last name  |           | (2) Dependent's identifying number | (3) Relationship to you |             | d tax credit  | Credit for other dependents  |  |  |
|   |  | (I) First Harrie Last Harrie  |           | identifying number                 | (3) Relationship to you |             |               | dependents                   |  |  |
| If more than four                           |  |   |           |                                    |                         |             |               | +                            |  |  |
| dependents, see instructions and            |  |   |           |                                    |                         |             |               |                              |  |  |
| check here                                  |  |   |           |                                    |                         |             |               |                              |  |  |
| Income                                      | 1a   | Total amount from Form(s) W-2, box  | 1 (see i  | instructions)                      |                         |             | . 1a          | 9,787.                       |  |  |
| Effectively                                 | b Household employee wages not reported on Form(s) W-2                     |   |           |                                    |                         |             |               |                              |  |  |
| Connected                                   | c Tip income not reported on line 1a (see instructions)                    |   |           |                                    |                         |             |               |                              |  |  |
| With U.S.                                   | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  |   |           |                                    |                         |             |               |                              |  |  |
| Trade or                                    | e Taxable dependent care benefits from Form 2441, line 26                  |   |           |                                    |                         |             |               |                              |  |  |
| Business                                    | iness f Employer-provided adoption benefits from Form 8839, line 29        |   |           |                                    |                         |             | . 1f          |                              |  |  |
| g Wages from Form 8919, line 6              |  |   |           |                                    |                         |             | . 1g          |                              |  |  |
| Form(s) W-2,                                | n(s) W-2,  |   |           |                                    |                         |             | . 1h          |                              |  |  |
| 1042-S,                                     | A-1042-S, j Reserved for future use  |   |           |                                    |                         |             |               |                              |  |  |
| RRB-1042-S,                                 |  |   |           |                                    |                         |             |               |                              |  |  |
| and 8288-A                                  | k Total income exempt by a treaty from Schedule OI (Form 1040-NH), item L, |   |           |                                    |                         |             |               |                              |  |  |
| here. Also attach                           | line 1(e)  |   |           |                                    |                         |             |               | 9 <b>,</b> 787.              |  |  |
| Form(s)                                     | ) 2a Tax-exempt interest   2a   b Taxable interest                         |   |           |                                    |                         |             | . 1z<br>. 2b  | 3,707.                       |  |  |
| 1099-R if tax was 3a Qualified dividends 3a |  |   |           | <b>b</b> Ordinary dividends        |                         |             |               |                              |  |  |
| withheld.                                   | 4a   | IRA distributions 4a  |           | <b>b</b> Tax                       | able amount             |             | . 3b<br>. 4b  |                              |  |  |
| If you did not                              | 5a   | Pensions and annuities 5a   |           | <b>b</b> Tax                       | able amount             |             | . 5b          |                              |  |  |
| get a Form<br>W-2, see                      | 6  | Reserved for future use   |           |                                    |                         |             |               |                              |  |  |
| instructions.                               | 7  | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here  |           |                                    |                         |             |               |                              |  |  |
|   | 8  | Additional income from Schedule 1 (Form 1040), line 10  |           |                                    |                         |             |               |                              |  |  |
|   | 9  | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>  |           |                                    |                         |             |               | 9,787.                       |  |  |
|   | 10   | Adjustments to income from Sched  | I         |                                    |                         |             |               |                              |  |  |
|   | 4.4  | income  |           | 0 707                              |                         |             |               |                              |  |  |
|   | 11<br>12   | Subtract line 10 from line 9. This is y   |           | 9,787.                             |                         |             |               |                              |  |  |
|   | 12   | <b>Itemized deductions</b> (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) |           |                                    |                         |             |               | 13,850.                      |  |  |
|   | 13a  | Qualified business income deduction   |           |                                    | 1 1                     |             | aty <b>12</b> | 23,000.                      |  |  |
|   | b  | Exemptions for estates and trusts or  |           |                                    |                         |             |               |                              |  |  |
|   | С  | Add lines 13a and 13b   | • .       | ,                                  |                         |             | . 13c         |                              |  |  |
|   | 14   |   |           |                                    |                         |             |               | 13,850.                      |  |  |
|   | 15   | Subtract line 14 from line 11. If zero  | . 15      | 0.                                 |                         |             |               |                              |  |  |

| Form 1040-NR (2   | 2023)  |  |  |                      |                    |             |          |                                  |             | Page <b>2</b>               |
|-------------------|--|--|--|----------------------|--------------------|-------------|----------|----------------------------------|-------------|-----------------------------|
| Tax and           | 16   | Tax (see instructions). Check if an                              | y from For                                 | rm(s): <b>1</b>      | 314 <b>2</b> 🗌 497 | '2 <b>3</b> |          |                                  | 16          | 0.                          |
| Credits           | 17   | Amount from Schedule 2 (Form                                     | 1040), line                                | 3                    |                    |             |          |                                  | 17          | 0.                          |
|                   | 18   | Add lines 16 and 17  |  |                      |                    |             |          | 18                               | 0.          |                             |
|                   | 19   | Child tax credit or credit for other                             | r depende                                  | ents from Sched      | ule 8812 (Form 10  | 140) .      |          |                                  | 19          |                             |
|                   | 20   | Amount from Schedule 3 (Form                                     | 1040), line                                | 8                    |                    |             |          |                                  | 20          |                             |
|                   | 21   | Add lines 19 and 20  |  |                      |                    |             |          |                                  | 21          |                             |
|                   | 22   | Subtract line 21 from line 18. If z                              | ero or less                                | s, enter -0          |                    |             |          |                                  | 22          | 0.                          |
|                   | 23a  | Tax on income not effectively co<br>Schedule NEC (Form 1040-NR), |  |                      |                    | 23a         |          |                                  |             |                             |
|                   | b  | Other taxes, including self-empline 21                           |  |                      |                    | 23b         |          |                                  |             |                             |
|                   | С  | Transportation tax (see instruction                              |  |                      |                    | 23c         |          |                                  |             |                             |
|                   | d  | Add lines 23a through 23c  | ,  |                      |                    |             |          |                                  | 23d         |                             |
|                   | 24   | Add lines 22 and 23d. This is you                                |  |                      |                    |             |          |                                  | 24          | 0.                          |
| Payments          | 25   | Federal income tax withheld from                                 |  |                      |                    |             |          |                                  |             |                             |
| r aymonto         | а  | Form(s) W-2  |  |                      |                    | 25a         |          | 712.                             |             |                             |
|                   | b  | Form(s) 1099   |  |                      |                    | 25b         |          |                                  |             |                             |
|                   | c  | Other forms (see instructions) .                                 |  |                      |                    | 25c         |          |                                  |             |                             |
|                   | d  | Add lines 25a through 25c  |  |                      |                    |             |          |                                  | 25d         | 712.                        |
|                   | e  | Form(s) 8805   |  |                      |                    |             |          |                                  | 25e         | <u> </u>                    |
|                   | f  | Form(s) 8288-A   |  |                      |                    |             |          |                                  | 25f         |                             |
|                   | g  | Form(s) 1042-S   |  |                      |                    |             |          |                                  | 25g         |                             |
|                   | 26   | 2023 estimated tax payments ar                                   |  |                      |                    |             |          |                                  | 26          |                             |
|                   | 27   | Reserved for future use  |  |                      |                    | 27          |          |                                  |             |                             |
|                   | 28   | Additional child tax credit from S                               |  |                      |                    | 28          |          |                                  |             |                             |
|                   | 29   | Credit for amount paid with Forn                                 |  | •                    | •                  | 29          |          |                                  |             |                             |
|                   | 30   | Reserved for future use  |  |                      |                    | 30          |          |                                  |             |                             |
|                   | 31   | Amount from Schedule 3 (Form                                     | 1040), line                                | 15                   |                    | 31          |          |                                  |             |                             |
|                   | 32   | Add lines 28, 29, and 31. These                                  | •  |                      |                    | able cred   | lits     |                                  | 32          |                             |
|                   | 33   | Add lines 25d, 25e, 25f, 25g, 26,                                |  |                      |                    |             |          |                                  | 33          | 712.                        |
| Refund            | 34   | If line 33 is more than line 24, su                              |  |                      |                    |             |          |                                  | 34          | 712.                        |
|                   | 35a  | Amount of line 34 you want <b>refu</b>                           |  |                      |                    | -           | -        |                                  | 35a         | 712.                        |
| Direct deposit?   | b  | Routing number 0 2 1 0   |  |                      | c Type: 🔀          |             |          |                                  |             |                             |
| See instructions. | d  | Account number 7 6 2 1   |  |                      | î . T              |             |          | J                                |             |                             |
|                   | е  | If you want your refund check menter it here                     | ailed to a                                 | n address outsic     |                    |             |          |                                  |             |                             |
|                   | 36   | Amount of line 34 you want <b>app</b> l                          |  |                      | <br>ed tax         | 36          |          |                                  |             |                             |
| Amount            | 37   | Subtract line 33 from line 24. Thi                               |  |                      |                    |             |          |                                  |             |                             |
| You Owe           |  | For details on how to pay, go to                                 | www.irs.g                                  | ov/Payments or       | see instructions . |             |          |                                  | 37          |                             |
|                   | 38   | Estimated tax penalty (see instru                                | ctions) .                                  |                      |                    | 38          |          |                                  |             |                             |
| Third             | Do yo  | ou want to allow another person to                               | his return with the IRS? See instructions. |                      |                    |             | es. Comp | lete bel                         | ow. 🗵 No    |                             |
| Party<br>Designee | Designee's name  |  |  |                      |                    |             |          | nal identif<br>er (P <b>I</b> N) | ication     |                             |
|                   | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |  |                      |                    |             |          |                                  |             |                             |
| Sign              | Your signature   |  |  | Date Your occupation |                    |             |          | <b>I</b> f th                    | e IRS s     | ent you an <b>I</b> dentity |
| Here              | A complete   |  |  | ·                    |                    |             |          | Prof                             | ection      | PIN, enter it here          |
|                   |  | (11  |  | 03/20/2024           | EMPLOYED           |             |          | (see                             | inst.)      |                             |
|                   | Phon   |  |  | Email address        |                    | T 5 ·       |          | I n=                             |             |                             |
| Paid              | Prepa  | arer's name  |  | 's signature         |                    | Date        |          | PTIN                             |             | Check if:                   |
| Preparer          |  | ATA SAI PAVAN KUMAR DUDIPALLI                                    | VENKATA                                    | SAI PAVAN KU         | JMAR DUDIPALLI     |             |          | P0247                            |             | Self-employed               |
| Use Only          | Olobiil IIIIlo Elo   |  |  |                      |                    |             | Phone r  |                                  | 78)965-9522 |                             |
| 200 Ciny          | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm   |  |  |                      |                    |             |          | Firm's E                         | IN 8        | 8-2145487                   |

BAA

## SCHEDULE NEC Form 1040-NR)

Department of the Treasury

Internal Revenue Service

Name shown on Form 1040-NR

TAPEDIA

ANIRUDH

Enter amount of income under the appropriate rate of tax, See instructions.

Tax on Income Not Effectively Connected With a U.S. Trade or Business Attach to Form 1040-NR.

OMB No. 1545-0074 Sequence No. 7B 2023 Attachment

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

Your identifying number 047-73-9031

(g) GAIN

If (d) is more than (e), subtract (e) from (d). (d) Other (specify) % 15 If (e) is more than (d), subtract (d) from (e). (t) FOSS 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 þ Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter 1 (e) Cost or other basis (c) 30% Capital Gains and Losses From Sales or Exchanges of Property (d) Sales price (b) 15% (c) Date sold mm/dd/yyyy (a) 10% ဍ <del>1</del>9 9 ဗ 20 20 42 73 4 6 က 4 Ŋ ဖ ω / (b) Date acquired mm/dd/yyyy Dividend equivalent payments received with respect to section 871(m) transactions Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. 17 Add columns (f) and (g) of line 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) Gambling—Residents of countries other than Canada.

Note: Enter winnings only. Losses aren't allowed Multiply line 13 by rate of tax at top of each column Other royalties (copyrights, recording, publishing, etc.) Real property income and natural resources royalties Add lines 1a through 12 in columns (a) through (d) Nature of Income Industrial royalties (patents, trademarks, etc.) Dividends paid by foreign corporations. Motion picture or TV copyright royalties Dividends paid by U.S. corporations Dividends and dividend equivalents: Capital gain from line 18 below Paid by foreign corporations 8 Pensions and annuities . Social security benefits. 9 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. real property interest; report these gains and losses on Schedule D exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Enter only the capital gains and Other (specify): Report property sales or Mortgage Winnings Interest: Losses Other ပ 4 2 9 7 8 6 0 5 ဌ 4 15

## SCHEDULE OI (Form 1040-NR)

**Other Information** 

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

| Name st | nown on Form 1040-NR  | Your identifying                 | Your identifying number |                                    |                   |              |            |  |  |  |  |
|---------|---|----------------------------------|-------------------------|------------------------------------|-------------------|--------------|------------|--|--|--|--|
| ANIF    | RUDH TAPEDIA  | 047-73-9031                      |                         |                                    |                   |              |            |  |  |  |  |
| Α       |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
| В       | In what country did you claim residence for tax purposes during the tax year? United States   |                                  |                         |                                    |                   |              |            |  |  |  |  |
| С       | Have you ever applied to be a   | green card holder (lawful p      | ermanent resident)      | of the United States? .            |                   | ☐ Yes        | ⊠ No       |  |  |  |  |
| D       | Were you ever:  |                                  |                         |                                    |                   |              |            |  |  |  |  |
| 1.      |   |                                  |                         |                                    |                   |              | ⊠ No       |  |  |  |  |
| 2.      | A green card holder (lawful permanent resident) of the United States?   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.   |                                  |                         |                                    |                   |              |            |  |  |  |  |
| E       | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. $_{\mathbb{F}_1}$ |                                  |                         |                                    |                   |              |            |  |  |  |  |
| F       | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  |                                  |                         |                                    |                   |              |            |  |  |  |  |
| G       | List all dates you entered and I  |                                  | -                       |                                    |                   |              |            |  |  |  |  |
|         | Note: If you're a resident of C   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | check the box for Canada or   | <b>Mexico</b> and skip to item I | <u> </u>                | 🗌 Canada                           | ☐ Mexico          |              |            |  |  |  |  |
|         | Date entered United States  | Date departed United Stat        | es                      | Date entered United State          |                   | arted United | d States   |  |  |  |  |
|         | mm/dd/yy  | mm/dd/yy                         |                         | mm/dd/yy                           | r                 | nm/dd/yy     |            |  |  |  |  |
|         |   |                                  | _                       |                                    |                   |              |            |  |  |  |  |
|         |   |                                  | <u> </u>                |                                    |                   |              |            |  |  |  |  |
|         |   |                                  | <u> </u>                |                                    |                   |              |            |  |  |  |  |
|         | Ohan maraham af alama (ha alambia a   |                                  |                         | and a second to the all to the all | Otata a dissilara |              |            |  |  |  |  |
| Н       | Give number of days (including 2021   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | Did you file a LLS income tax   | , 2022                           | , and                   | 2023365                            | ···               | ⊠ Yes        | □No        |  |  |  |  |
| •       | Did you file a U.S. income tax  |                                  |                         |                                    |                   | ĭ res        |            |  |  |  |  |
| J       | If "Yes," give the latest year an Are you filing a return for a trus  |                                  | ±                       | U4UNK                              |                   | ☐Yes         | ⊠ No       |  |  |  |  |
| J       | If "Yes," did the trust have a l  |                                  |                         |                                    |                   | □ 162        | ⊠ NO       |  |  |  |  |
|         | U.S. person, or receive a contr   |                                  |                         |                                    |                   | ☐Yes         | □No        |  |  |  |  |
| K       | Did you receive total compens   | · ·                              |                         |                                    |                   | ☐ Yes        | ⊠ No       |  |  |  |  |
| •••     | If "Yes," did you use an alterna  |                                  | -                       |                                    |                   | ☐ Yes        | □No        |  |  |  |  |
| L       | Income Exempt From Tax—If   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | complete (1) through (3) below  |                                  |                         |                                    | ,                 | J            | 3,         |  |  |  |  |
| 1.      | Enter the name of the country,  |                                  |                         |                                    | claimed the tre   | aty benefi   | t, and the |  |  |  |  |
|         | amount of exempt income in th   | e columns below. Attach Fo       | orm 8833 if required    | . See instructions.                |                   |              |            |  |  |  |  |
|         | <b>(a)</b> Cou  | ntry                             | (b) Tax treaty artic    | ths (d) Amount of exempt           |                   |              |            |  |  |  |  |
|         |   |                                  |                         | claimed in prior tax ye            | ears income i     | n current ta | ax year    |  |  |  |  |
|         |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | (a) Total Enter this amount a   | Form 1040 ND line 11: D          | lo not enter it en :::  | horo oleo en line 1                |                   |              |            |  |  |  |  |
| 2       | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1  |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
| o,      | If "Yes," attach a copy of the Competent Authority determination letter to your return.   |                                  |                         |                                    |                   |              |            |  |  |  |  |
| М       |   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected   |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | with a U.S. trade or business under section 871(d). See instructions  |                                  |                         |                                    |                   |              |            |  |  |  |  |
| 2.      | You have made an election in  |                                  |                         |                                    |                   |              |            |  |  |  |  |
|         | States as effectively connected   | a with a U.S. trade or busin     | less under section      | or r(u). See instructions.         |                   |              | <u> Ц</u>  |  |  |  |  |