## 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

Submission Identification Number (SID)		•					
Taxpayer's name	Social securit	Social security number					
VARUNRAJ PODDUTURI	047-83-2881						
Spouse's name	Spouse's soc	Spouse's social security number					
Part I Tax Return Information — Tax Year Ending December 31, 2023 (End	er year you a	re authorizing.)					
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
<b>1</b> Adjusted gross income		1 24,8					
2 Total tax		2 1,0	98.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 2,5	558.				
4 Amount you want refunded to you		4 1,4	160.				
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your return	)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	smitter, or electro- ejection of the tr U.S. Treasury andicated in the ta- ution to debit the ate the authoriza- equests must be the processing of a payment. I furt	onic return originator ransmission, (b) the rand its designated Finax preparation software retry to this accounter to received no later to the electronic paymether acknowledge the	reason nancial are for it. This ncel) a than 2 nent of nat the				
Taxpayer's PIN: check one box only							
X I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ent		as my				
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Your signature ► Date ►	02-10-2024						
Spouse's PIN: check one box only							
I authorize to enter or general	e my PIN		as my				
ERO firm name	,	ter five digits, but					
signature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	now authorizing	•	-				
Spouse's signature ▶ Date ▶							
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication — Practitioner PIN Method Only							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 3 er all zeros	1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	omitting this retu	ırn in accordance wi					
ERO's signature ▶ Date ▶							
ERO Must Retain This Form — See Instructions							

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

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

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

For the year Ja	n. 1–[	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	, 2	20	See separate instructions.	
Your first name and middle initial		Last name					Your identifying number		
					(see instructions)				
VARUNRAJ			PODD	UTURI			047-8	3-2881	
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.		'		Apt. no.	
209 PIDC	) RC	AD							
City, town, or p	ost o	fice. If you have a foreign address, als	o comp	lete spaces below.		State	ZI	P code	
REISTERS'	OWN					MD	2	1136	
Foreign countr	y nam	e	Foreign	n province/state/county		Foreign p	ostal code		
Filing Status		Single	Estat	e 🗌 Trust					
Check only	111	ou checked the QSS box, enter the c	hild's na	ame if the qualifying per	son is a child but not	your depei	ndent:		
one box.									
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f				-	(b) sell, ex		
Dependents	3	(1) First name Last name					ck the box if	qualifies for (see inst.):	
(see instructions)	:			(2) Dependent's identifying number	(3) Relationship to yo	Child	tax credit	Credit for other dependents	
		(1)		, 3	(-)		П		
If more than four							ī		
dependents, see instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			1a	24,820.	
Effectively	b	Household employee wages not rep	orted or	n Form(s) W-2			1b		
Connected	С	Tip income not reported on line 1a (s	1c						
With U.S.	d	Medicaid waiver payments not repor	1d						
Trade or	е	Taxable dependent care benefits fro	1e						
Business	f Employer-provided adoption benefits from Form 8839, line 29								
A.L I.	s) W-2, The order earned income (see instructions)								
Attach Form(s) W-2,									
1042-S,									
SSA-1042-S, RRB-1042-S,	j	Reserved for future use					1j		
and 8288-A here. Also	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)								
attach	Z	Add lines 1a through 1h					1z	24,820.	
Form(s) 1099-R if	<b>2</b> a	Tax-exempt interest 2a	1	<b>b</b> Tax	kable interest		2b		
tax was	3a	Qualified dividends 3a		<b>b</b> Ord	dinary dividends		3b		
withheld.	4a	IRA distributions 4a		<b>b</b> Tax	kable amount		4b		
If you did not	5a	Pensions and annuities 5a		<b>b</b> Tax	kable amount				
get a Form W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Schedu	-		•				
	8	Additional income from Schedule 1 (						0.4.000	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		24,820.					
	10	Adjustments to income from Schedi income	10						
	11	Subtract line 10 from line 9. This is y		24,820.					
	12	<b>Itemized deductions</b> (from Schedu deduction (see instructions)						13,850.	
	13a	Qualified business income deduction	from F	orm 8995 or Form 8995	-A . <b>13</b> a				
	b	Exemptions for estates and trusts or	nly (see i	instructions)	13b				
	С	Add lines 13a and 13b					13c		
	14	Add lines 12 and 13c		13 <b>,</b> 850.					
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b>	xable income	<u> </u>	15	10,970.	

Form 1040-NR (2	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): <b>1</b>	314 <b>2</b> [	4972	3 [			16	1,098.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	1,098.
	19	Child tax credit or credit for other	er depende	ents from Sched	u <b>l</b> e 8812 (Fo	orm 104	0)			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	1,098.
	23a	Tax on income not effectively co	nnected w	ith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .			. [	23a				
	<b>b</b> Other taxes, including self-employment tax, from Schedule 2 (Form 1040),										
		line 21				. [	23b				
	С	Transportation tax (see instruction	ons)			. [	23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is yo	ur <b>total ta</b>	x						24	1,098.
Payments	25	Federal income tax withheld from	n:								
-	а	Form(s) W-2					25a	2	2,558.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .				. [	25c				
	d	Add lines 25a through 25c								25d	2 <b>,</b> 558.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar	nd amount	applied from 20	)22 return .					26	
	27	Reserved for future use				1	27				
	28	Additional child tax credit from S	Schedule 8	812 (Form 1040	)	. [	28				
	29	Credit for amount paid with Forr		•	-		29				
	30	Reserved for future use					30			1	
	31	Amount from Schedule 3 (Form 1040), line 15									
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits									
	33										2,558.
Refund	34	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									1,460.
	35a										1,460.
Direct deposit?	b	Routing number   0   1   1   9   0   0   2   5   4   c Type:   Checking Savings									
See instructions.	d	Account number 3 8 5 0 2 9 3 6 2 6 4 8									
	е	e If you want your refund check mailed to an address outside the United States not shown on page 1,									
		enter it here.									
	36	Amount of line 34 you want app	lied to you	ur 2024 estimat	ed tax .		36			1	
Amount	37	Subtract line 33 from line 24. Th	is is the <b>ar</b>	nount you owe			•				
You Owe									37		
	38	8 Estimated tax penalty (see instructions)									
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.   Yes. Complete below.   No								low. 🗵 No		
Party									al identif	ication	
Designee	name no number (PIN)										
	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 If th					e IRS s	ent you an Identity				
Here	Kikan									ection	PIN, enter it here
							inst.)				
	Phone		I	Email address							
Paid	Prepa	rer's name	Preparer	's signature			Date	7	PTIN	7	Check if:
Preparer	Firm's name CIODAL TAVES IIC Phone no. (678) 965-953							Self-employed			
- 1								78)965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965								4-3171965		

# SCHEDULE NEC (Form 1040-NR)

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

PODDUTURI

VARUNRAJ

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074 2023 Attachment

> Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

Sequence No. 7B

Your identifying number

047-83-2881

If (d) is more than (e), subtract (e) from (d). (a) GAIN (d) Other (specify) % If (e) is more than (d), subtract (d) from (e) 15 (t) ross 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 (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% ဒို <del>1</del> 12 13 ဗ 29 20 4 ო 4 Ŋ 9 Ξ / ω (b) Date acquired 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-. Enter amount of income under the appropriate rate of tax. See instructions. (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) Multiply line 13 by rate of tax at top of each column. Other royalties (copyrights, recording, publishing, etc.) Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed Real property income and natural resources royalties Nature of Income Add lines 1a through 12 in columns (a) through (d) 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: Paid by foreign corporations . . Pensions and annuities . . . . Capital gain from line 18 below Social security benefits. 9 Other (specify): Mortgage Winnings Interest: Losses Other ပ Ω Ω a ო 4 3 9 7 8 6 0 5 ဌ 4

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 Report property sales or exchanges that are effectively connected with a U.S. business Enter only the capital gains and losses from property sales or

mm/dd/yyyy

Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-BAA 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040), Form 4797, or both.

REV 02/05/24 PRO

Schedule NEC (Form 1040-NR) 2023

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For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

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

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 Attachment

Internal Revenue Service

Name shown on Form 1040-NR Your identifying number 047-83-2881 VARUNRAJ PODDUTURI Of what country or countries were you a citizen or national during the tax year? \_INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . С X No D Were you ever: ⊠ No 1. A U.S. citizen? Yes X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε 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. Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . X No F ☐ Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date departed United States Date entered United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: Н 2021 \_\_\_\_\_\_, 2022 \_\_\_\_\_\_, and 2023 \_\_\_\_\_\_365 \_\_\_\_. X No ı ☐ Yes If "Yes," give the latest year and form number you filed: X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No ☐ Yes Κ ☐ Yes X No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . ☐ No Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . . No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 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 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United