## 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)					
Taxpay	er's name	Social securi	Social security number			
MOU	NIKA KOLAN	800-01	800-01-6694			
Spouse	's name	Spouse's soo	use's social security number			
Part	Tax Return Information — Tax Year Ending	<b>December 31.</b> 202	 3 (Enter vear vou a	re author	rizina.)	
	whole dollars only on lines 1 through 5.	202	S (Elliot your your		<u></u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, ar	nd 5 blank.				
1	Adjusted gross income			11	3,	320.
2	Total tax			2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s)			3		
4	` ,			4		
5	Amount you owe			5		0.
Part				y of you	r retur	
return to send for any Agent payme author payme busine taxes in person Electro	owledge and belief, it is true, correct, and complete. I further d (original or amended) I am now authorizing. I consent to allow my driven to the IRS and to receive from the IRS (a) an acknow delay in processing the return or refund, and (c) the date of any to initiate an ACH electronic funds withdrawal (direct debit) entry and of my federal taxes owed on this return and/or a payment of elization is to remain in full force and effect until I notify the U.S. and I must contact the U.S. Treasury Financial Agent at 1-888 as days prior to the payment (settlement) date. I also authorize to receive confidential information necessary to answer inquirie all identification number (PIN) below is my signature for the incomic Funds Withdrawal Consent.  Ager's PIN: check one box only  I authorize GLOBAL TAXES LLC  ERO firm name signature on the income tax return (original or amended)  I will enter my PIN as my signature on the income tax	y intermediate service provide vledgement of receipt or reas v refund. If applicable, I autho v to the financial institution ac estimated tax, and the financial. Treasury Financial Agent to 1-353-4537. Payment cancell the financial institutions involves and resolve issues related me tax return (original or ame to enter or g	er, transmitter, or electron for rejection of the trize the U.S. Treasury a count indicated in the tal institution to debit the terminate the authorization requests must be used in the processing of to the payment. I fur	onic return ransmission nd its design ax preparate entry to the ation. To refer e received for the electric ther acknoizing and, in the feet of the electric ther acknoizing and, in the electric there are not entry and the electric there are not electric the electric there are not electric the electric the electric there are not electric the electric the electric there are not electric the electric there are not electric the electric there are not electric the electric there are not electric t	originated	or (ERO) e reason Financial ware for unt. This eancel) a r than 2 rment of that the able, my as my
\	if you are entering your own PIN <b>and</b> your return is file below.	ed using the Practitioner F	PIN method. The ERO			
Yours	signature ►		Date ►			
Spous	se's PIN: check one box only					
	I authorize  ERO firm name signature on the income tax return (original or amended I will enter my PIN as my signature on the income tax if you are entering your own PIN and your return is file below.	d) I am now authorizing. return (original or amende	do d) I am now authorizi		<b>zeros</b> c this bo	
Spous	se's signature ▶	[	Date ▶			
	Practitioner PIN Method		e below			
Part	III Certification and Authentication — Practition	oner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five	e-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 0 8 er all zeros	2 7	1
author	y that the above numeric entry is my PIN, which is my signature ized to file for tax year indicated above for the taxpayer(s) indicements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook	cated above. I confirm that I	am submitting this retu	urn in acco	rdance	
ERO's	s signature ►	[	Date ►			
	-	is Form - See Instruc				

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

# E1040-NR 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 Jai	n. 1–C	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	0	See separate instructions.
Your first name and middle initial		niddle initial	Last name Y			Your identifying number		
							(see instru	ctions)
MOUNIKA			KOLA	N			800-03	1-6694
Home address (number and street). If you have a P.O. box				tructions.		'		Apt. no.
1202 LING	COLN	AVENUE						21
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.	5	State	ZII	P code
CHARLESTO	N					IL	63	1920
Foreign country name Foreign province/state/cou			n province/state/county	[	oreign po	ostal code		
-	1							
Filing	×	Single Married filing sepa	arately (N	ИFS) 🗌 Qualifyii	ng surviving spouse (C	(SS)	Estate	e 🗌 Trust
Status	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depende							
Check only one box.								
Digital Assets	Δt a	ny time during 2023, did you: (a) rece	ive (as a	reward award or paym	ent for property or ser	vices): or	(b) sell ev	change or
Digital Assets		erwise dispose of a digital asset (or a						
Dependents						(4) Chec	k the box if	qualifies for (see inst.):
(see instructions)		(1) First name Last name		(2) Dependent's	(0) D	Child	tax credit	Credit for other
	-			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	x 1 (see i	nstructions)			1a	3,320.
Effectively	b	, , , ,	•	,			1b	3,323.
Connected	·							
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 f Employer-provided adoption benefits from Form 8839, line 29						1f		
	g	Wages from Form 8919, line 6	1g					
Attach Form(s) W-2,	h	Other earned income (see instruction	1h					
1042-S,	i	Reserved for future use						
SSA-1042-S,	j	Reserved for future use					1j	
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	m Sched	ule OI (Form 1040-NR), i	tem L,			
here. Also		line 1(e)			1k			
attach Form(s)	Z	Add lines 1a through 1h	· ·				1z	3,320.
1099-R if	2a	Tax-exempt interest 2a	_		cable interest		2b	
tax was	3a	Qualified dividends 3			dinary dividends		3b	
withheld.	4a	IRA distributions 4	_		cable amount		4b	
If you did not get a Form	5a	Pensions and annuities 5			cable amount		5b	
W-2, see	6	Reserved for future use	6					
instructions.	7	Capital gain or (loss). Attach Schedula 1	8					
	8 9	Additional income from Schedule 1 (Form 1040), line 10						3,320.
			9	3,320.				
	10	Adjustments to income from Schedincome	10					
	11	Subtract line 10 from line 9. This is y	11	3,320.				
	12	Itemized deductions (from Schedu		,				
	-	deduction (see instructions)		13,850.				
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts o	nly (see i	instructions)	13b			
	С	Add lines 13a and 13b					13c	
	14	Add lines 12 and 13c					14	13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b>	xable income		15	0.

Form 1040-NR (2	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from F	orm(s): <b>1</b>	314 <b>2</b> 🗌	4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), lin	ne 3					17	0.
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for other depen	dents from Sched	ule 8812 (Fori	m 1040)			19	
	20	Amount from Schedule 3 (Form 1040), lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or le	ss, enter -0					22	0.
	23a	Tax on income not effectively connected	with a U.S. trade	or business fr	rom				
		Schedule NEC (Form 1040-NR), line 15			. 23	а			
	b	Other taxes, including self-employment	tax, from Schedul	e 2 (Form 104	40),				
		line 21			. 23	b			
	С	Transportation tax (see instructions) .			. 23	С			
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is your total	tax					24	0.
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			. 25	а			
	b	Form(s) 1099			. 25	b			
	С	Other forms (see instructions)			. 25	С			
	d	Add lines 25a through 25c						25d	
	е	Form(s) 8805						25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	26	2023 estimated tax payments and amou						26	
	27	Reserved for future use			1				
	28	Additional child tax credit from Schedule				3			
	29	Credit for amount paid with Form 1040-0	o . ` '		. 29	9			
	30	Reserved for future use				)			
	31	Amount from Schedule 3 (Form 1040), lin				1			
	32	Add lines 28, 29, and 31. These are your				credits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.						33	
Refund	34	If line 33 is more than line 24, subtract lin						34	
11010111	35a	Amount of line 34 you want refunded to			•	-		35a	
Direct deposit?	b	Routing number X X X X X X				ecking			
See instructions.	d	Account number X X X X X X					J		
	e	If you want your refund check mailed to					page 1.		
		enter it here.							
	36	Amount of line 34 you want applied to y	our 2024 estimat	ed tax .	. 30				
Amount	37	Subtract line 33 from line 24. This is the				<u> </u>			
You Owe		For details on how to pay, go to www.irs	.gov/Payments or	see instructio	ons			37	0.
	38	Estimated tax penalty (see instructions)			. 38	3			
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.							ete belo	w. 🗵 No
Party	Designee's Phone Personal identifi								
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 occupa	ation		If the	IRS se	nt you an Identity
Here	1001	oignatar o	Baio	Tour cocup	allon				IN, enter it here
	STUDENT (see						inst.)		
	Phone	e no.	Email address				'		
Paid	Prepa	rer's name Prepare	er's signature		Da	ite	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM :	PRIYA RAM SAGAH	R GUPTA TAL	LAM 02	/08/2024	P02082	703	Self-employed
Preparer	Firm's name CIODAI TAVES TIC					Phone no			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965								

BAA

#### **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. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number MOUNIKA KOLAN 800-01-6694 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income				(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)		
		Nature of income					%	%	
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b	Dividends paid by fo	reign corporations		1b					
С	Dividend equivalent p	ayments received with respect to section 871(m) transa	actions	1c					
2	Interest:								
а	Mortgage			2a					
b		orations		2b					
С				2c					
3		atents, trademarks, etc.)		3					
4		copyright royalties		4					
5		rights, recording, publishing, etc.)		5					
6		e and natural resources royalties		6					
7		es		7					
8	Social security benef	its		8					
9	Capital gain from line	e 18 below		9					
10	Gambling-Resident	s of Canada only. Enter net income in column (c).							
_	If zero or less, ente								
a	Winnings	<del></del>		100					
ь 11	Losses Gambling—Resident	s of countries other than Canada.		10c					
• • •	Note: Enter winnings	s only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13		12 in columns (a) through (d)		13					
14	Multiply line 13 by r	ate of tax at top of each column		14					
15	Tax on income not e	fectively connected with a U.S. trade or business. Ac						NR, line 23a <b>15</b>	
		Capital Gains and Lo	sses F	rom	Sales or Excha	nges of Propert	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D			(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
(Form 1	•								
	property sales or ges that are effectively								
	ted with a U.S. business edule D (Form 1040).	17 Add columns (f) and (g) of line 16					17		
Form 4797, or both.		18 Capital gain. Combine columns (f) and (g) of	f line 17	. Ente	r the net gain here	e and on line 9 abo	ove. If a loss, enter	r -0 <b>18</b>	

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

#### Other Information

Attach to Form 1040-NR.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Name shown on Form 1040-NR Your identifying number MOUNIKA KOLAN 800-01-6694 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 С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . X No Were you ever: ⊠ No ☐ Yes 1. A U.S. citizen? 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. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes 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 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  $2021 \underline{\hspace{1.5cm}}, 2022 \underline{\hspace{1.5cm}}, and 2023 \underline{\hspace{1.5cm}} 365 \underline{\hspace{1.5cm}}.$ Did you file a U.S. income tax return for any prior year? . . . . . . . . . . . . X Yes ☐ No ı If "Yes," give the latest year and form number you filed: 1040NR 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 ⊠ No ☐ No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L 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 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . . . . . . . . . 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