## 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

Submi	ission Identification Number (SID)		•			
Taxpaye	er's name	Social securit	y numl	per		
SHAS	SHANK KARNE	278-67-	-498	4		
Spouse'	's name	Spouse's soc	ial sec	urity numbe	r	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	.)	
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.					
1	Adjusted gross income		1		,482.	
2	Total tax		2		,095.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,107.	
4 5	Amount you want refunded to you		4 5	1	,012.	
Part	Amount you owe	eep a cop	_	our retu	ırn)	
Under	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above	I am now auti	norizin	g, and to tl	he best of	
for any Agent t paymen authoriz paymen busines taxes t persona	If 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 indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I and income tax return (original or amended) I and its return to the pal identification to the pal identification of th	S. Treasury are cated in the taken to debit the the authorizations must be processing of ayment. I furt	nd its of the control	designated paration so to this according revoke weed no late tectronic packnowledge	Financial ftware for count. This (cancel) a er than 2 ayment of a that the	
	yer's PIN: check one box only					
X		my PIN 7	4 !	9 8 4	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but er all zeros	asiny	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your s	signature ▶ Date ▶					
Snous	se's PIN: check one box only					
Opous	I authorize to enter or generate	my PINI			as my	
	ERO firm name	Enter five digits, but				
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only		_			
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	6 0	8 2 7	7 1	
		Don t ente	a all Zt			
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitted and Pub. 1345, Handbook for Authorized IRS e-file Providers of Irlands of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Irlands.	itting this retu	rn in a	accordance		
ERO's	s signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	o 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 Jan. 1-Dec. 31, 2023, or other tax year beginn			nning, 2023, ending, 20					See separate instructions.		
Your first name and middle initial								our identifying number		
					(see instru	(see instructions)				
SHASHANK				E			278-6	278-67-4984		
Home address (number and street). If you have a P.O. box, see instructions.								Apt. no.		
3400 KENT										
City, town, or post office. If you have a foreign address, also complete spaces below.								IP code		
METAIRIE								0006		
Foreign country	nam	e	Foreigi	n province/state/county		Foreign	oostal code	•		
Filing Status										
If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depend										
Check only one box.										
Digital Assets	At a	ny time during 2023, did you: (a) recei	ve (as a	reward, award, or paym	ent for property or se	rvices): o	r (b) sell. ex	change, or		
Digital 7 locoto		erwise dispose of a digital asset (or a f						☐ Yes ⊠ No		
Dependents						(4) Ch	eck the box if	qualifies for (see inst.):		
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Polationship to vo	Chil	d tax credit	Credit for other dependents		
		(1) First Harrie Last Harrie		identifying number	(3) Relationship to you			dependents		
If more than four							$\exists$	<del>                                     </del>		
dependents, see instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	41,482.		
Effectively	b	Household employee wages not rep	orted or	Form(s) W-2			. 1b			
Connected	С	Tip income not reported on line 1a (	see instr	uctions)			. 1c			
With U.S.	d	Medicaid waiver payments not repo	rted on F	Form(s) W-2 (see instruct	ions)		. 1d			
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption benefit		·			. 1f			
Attach	g	Wages from Form 8919, line 6	. 1g							
Form(s) W-2,	h	Other earned income (see instruction	. 1h							
1042-S, SSA-1042-S,	i :	Reserved for future use	. 1j							
RRB-1042-S,	J I-		r future use							
and 8288-A	k	line 1(e)								
here. Also attach	z	Add lines 1a through 1h			1k		. 1z	41,482.		
Form(s)		2a Tax-exempt interest   2a   b Taxable interest						11, 102,		
1099-R if tax was	3a									
withheld.	4a	IRA distributions 4a		<b>b</b> Tax	able amount		. 3b . 4b			
If you did not	5a Pensions and annuities 5a b Taxable amount					. 5b				
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								
	<ul> <li>Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income</li> <li>Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments income</li></ul>							41,482.		
	11	Subtract line 10 from line 9. This is y	our <b>adj</b> u	usted gross income			. 11	41,482.		
	12	Itemized deductions (from Schedu						40 2-1		
		deduction (see instructions)				ndia Ţre	aty <b>12</b>	13,850.		
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts of					40-			
	C 1/	Add lines 13a and 13b Add lines 12 and 13c						12 050		
	14 15	Subtract line 14 from line 11. If zero						13,850. 27,632.		
		332340t mio 1 1 10m mio 1 1. 11 2010	J. 1000,	Siller O . Itho to your ta				_ , , 002.		

Form 1040-NR (	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): <b>1</b> 88	314 <b>2</b> [	497	2 <b>3</b>			16	3,095.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	3,095.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (F	orm 10	40) .			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	3,095.
	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	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 1	040),					
		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 total ta	x						24	3,095.
<b>Payments</b>	25	Federal income tax withheld from	n:								
	а	Form(s) W-2					25a		4 <b>,</b> 107.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	d Add lines 25a through 25c									4,107.
	е	Form(s) 8805								25e	
	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			4	
	28	Additional child tax credit from S		•	<b>,</b>		28			-	
	29	Credit for amount paid with Forr					29				
	30	Reserved for future use					30			4	
	31	Amount from Schedule 3 (Form 1040), line 15									
	32		32								
	33	Add lines 25d, 25e, 25f, 25g, 26								33	4,107.
Refund	34	<u> </u>							34	1,012.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here								35a	1,012.
Direct deposit? See instructions.	b	Routing number 0 2 1 1 0 0 3 6 1 c Type: X Checking Savings									
	d	Account number 7 9 1 1 6 1 8 0 2									
	е	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.									
	00	enter it here.									
A	36 37	Amount of line 34 you want app				•	36				
Amount You Owe	31	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to www.irs.gov/Payments or see instructions								37	
rou Owe	38		_	-			38			31	
Third	38 Estimated tax penalty (see instructions)								es Comp	Lete he	low. 🗵 No
Party										iow.	
Designee	name	Designee's Phone Personal identifuame no. number (PIN)								Cation	
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									e best c	of my knowledge and
		they are true, correct, and complete. I									
Sign	Your	signature		Date	Your occu	pation					ent you an Identity
Here				·					PIN, enter it here		
				NETWOR	K EN	GINE	ΞR	(see	inst.)		
	Phone		Drone	Email address		1	Dot-		DTIN		Object 1
Paid	•	rer's name		's signature			Date	/000	PTIN	0000	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RIYA RAM SAGAI	R GUPTA T.	ALLAM	02/11	L/2024	P02082		Self-employed
Use Only	Firm's name GLOBAL TAXES LLC							Phone n		78) 965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E									<u>IN</u> 8	34-3171965

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 SHASHANK KARNE 278-67-4984 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 100/	<b>(b)</b> 450/	(c) 30%	(d) Other (specify)		
Nature of income			(a) 10%	(a) 10% (b) 15%		%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b					
С	Dividend equivalent payments received with respect to section 871(m) transactions						
2	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations	2b					
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	· · · · ·						
b	Winnings            Losses	10c					
11	Gambling - Residents of countries other than Canada.						
	Note: Enter winnings only. Losses aren't allowed	11					
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column	14					
15	Tax on income not effectively connected with a U.S. trade or business. Add colum					NR, line 23a <b>15</b>	
	Capital Gains and Losses F	rom	Sales or Excha	nges of Proper	ty	1	
losses f	hy the capital gains and rom property sales or ges that are from sources the United States and not the capital gains and comproperty sales or ges that are from sources the United States and not the capital gains and gesting the capital gains and		(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).
	ely connected with a U.S. s. Do not include a gain						
or loss	on disposing of a U.S. real						
gains a	y interest; report these and losses on Schedule D						
(Form 1	,						
exchan	property sales or ges that are effectively						
connec	ted with a U.S. business 17 Add columns (f) and (g) of line 16					( )	
	18 Capital gain. Combine columns (f) and (g) of line 17	'. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0- · · <b>18</b>	

# 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

Nam	e sł	nown on Form 1040-NR					Your identifying	number				
SH	AS	HANK KARNE				278-67-4984						
Α		Of what country or countries were you a citizen or national during the tax year? INDIA										
В		In what country did you claim residence for tax purposes during the tax year? United States										
С		Have you ever applied to be a		☐ Yes	⊠ No							
D		Were you ever:										
	1.	A U.S. citizen?						☐ Yes	⊠ No			
:	2.	A green card holder (lawful per	rmanent resident) of the Un	ited States? .				☐ Yes	⊠ No			
		If you answer "Yes" to (1) or (2)	), see Pub. 519, chapter 4,	for expatriation i	ules t	hat 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										
F		Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G		List all dates you entered and I	left the United States durin	g 2023. See instr	ruction	ns.						
		Note: If you're a resident of C					ent intervals,					
		check the box for Canada or	Mexico and skip to item H	<u>1 .</u>		🗌 Canada	☐ Mexico					
		Date entered United States	Date departed United State	es	Da	te entered United State		arted United	d States			
		mm/dd/yy	mm/dd/yy			mm/dd/yy	1	mm/dd/yy				
Н		Give number of days (including					_					
		2021						\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}				
I		Did you file a U.S. income tax						⊠ Yes	∐ No			
		If "Yes," give the latest year an Are you filing a return for a trus						Yes	⊠ No			
J		If "Yes," did the trust have a l						□ res	△ NO			
		U.S. person, or receive a contr						Yes	□No			
K		Did you receive total compens						☐ Yes	□ No			
ĸ		If "Yes," did you use an alterna		-					□ No			
L		Income Exempt From Tax—If				•						
_		complete (1) through (3) below					tax troaty with	i a ioroigii	oountry,			
	1.	Enter the name of the country,					claimed the tre	eatv benefit	t, and the			
		amount of exempt income in th						,				
		(a) Coul	ntry	(b) Tax treaty a	ticle	(c) Number of month	ns (d) Am	ount of exe	empt			
			·	•		claimed in prior tax ye	ars income i	n current ta	x year			
						L						
	_	(e) Total. Enter this amount or		-								
		Were you subject to tax in a fo						☐ Yes	□ No ⊠ No			
;	3.	, , , , , , , , , , , , , , , , , , , ,										
		If "Yes," attach a copy of the C	Competent Authority detern	nination letter to	your r	eturn.						
М		Check the applicable box if:	aldaman and the Control of the			a	-104-1	£				
	1.	This is the first year you are ma with a U.S. trade or business u							onnected			
	^								ان د داما			
	۷.	You have made an election in States as effectively connected										
_	_		a with a 0.5. trade of busin		011	(a). Occ manuchons .	· · · ·		<u>· ⊔</u>			