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.

Submission Identification Number (SID)

Taxpayer's name	Social security number					
PALLE VISHAL	842-48-0370					
Spouse's name	Spouse's social security number					
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)					
Enter whole dollars only on lines 1 through 5.	<u> </u>					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income	1 1,502.					
2 Total tax	2 0.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3					
4 Amount you want refunded to you	4					
5 Amount you owe	5 0.					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)					

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpay	er's PIN: che	ck one bo	x only													3	7			
X	I authorize			ERO firm n				to enter	Ũ	nera	ite r	my F	PIN		nter fi on't e	ve di			а	s my
	signature or	n the incom	e tax ret	urn (origina	l or amer	nded) I ar	m now	authorizin	g.					-						
	I will enter n if you are er below.																			
Your sig	nature		A	AA-					Da	ate 🕨	0	2/1	0/20)24						
Spouse	's PIN: chec	k one box	only														1	<u> </u>		
	I authorize							to enter	or ger	nera	ite r	my F	PIN						а	s my
				ERO firm n											nter fi on't e					
	signature or					,			•											
	I will enter n if you are er below.								,						-					-
Spouse	's signature 🕨	•								ate 🕨										
				ctitioner F				-		bel	ow									
Part II	Certific	ation and	Auther	ntication	- Pract	titioner	PIN M	ethod O	nly											
ERO's E	EFIN/PIN. En	ter your six	-digit EF	IN followed	d by your	five-digit	t self-se	elected Pl	N.	2	2	2	4	9	6	0	8	2 7	7	1
	hat that also a										- 1-				iter al			a al a a ⁿ	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Demonstrate Deduction Act Nation		BEN 00/05/04 DBO	Farm 8870 (Day, 01 0001)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040)-	VR Department of the Treasury-Inter U.S. Nonresident Al	rnal Revenu ien Inc	e Service Come Tax Return	n 20 23	OMB No. 1	545-0074	or sta	Only-Do not write only this space.
For the year Jan	ı. 1–	Dec. 31, 2023, or other tax year beginr	ning	, 2023,	ending		, 20		See separate nstructions.
Your first name	and	middle initial	Last nai	ne					ing number
PALLE			VISHA	ΔL			842	-48-(0370
Home address ((nun	ber and street). If you have a P.O. box	, see inst	ructions.					Apt. no.
1202 LINC									12
City, town, or po	ost o	ffice. If you have a foreign address, al	so comple	ete spaces below.		State		ZIP co	
CHARLESTO						IL		6192	20
Foreign country	nar	16	Foreign	province/state/county		Foreign	postal c	ode	
Filing Status Check only one box.		Single Married filing separate of the QSS box, enter the of the QSS box.	E endent:	state	Trust				
Digital Assets	At oth	any time during 2023, did you: (a) rece erwise dispose of a digital asset (or a	ive (as a r financial ii	eward, award, or paymenterest in a digital asset	ent for property or t)? (See instruction:	services); (s.)	or (b) sell 	, exchai	nge, or] Yes 🔀 No
Dependents						(4) Cł	neck the b	ox if qual	lifies for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to	vou Ch	ild tax cre	dit (Credit for other dependents
				, ,	(c)	,			
If more than four									
dependents, see instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, box	k 1 (see in	structions)			. 1	a 📃	1,502.
Effectively	b	Household employee wages not rep	orted on	Form(s) W-2...			. 11)	
Connected	С	Tip income not reported on line 1a (>	
With U.S.	d	Medicaid waiver payments not repo							
Trade or	e	Taxable dependent care benefits from Form 2441, line 26							
Business	f	Employer-provided adoption benefit						_	
Attach	g h	Wages from Form 8919, line 6					· <u>1</u> 9		
Form(s) W-2,	i	Other earned income (see instructio Reserved for future use					. 1	1	
1042-S, SSA-1042-S,	j	Reserved for future use					. 1		
RRB-1042-S, and 8288-A here, Also	, k	Total income exempt by a treaty from line 1(e)	m Schedu	ıle OI (Form 1040-NR), i	tem L,				
attach	z	Add lines 1a through 1h					. 1:	z	1,502.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	b Tax	able interest		. 2	b	
tax was	3a	Qualified dividends 3a	a	b Orc	linary dividends .		. 3)	
withheld.	4a	IRA distributions 4a			able amount)	
lf you did not get a Form	5a	Pensions and annuities 5a			able amount				
W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Schedu	•	, ,				-	
	8	Additional income from Schedule 1							1 500
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		-					1,502.
	10						. 10	<u> </u>	
	11	Subtract line 10 from line 9. This is y						1	1,502.
	12	Itemized deductions (from Schedu deduction (see instructions)			Std Dedn US			2	13,850.
	13a	Qualified business income deductio							
	b	Exemptions for estates and trusts o	5 (,					
	c	Add lines 13a and 13b							10 0
	14								13,850.
	15 Datio	Subtract line 14 from line 11. If zero					. 1		0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

2023)								Page 2
16	Tax (see instructions). Check if ar	y from For	rm(s): 1 🗌 88	314 2 497	2 3		16	0.
17	Amount from Schedule 2 (Form	1040), line	3				. 17	0.
18								0.
19	Child tax credit or credit for othe	r depende	ents from Sched	ule 8812 (Form 10-	40)		. 19	
20	Amount from Schedule 3 (Form	1040), line	8				. 20	
21							. 21	
22	Subtract line 21 from line 18. If z	ero or less	s, enter -0-				. 22	0.
23a								
	•				23a			
b								
		-			23b			
с					23c			
d		,					. 23d	
								0.
					25a			
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	6							
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37			-					
		-	-			• •	. 37	0.
		,						5.2
Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See instrue	ctions. 🗌 Ye	es. Co	mplete be	low. 🛛 No
	iee's							
							<i>'</i>	
								ent you an Identity
						PIN, enter it here		
						see inst.)	, оптог петюго	
			Email address				· · · · · · · · · · · · · · · · · · ·	
Phone	no no				Data	PTIN		Ohaalu ife
Phone	e no. rer's name	Preparer	's signature		Date			I Uneck II:
Prepa	rer's name	•	0					Check if:
Prepa SYAM	rer's name PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	0	R GUPTA TALLAM		P020	082703	Self-employed
Prepa SYAM Firm's	rer's name	SYAM PR LLC	IYA RAM SAGAN			P020 Phor	082703 neno. (6	
	16 17 18 19 20 21 22 23a b c d 24 25 a b c d 24 25 a b c d 24 25 a b c d 24 25 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e f g 26 27 28 29 30 31 32 33 34 35a b d e 57 28 29 30 31 35a b d e 57 28 29 30 31 35a b d c 17 28 29 30 31 35a b d d e 17 35a b d d e 17 35a 17 37 37 38 Do you Under belief, t	 16 Tax (see instructions). Check if an 17 Amount from Schedule 2 (Form 1 18 Add lines 16 and 17 19 Child tax credit or credit for othe 20 Amount from Schedule 3 (Form 2 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If z 23a Tax on income not effectively conschedule NEC (Form 1040-NR), b Other taxes, including self-empted line 21	 16 Tax (see instructions). Check if any from For 17 Amount from Schedule 2 (Form 1040), line 18 Add lines 16 and 17	16 Tax (see instructions). Check if any from Form(s): 1 □ 84 17 Amount from Schedule 2 (Form 1040), line 3	16 Tax (see instructions). Check if any from Form(s): 1 8814 2 497 17 Amount from Schedule 2 (Form 1040), line 3 18 Add lines 16 and 17 19 Child tax credit or credit for other dependents from Schedule 8812 (Form 1040), line 8 . <td>16 Tax (see instructions). Check if any from Form(s): 1 B814 2 4972 3 17 Amount from Schedule 2 (Form 1040), line 3 18 Add lines 16 and 17 10 Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) . . . 20 Amount from Schedule 3 (Form 1040), line 8 21 Add lines 19 and 20 23 Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 23 Tax an on income not effectively connected with a U.S. trade or business from Schedule 2 (Form 1040), line 51 .</td> <td>16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 17 Amount from Schedule 2 (Form 1040), line 3 </td> <td>16 Tax (see instructions). Check if any from Form(s): 1 B814 2 4972 3 16 17 Amount from Schedule 2 (Form 1040), line 3 .</td>	16 Tax (see instructions). Check if any from Form(s): 1 B814 2 4972 3 17 Amount from Schedule 2 (Form 1040), line 3 18 Add lines 16 and 17 10 Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) . . . 20 Amount from Schedule 3 (Form 1040), line 8 21 Add lines 19 and 20 23 Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 23 Tax an on income not effectively connected with a U.S. trade or business from Schedule 2 (Form 1040), line 51 .	16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 17 Amount from Schedule 2 (Form 1040), line 3	16 Tax (see instructions). Check if any from Form(s): 1 B814 2 4972 3 16 17 Amount from Schedule 2 (Form 1040), line 3 .

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2 23 Attachment Sequence No. 7B

Your identifying number

842-48-0370

(c) 30%

(d) Other (specify)

PALLE VISHAL

Enter amount of income under the appropriate rate of tax. See instructions. Nature of Income (a) 10% (b) 15%

	Nature of Income		(a) 10%	(b) 15%	(c) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	. 1a	1				
b	Dividends paid by foreign corporations)				
С	Dividend equivalent payments received with respect to section 871(m) transaction	ons 10	;				
2	Interest:						
а	Mortgage	. 2 a	1				
b	Paid by foreign corporations	. 2t					
С	Other	. 20	;				
3	Industrial royalties (patents, trademarks, etc.)	. 3					
4	Motion picture or TV copyright royalties						
5	Other royalties (copyrights, recording, publishing, etc.)	. 5					
6	Real property income and natural resources royalties						
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	Winnings						
b	Losses	. 10	c				
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	. 11					
12	Other (specify):						
		1 1 2	2				
13	Add lines 1a through 12 in columns (a) through (d)	. 13	3				
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 of					-NR, line 23a 15	
	Capital Gains and Loss	es Fror	n Sales or Excha	inges of Proper	ty		
losses f exchan		acquired 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).

within the United States and not	descriptive details not shown below)					subtract (d) from (e)
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						
(Form 1040).						
Report property sales or exchanges that are effectively						
connected with a U.S. business on Schedule D (Form 1040),						(
Form 4797, or both.	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, enter	r-0 18

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

	nent of the Treasury Revenue Service	Go	to www.irs.gov/Form1040N		Attachment Sequence No.				
	hown on Form 1040	-NB	AII5	wer all questions.		Your identifyi		.0. 70	
	LE VISHAL					842-48-	•		
A		v or countries v	were you a citizen or nation	al during the tax year?	τνρτα	012 10			
В	In what country	/ did vou claim	residence for tax purpose	es during the tax year?	United States				
С	Have you ever	applied to be a	a green card holder (lawful p	permanent resident) of	the United States? .		Ves	🛛 No	
D	Were you ever:								
1.	A U.S. citizen?						🗌 Yes	🛛 No	
2.	•	• •	ermanent resident) of the Ur				Yes	🛛 No	
	-		2), see Pub. 519, chapter 4,	-					
E	immigration sta	tus on the last	day of the tax year, enter day of the tax year. $\underline{F1}$				-	_	
F	Have you ever If you answered	changed your v d "Yes," indicat	visa type (nonimmigrant sta te the date and nature of th	atus) or U.S. immigratic ie change:	on status?		Yes	🔀 No	
G	List all dates yo	ou entered and	left the United States durin	ng 2023. See instructio	ns.				
			Canada or Mexico AND co						
			r Mexico and skip to item I			Mexico			
	Date entered	United States	Date departed United Stat mm/dd/yy	tes Da	te entered United State mm/dd/yy	es Date de	parted Unite mm/dd/yy	d States	
		ad, yy			iiiii/dd/yy		mm, dd, yy		
н	Give number of	days (including	vacation, nonworkdays, and	d partial days) you were	present in the United	States during	:		
	2021		, 2022	, and 20	23 365	·			
I	Did you file a U If "Yes," give th	.S. income tax le latest year a	return for any prior year? . nd form number you filed:				🗌 Yes	🛛 No	
J	Are you filing a	return for a tru	۔ st?.........				Yes	🗙 No	
			U.S. or foreign owner under						
	-		tribution from a U.S. person					No	
Κ			sation of \$250,000 or more					🛛 No	
			ative method to determine					□ No	
L			If you are claiming exempt v. See Pub. 901 for more in			tax treaty w	th a foreigr	1 country	
1.	,	• • •	, the applicable tax treaty an			claimed the	treaty benef	it and the	
			he columns below. Attach F					.,	
		(a) Cou	untry	(b) Tax treaty article					
					claimed in prior tax ye	ears income	e in current t	ax year	
	(e) Total. Enter	r this amount o	on Form 1040-NR, line 1k. E	Do not enter it anywher	re else on line 1				
2.			oreign country on any of the				🗌 Yes	🗌 No	
3.	-		its pursuant to a Competen	-			🗌 Yes	🛛 No	
			Competent Authority deterr	mination letter to your	return.				
Μ	Check the appl	icable 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 with a U.S. trade or business under section 871(d). See instructions

BAA

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

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023