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

| - Internal ne | svenue Service | | | | | |
|--|--|--|--|--|---|--|
| Submis | sion Identification Number (SID) | | | | | |
| Taxpayer' | s name | Social securi | ty numb | er | | |
| MANO | J SARAVANAN | 193-79-6831 | | | | |
| Spouse's | name | Spouse's social security number | | | | |
| | | | | | | |
| Part I | , , | year you a | re aut | horizing. | .) | |
| | hole dollars only on lines 1 through 5. | | | | | |
| | orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | 1 . 1 | | | |
| | Adjusted gross income | | 1 | 22 | <u>,</u> 229. | |
| | Total tax | | 2 | | 838. | |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,147. | |
| | Amount you want refunded to you | | 5 | 1 | <u>,309.</u> | |
| Part I | Amount you owe | een a cor | | our retu | rn) | |
| | enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended | | | | | |
| to send of for any of Agent to payment authorized payment business taxes to personal | riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejetelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction from the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the procedular to the process. | ection of the t S. Treasury a cated in the t on to debit the the authoriz uests must b processing o ayment. I fur | ransmis and its cax prepe entry tation. Te received the electrical the electrical transfer acceives the acceives the acceives access acces | ssion, (b) the designated paration soft to this according to revoke (wed no late ectronic parknowledge | ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the | |
| | c Funds Withdrawal Consent. er's PIN: check one box only | | | | | |
| X | l authorize GLOBAL TAXES LLC to enter or generate | mv PIN | 6 8 | 3 3 1 | as my | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř En | | digits, but r all zeros | ac, | |
| | 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 and your return is filed using the Practitioner PIN meth below. | | | | | |
| Your sig | gnature ▶ Date ▶ | | | | | |
| Snouse | e's PIN: check one box only | | | | | |
| | I authorize to enter or generate | my PINI | | | as my | |
| | ERO firm name | , | ter five | digits, but | as my | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | r 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 and your return is filed using the Practitioner PIN meth below. | | | | | |
| Spouse | 's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part II | Certification and Authentication — Practitioner PIN Method Only | | | | | |
| ERO's I | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 Don't ent | 6 0 ter all ze | 8 2 7 | 1 | |
| authorize | that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc. | itting this ret | urn in a | ıccordance | | |
| 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 beginnin | | | ning, 2023, ending, 20 | | | 20 | See separate instructions. | | |
|---|---------|--|------------------------|---------------------------------|--------------------------|-----------|----------------------------|----------------------------|--|
| Your first name and middle initial | | Last na | ame | | | Your iden | tifying number | | |
| | | | | | | | (see instructions) | | |
| MANOJ | | | SARA | VANAN | | | 193-7 | 9-6831 | |
| Home address | (num | per and street). If you have a P.O. box | , see ins | tructions. | | | | Apt. no. | |
| 2500 AVE | IT F | ERRY ROAD | | | | | | 104 | |
| City, town, or p | ost o | fice. If you have a foreign address, al | so comp | lete spaces below. | | State | ZI | P code | |
| RALEIGH | | | | | | NC | 2 | 7606 | |
| Foreign country | nam nam | е | Foreig | n province/state/county | | Foreign p | ostal code | | |
| | | | | | | | | | |
| Filing | | | | | | | | e 🗌 Trust | |
| Status | | you checked the QSS box, enter the | • • | • | son is a child but not y | our depe | | | |
| Check only | | | | , , , , , | ĺ | · | | | |
| one box. | | | (| | | | /l=\ = = II = = | -1 | |
| Digital Assets | | ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a t | | | | | (b) sell, ex | | |
| Dependents | | | | | , , , | | | qualifies for (see inst.): | |
| (see instructions) | | | | (2) Dependent's | | Chile | I tax credit | Credit for other | |
| (, | | (1) First name Last name | | identifying number | (3) Relationship to you | 1 0 | | dependents | |
| If more than four | | | | | | | <u> </u> | | |
| dependents, see | | | | | | | <u> </u> | | |
| instructions and check here | | | | | | | <u> </u> | | |
| | 1- | Total amount from Form(a) W. O. hay | . 1 (000) | not w rational | | | 4. | 22,229. | |
| Income | 1a | Total amount from Form(s) W-2, box | • | , | | | | 22,229. | |
| Effectively | b | Household employee wages not rep Tip income not reported on line 1a (| | ` ' | | | 1b 1c | | |
| Connected With U.S. | c d | Medicaid waiver payments not repo | | , | | | 1d | | |
| Trade or | e | Taxable dependent care benefits fro | | ` ' ' | , | | 1e | | |
| Business | f | Employer-provided adoption benefit | | • | | | 1f | | |
| Dusiness | g | Wages from Form 8919, line 6 | | * | | | 1g | | |
| Attach | h | Other earned income (see instructio | | | | | 1h | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | 1i | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | 1j | | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | n Sched | ule OI (Form 1040-NR), | item L, | | | | |
| here. Also | | line 1(e) | | | 1k | | | | |
| attach | z | Add lines 1a through 1h | | | | | 1z | 22,229. | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | a | b Ta: | kable interest | | 2b | | |
| tax was | 3a | Qualified dividends 3a | 3 | b Ore | dinary dividends | | 3b | | |
| withheld. | 4a | IRA distributions 4a | _ | | kable amount | | | | |
| If you did not get a Form | 5a | Pensions and annuities 5a | | | kable amount | | | | |
| W-2, see | 6 | Reserved for future use | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | | | | | | | |
| | 8 | Additional income from Schedule 1 | | | | | | 00.000 | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | - | | | | 22,229. | |
| | 10 | Adjustments to income from Sched | | | | | | | |
| | 11 | income | | | | | | 22,229. | |
| | 12 | Itemized deductions (from Schedu | | | | | | 22,223. | |
| | 14 | deduction (see instructions) | | 13,850. | | | | | |
| | 13a | Qualified business income deductio | 4 | | | | | | |
| | b | Exemptions for estates and trusts o | | | | | | | |
| | c | Add lines 13a and 13b | • . | • | | | 13c | | |
| | 14 | | | | | | | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your ta | xable income | <u> </u> | 15 | 8 , 379. | |

| Form 1040-NR (| 2023) | | | | | | | | | | Page 2 |
|--|--|--|-------------|-----------------|----------------|---------|------------|--------------|----------|---------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if ar | y from For | rm(s): 1 | 314 2 [| 497 | 2 3 | | | 16 | 838. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 838. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) | | | | | | | | | |
| | 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 | 838. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | | | | | 23a | | | | |
| | b | Other taxes, including self-empl | | | | | 200 | | | - | |
| | b | line 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 | 838. |
| Payments | 25 | Federal income tax withheld from | | | | | | • • | | 2.4 | 030. |
| rayinents | a | Form(s) W-2 | | | | | 25a | | 2,147. | | |
| | b | Form(s) 1099 | | | | | 25b | | <u> </u> | | |
| | c | Other forms (see instructions) | | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 2,147. |
| | e | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g 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 Forr | | ` ' | | | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form | | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These | 32 | | | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | - | | | | | | | 33 | 2,147. |
| Refund | 34 | | | | | | | | | 34 | 1,309. |
| riciana | 35a | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | | | 35a | 1,309. |
| Direct deposit? | b | Routing number 0 5 4 0 | | | c Type: | | | | Savings | | =, = , = . |
| See instructions. | d | Account number 5 5 7 | | | | Ī | | | | | |
| | e | If you want your refund check m | | | | d State | es not sl | — nown or | page 1. | | |
| | • | enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want app | ied to vo | ur 2024 estimat | 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 | gov/Payments or | see instruc | tions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instru | ctions) . | | | | 38 | | | | |
| Third | Do yo | o you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete by | | | | | | | | lete be | low. X No |
| Party Designee | Designee's Phone Personal identifiname no. Personal identifiname number (PIN) | | | | | | | | | | |
| | name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | | | | | | | |
| Sign | | | Colaration | | | • | | mormane | | | ent you an Identity |
| _ | Yours | signature | | Date | Your occu | ipation | | | | | PIN, enter it here |
| Here | STUDENT | | | | | | | inst.) | , | | |
| | Phone | e no. | | Email address | 1 | | | | 1, | | |
| Doid | | rer's name | Preparer | 's signature | | | Date | | PTIN | | Check if: |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PR | RIYA RAM SAGAF | R GUPTA TA | ALLAM | 02/10 | /2024 | P0208 | 2703 | ☐ Self-employed |
| Preparer | | s name GLOBAL TAXES | | | | | - | | Phone r | | 78) 965-9522 |
| Firm's address 245 ROONEY CT E BRUNSW. | | | | | J 08816 | | | | Firm's E | , , | 4-3171965 |

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

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

MANOJ SARAVANAN 193-79-6831 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c С 3 4 5 Real property income and natural resources royalties . . . 6 7

8

9

10c

11

12

13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 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 15 15

Capital Gains and Losses From Sales or Exchanges of Property

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. rea property interest; report these gains and losses on Schedule D (Form 1040).

Losses

If zero or less, enter -0-. Winnings ______

10

12

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). Form 4797, or both.

| | | _ | | | <u> </u> | • | | |
|---------------|----|--|------------------------------|-----------------------------|-----------------|-------------------------|--|---|
| d es ot | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (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). |
| .S. | | | | | | | | |
| n real | | | | | | | | |
| D | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| s | 17 | Add columns (f) and (g) of line 16 . | | | | 17 | () | |
| | | Capital gain. Combine columns (f) and | | | | | ′-0 18 | |

Other (specify):

Gambling-Residents of Canada only. Enter net income in column (c).

Gambling-Residents of countries other than Canada.

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 | e shown on Form 1040-NR | Your identifying number | | | | | | | | |
|------|---|---|------------------------------------|--------------------|------------|--------------|--|--|--|--|
| MA | NOJ SARAVANAN | 193-79-6831 | | | | | | | | |
| 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 purpos | 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 | permanent residen | t) of the United States? . | | Yes | ⊠ No | | | | |
| D | Were you ever: | | | | | | | | | |
| | 1. A U.S. citizen? | | | ⊠ No | | | | | | |
| 2 | 2. A green card holder (lawful permanent resident) of the L | | ⊔ Yes | ⊠ No | | | | | | |
| Е | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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 yearF1 | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant st If you answered "Yes," indicate the date and nature of t | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | |
| G | List all dates you entered and left the United States duri | ing 2023. See instru | ctions. | | | | | | | |
| | Note: If you're a resident of Canada or Mexico AND co | | | _ | | | | | | |
| | check the box for Canada or Mexico and skip to item | | | ☐ Mexico | | | | | | |
| | Date entered United States Date departed United States mm/dd/yy mm/dd/yy | ates | Date entered United State mm/dd/yy | | | d States | | | | |
| | ППП/аа/уу | | ППП/аа/уу | - 111 | mm/dd/yy | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| н | Give number of days (including vacation, nonworkdays, at | nd partial days) you v | were present in the United | States during: | | | | | | |
| | 2021, 2022 | | | _ | | | | | | |
| ı | Did you file a U.S. income tax return for any prior year? | | | | ⊠ Yes | ☐ No | | | | |
| | If "Yes," give the latest year and form number you filed: | | | | | _ | | | | |
| J | Are you filing a return for a trust? | | ∐ Yes | ⊠ No | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner und | | Yes | □No | | | | | | |
| K | | I.S. person, or receive a contribution from a U.S. person? | | | | | | | | |
| | | | | | ☐ Yes | ⊠ No □ No | | | | |
| L | If "Yes," did you use an alternative method to determine the source of this compensation? | | | | | | | | | |
| | complete (1) through (3) below. See Pub. 901 for more i | | | , | J | | | | | |
| 1 | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | | | | |
| | (a) Country | (b) Tax treaty arti | | ount of ex | exempt | | | | | |
| | | | claimed in prior tax ye | ars income in | ıx year | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. | Do not enter it anv | where else on line 1 | | | | | | | |
| 2 | 2. Were you subject to tax in a foreign country on any of the | - | | | ☐ Yes | ☐ No | | | | |
| | 3. Are you claiming treaty benefits pursuant to a Compete | | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," attach a copy of the Competent Authority dete | rmination letter to y | our return. | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | |
| 1 | This is the first year you are making an election to treat with a U.S. trade or business under section 871(d). See | income from real prinstructions | operty located in the Unito | ed States as effor | ectively c | onnected | | | | |
| 2 | 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the Unit States as effectively connected with a U.S. trade or business under section 871(d). See instructions | | | | | | | | | |