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

| The state of the control of the cont | | | | | | | |
|--|--|--|--|---|--|--|--|
| Submission Identification Number (S | SID) | | | | | | |
| Taxpayer's name | | | Social secur | ity numbe | er | | |
| SAJITH MURALIDHAR | | | 004-87-9981 | | | | |
| Spouse's name | | | Spouse's so | cial secur | rity number | | |
| Part I Tax Return Information | tion — Tax Year Ending Dec | ember 31 2022 | 3 (Enter year you a | are quith | orizina) | | |
| Enter whole dollars only on lines 1 t | <u> </u> | eniber 31, 202. | Ciliei year you a | are auti | ionzing., | 1 | |
| Note: Form 1040-SS filers use line | <u> </u> | olank | | | | | |
| | | | | 11 | 14 | ,086. | |
| | | | | 2 | | 24. | |
| | from Form(s) W-2 and Form(s) 109 | | | 3 | | 296. | |
| 4 Amount you want refunded t | | | | 4 | | 272. | |
| 5 Amount you owe | | | | 5 | | | |
| Part II Taxpayer Declaration | on and Signature Authorizati | on (Be sure you ge | et and keep a cop | y of yo | our retui | rn) | |
| Under penalties of perjury, I declare that my knowledge and belief, it is true, correturn (original or amended) I am now at to send my return to the IRS and to receive for any delay in processing the return or Agent to initiate an ACH electronic funding payment of my federal taxes owed on the authorization is to remain in full force a payment, I must contact the U.S. Treat business days prior to the payment (set taxes to receive confidential information personal identification number (PIN) belie Electronic Funds Withdrawal Consent. | rect, and complete. I further declare uthorizing. I consent to allow my intereive from the IRS (a) an acknowledge refund, and (c) the date of any refunds withdrawal (direct debit) entry to the isis return and/or a payment of estimated effect until I notify the U.S. Treas asury Financial Agent at 1-888-353-tlement) date. I also authorize the finan necessary to answer inquiries and | that the amounts in Parmediate service provides ement of receipt or reason. If applicable, I author e financial institution acceed tax, and the financial sury Financial Agent to 4537. Payment cancella ancial institutions involved the resolve issues related | art I above are the amore, transmitter, or election for rejection of the trize the U.S. Treasury account indicated in the transmitter to debit the terminate the authorization requests must be din the processing of the terminate. I fur | ounts from return ransmiss and its do ax prepare entry to ation. To e receive f the elether ack | om the incurrence on the incurrence of the estimated laration soft or this accoording to the edition of the edi | come tax for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the | |
| Taxpayer's PIN: check one box or | alv | | | | | | |
| X lauthorize GLOBAL TA | | to enter or a | enerate my PIN $\frac{17}{2}$ | 9 9 | 8 1 | as my | |
| | ERO firm name x return (original or amended) I ar | | ř Er | | ligits, but all zeros | ao my | |
| | ignature on the income tax return on PIN and your return is filed us | | | | | | |
| Your signature ▶ | | | Date ► | | | | |
| Spouse's PIN: check one box only | ı | | | | | | |
| I authorize | ' | to enter or a | enerate my PIN | | | as my | |
| | ERO firm name | | • _ | ter five d | ligits, but | ao my | |
| signature on the income ta | x return (original or amended) I ar | n now authorizing. | do | n't enter | all zeros | | |
| | ignature on the income tax return on PIN and your return is filed us | | | | | | |
| Spouse's signature ▶ | | Г | Date ► | | | | |
| | Practitioner PIN Method Retu | ırns Only—continue | e below | | | | |
| Part III Certification and Au | thentication — Practitioner | PIN Method Only | | | | | |
| ERO's EFIN/PIN. Enter your six-dig | it EFIN followed by your five-digit | t self-selected PIN. | 2 2 2 4 9 Don't en | 6 0 ter all zer | 8 2 7 | 1 | |
| I certify that the above numeric entry is authorized to file for tax year indicated requirements of the Practitioner PIN met | above for the taxpayer(s) indicated | above. I confirm that I | am submitting this ret | urn in ac | ccordance | | |
| ERO's signature ▶ | | | Oate ► | | | | |
| | ERO Must Retain This Fo | | | | | | |
| Don' | t Submit This Form to the IR | S Unless Request | ed 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 Jan | ı. 1–D | ec. 31, 2023, or other tax year beginni | ng | , 2023, | ending | , | 20 | instructions. |
|-----------------------------------|----------|---|------------------|-----------------------------------|------------------------|----------|---------------|---|
| Your first name | and r | niddle initial | Last na | ame | | | Your ide | ntifying number |
| | | | | | | | (see inst | ructions) |
| SAJITH | | | MURA | LIDHAR | | | 004- | 87-9981 |
| Home address (| (numb | per and street). If you have a P.O. box, | see ins | tructions. | | | | Apt. no. |
| 420 EAST | MAG | NOLIA APT CASTLE | | | | | | D301 |
| City, town, or po | ost of | fice. If you have a foreign address, als | o comp | lete spaces below. | | State | 7 | ZIP code |
| AUBURN | | | | | | AL | | 36830 |
| Foreign country | nam | Э | Foreig | n province/state/county | | Foreign | postal cod | е |
| | | | | | | | | |
| Filing | × | Single | rataly (N | AES) Qualifyir | ng surviving spouse (| (220 | ☐ Esta | ate 🗌 Trust |
| Status | | ou checked the QSS box, enter the cl | • . | • | 0 . | , | | ate riust |
| Check only | ", | rea enconca ine que box, enter ine e | | arrio ii tiro quairyirig porc | on to a orma bat not | your dop | oridorit. | |
| one box. | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) receiv rwise dispose of a digital asset (or a fi | | | | | | |
| D | _ | Twise dispose of a digital asset (of a fi | lalicial | Interest in a digital asset | | | | |
| Dependents | 1 | | | (2) Dependent's | | | | if qualifies for (see inst.): Credit for other |
| (see instructions): | | (1) First name Last name | | identifying number | (3) Relationship to yo | u Chi | ld tax credit | dependents |
| | | | | | | | | |
| If more than four dependents, see | | | | | | | | |
| instructions and | | | | | | | | |
| check here | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | . 1a | 13,986. |
| Effectively | b | Household employee wages not repo | orted or | Form(s) W-2 | | | . 1b | |
| Connected | С | Tip income not reported on line 1a (s | . 1c | | | | | |
| With U.S. | d | Medicaid waiver payments not report | . 1d | | | | | |
| Trade or | е | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | | | | |
| Business | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | |
| 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 | 4. | | | | | |
| RRB-1042-S, | j | Reserved for future use | . <u>1j</u> | | | | | |
| and 8288-A | k | Total income exempt by a treaty from | | | | | | |
| here. Also attach | _ | line 1(e) | | | <u> 1k </u> | | . 1z | 13,986. |
| Form(s) | z 2a | Tax-exempt interest 2a | 1 | | able interest | | . 12 | 100. |
| 1099-R if | 2a 3a | Qualified dividends 3a | | | linary dividends . | | . 3b | 100. |
| tax was withheld. | 4a | IRA distributions 4a | | | cable amount | | | |
| If you did not | -а 5а | Pensions and annuities 5a | | | able amount | | | |
| get a Form | 6 | Reserved for future use | | | | | | |
| W-2, see instructions. | 7 | Capital gain or (loss). Attach Schedul | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 (I | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | 14,086. | | | | |
| | 10 | Adjustments to income from Schedu | to | | | | | |
| | | | • | | • | | | |
| | 11 | Subtract line 10 from line 9. This is yo | our adj u | usted gross income | | | . 11 | 14,086. |
| | 12 | Itemized deductions (from Schedul | | | | | | |
| | | deduction (see instructions) | | | Std Dedn US/I | ndia Ţre | aty 12 | 13,850. |
| | 13a | Qualified business income deduction | from F | orm 8995 or Form 8995- | A . 13a | | | |
| | b | Exemptions for estates and trusts on | ly (see | instructions) | 13b | | | |
| | С | Add lines 13a and 13b | | | | | . 13c | |
| | 14 | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero of | or less, | enter -0 This is your ta : | xable income . | | . 15 | 236. |

| Form 1040-NR (| 2023) | | | | | | | | | Page 2 |
|-------------------|---|---|---------------------------|----------------|----------|---------|----------------------|---------------------------|------------------|---|
| Tax and | 16 | Tax (see instructions). Check if any from Fo | orm(s): 1 | 314 2 [| 497 | 2 3 | | | 16 | 24. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line | | | | | | | 17 | 0. |
| | 18 | 8 Add lines 16 and 17 | | | | | | | | 24. |
| | 19 | Child tax credit or credit for other depend | lents from Sched | ule 8812 (Fo | orm 10 | 40) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line | e8 | | | | | | 20 | |
| | 21 | 21 Add lines 19 and 20 | | | | | | | | |
| | 22 | Subtract line 21 from line 18. If zero or les | ss, enter -0 | | | | | | 22 | 24. |
| | 23a | Tax on income not effectively connected | with a U.S. trade | or business | from | | | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | | | | 23a | | | | |
| | b | Other taxes, including self-employment to | ax, from Schedule | e 2 (Form 1 | 040), | | | | | |
| | | line 21 | | | | 23b | | | | |
| | С | Transportation tax (see instructions) . | | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total to | ax | | | | | | 24 | 24. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | | 296. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 296. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amoun | t applied from 20 | 22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Additional child tax credit from Schedule | 8812 (Form 1040) | | | 28 | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | | | | | | | | | |
| | 32 | Add lines 28, 29, and 31. These are your | total other paym | ents and r | efunda | ble cr | edits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. | These are your to | tal payme | nts . | | | | 33 | 296. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | | 34 | 272. | |
| | 35a | Amount of line 34 you want refunded to | you . If Form 8888 | is attached | d, chec | k here | | | 35a | 272. |
| Direct deposit? | b | Routing number 0 3 1 1 7 6 | 1 1 0 | c Type | : X | Check | ing \square | Savings | | |
| See instructions. | d | Account number 3 6 2 5 3 2 | 4 2 7 2 | 6 | | | | | | |
| | е | If you want your refund check mailed to a | an address outsid | e the Unite | ed State | s not | shown on | page 1, | | |
| | | enter it here. | | | | | | | | |
| | 36 | Amount of line 34 you want applied to yo | | | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the a | mount you owe. | | | | | | | |
| You Owe | | For details on how to pay, go to www.irs. | gov/Payments or | see instruc | tions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | | | 38 | | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. | | | | | | | lete be | low. 🗵 No | |
| Party | Designee's Phone Personal ident | | | | | 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has | | | | | | | | | |
| Sign | | • | | | , | a on a | imormatio | | | , , |
| _ | Your signature | | Date | Your occu | upation | | | I | | ent you an Identity PIN, enter it here |
| Here | | | | | | inst.) | riiv, eintei it neie | | | |
| | Phone | e no | Email address | | - | | | ,500 | | |
| | | · | r's signature | | | Date | | PTIN | | Check if: |
| Paid | • | ' | · · | GIIPTA T | ΔΤ.Τ.ΔΜ | | 7/2024 | P0208 | 2703 | Self-employed |
| Preparer | | | | | Phone n | | | | | |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E | | | | | | , , | 78) 965-9522 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

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 SAJITH MURALIDHAR 004-87-9981 Enter **amount of income** under the appropriate rate of tax. See instructions.

| | Nature of Income | | (-) 100/ | (L) 450/ | (a) 200/ | (d) Other (specify) | | |
|---|--|---------|-----------------------------|---------------------|-------------------------|--|--|--|
| | Nature of income | | (a) 10% | (b) 15% | (c) 30% | % | % | |
| 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 | | | | | | | |
| 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 | Winnings | | | | | | | |
| b | 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 15 | | |
| | Capital Gains and Losses I | From | Sales or Excha | nges of Proper | ty | | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not (if necessary, attach statement of descriptive details not shown below) (b) Date acquire 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). | |
| | ely connected with a U.S. ss. Do not include a gain | | | | | | | |
| or loss | on disposing of a U.S. real y interest; report these | | | | | | | |
| gains a | nd losses on Schedule D | | | | | | | |
| (Form 1 | 040). property sales or | | | | | | | |
| exchan | ges that are effectively | | | | | | | |
| | | | | | | | | |
| | 797, or both. 18 Capital gain. Combine columns (f) and (g) of line 17 | 7. Ente | er the net gain her | e and on line 9 abo | ove. If a loss, ente | er-0 18 | | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Answer all questions.

Attachment Sequence No. 7C

Your identifying number

| SA. | AJITH MURALIDHAR 004-87-99 | | | | | | | | | |
|----------|---|--|---------------------------------------|-------------------------|--------|-------------------------------------|-----------------|-------------------------|--------------|--|
| A | | | vere vou a citizen or nation: | al during the tax v | /ear? | ТИПТА | | | | |
| В | | Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States | | | | | | | | |
| C | H | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | |
| D | | Were you ever: | | | | | | | | |
| | | A U.S. citizen? | | | | | | | | |
| 2 | 2. / | A green card holder (lawful permanent resident) of the United States? | | | | | | | | |
| | li | f you answer "Yes" to (1) or (2) |), see Pub. 519, chapter 4, | for expatriation r | ules t | hat apply to you. | | | | |
| Е | 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 | | ☐ Yes | ⊠ No | | | | | | | |
| | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | |
| G | | ist all dates you entered and I | | | | | | | | |
| | | Note: If you're a resident of Ca | | | | | | | | |
| | | check the box for Canada or | · · · · · · · · · · · · · · · · · · · | | | | ☐ Mexico | | | |
| | | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | es | Dat | te entered United State mm/dd/yy | | arted Unite mm/dd/yy | d States | |
| | - | ППП/аа/уу | ППЛаалуу | | | Tilli/du/yy | <u>'</u> | ПП/аа/уу | | |
| | - | | | | | | | | | |
| | - | | | | | | | | | |
| | H | | | | | | | | | |
| н | | Give number of days (including | vacation, nonworkdays, and | l Lpartial davs) vou | were | present in the United S | States during: | | | |
| | | 2021 | | | | | _ | | | |
| ı | | Did you file a U.S. income tax r | return for any prior year?. | | | | | ⊠ Yes | ☐ No | |
| | li | f "Yes," give the latest year an | d form number you filed: | | 104 | ONR | | | | |
| J | P | Are you filing a return for a trus | st? | | | | | ☐ Yes | ⊠ No | |
| | | f "Yes," did the trust have a U | | | | | | | | |
| | | J.S. person, or receive a contr | · | | | | | Yes | ☐ No | |
| K | | Did you receive total compensa | | - | | | | ☐ Yes | ⊠ No | |
| | | f "Yes," did you use an alterna | | | | | | ☐ Yes | ☐ No | |
| L | | ncome Exempt From Tax—If complete (1) through (3) below. | | | | | tax treaty with | a foreign | country, | |
| | | Enter the name of the country, t | | | | | alaimed the tr | antu banafi | t and the | |
| l | | amount of exempt income in the | | | | | ciaimed the tre | eaty Derieii | i, and ine | |
| | - | (a) Cour | | (b) Tax treaty ar | | (c) Number of month | (d) Am | mount of exempt | | |
| | | (a) 5501 | y | (b) Tax troaty ar | | claimed in prior tax ye | | | | |
| | _ | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | - | (A) Total Form (C) | - F 4040 ND !' 4' D | | ! - | | | | | |
| | | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 | | | | | | | □ NI a | |
| | | Were you subject to tax in a fol Are you claiming treaty benefits | | | ٠, | | | ☐ Yes | ∐ No ⊠ No | |
| | | are you claiming treaty benefits f "Yes," attach a copy of the C | • | • | | | | ∟ res | △ NO | |
| М | | Thes, attach a copy of the Cop | ompetent Authority detern | mation letter to | our r | Gluill. | | | | |
| | | This is the first year you are ma | aking an election to treat in | come from real n | roner | tv located in the Unite | ed States as ef | fectively o | onnected | |
| , | | with a U.S. trade or business u | | | | | | | | |
| 2 | | You have made an election in | ` ' | | | | | | _ | |
| | States as effectively connected with a U.S. trade or business under section 871(d). See instructions | | | | | | | | 🗆 | |