## 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 numb	er				
NIKE	HIL SAI RAMINI		894-61-8671						
Spouse'	's name		Spouse's soci	ial secu	rity numbe	r			
Part	Tax Return Information — Tax Year Ending December 31	, 2023 (Enter y	oor vou o	ro quit	horizina	1			
	whole dollars only on lines 1 through 5.	, 2023 (⊏III.er y	ear you a	e aui	.Honzing	.)			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income			1	3	,820.			
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		re you get and ke	ер а сору	y of y	our retu	rn)			
my known return (to send for any Agent t paymer authoriz paymer busines taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return owledge and belief, it is true, correct, and complete. I further declare that the an (original or amended) I am now authorizing. I consent to allow my intermediate send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive delay in processing the return or refund, and (c) the date of any refund. If applically to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in ant of my federal taxes owed on this return and/or a payment of estimated tax, and ization is to remain in full force and effect until I notify the U.S. Treasury Financiant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paymess days prior to the payment (settlement) date. I also authorize the financial institutor receive confidential information necessary to answer inquiries and resolve issual identification number (PIN) below is my signature for the income tax return (original fundament).	nounts in Part I above vice provider, transmitted to reason for rejectible, I authorize the U.S stitution account indicate the financial institution al Agent to terminate tent cancellation requestitions involved in the payous related to the p	are the amore, or electro- tion of the tra- treasury are to debit the he authorizal sts must be rocessing of ment. I furt	ounts find retains and its control its control its control its control its control its receivant the element of	rom the in urn origina ssion, (b) the designated paration so to this according or revoke of yed no late ectronic parknowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of e that the			
	onic Funds Withdrawal Consent.  Bayer's PIN: check one box only								
X		enter or generate m	v PIN 1	8 6	5 7 1	as my			
	ERO firm name signature on the income tax return (original or amended) I am now auth		´ Ent		digits, but r all zeros	,			
	I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Prabelow.								
Your s	signature ▶	Date ▶							
Snous	se's PIN: check one box only								
Сроиз	_	enter or generate m	V DINI			as my			
	ERO firm name	ontor or gonerate m		er five	digits, but	ao my			
	signature on the income tax return (original or amended) I am now auth	orizing.	dor	i't ente	r all zeros				
	I will enter my PIN as my signature on the income tax return (original o if you are entering your own PIN <b>and</b> your return is filed using the Prabelow.								
Spous	se's signature ▶	Date ►							
	Practitioner PIN Method Returns Only-	-continue below							
Part	III Certification and Authentication — Practitioner PIN Meth	od Only							
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-select	ted PIN. 2 2	2 4 9 0	б 0 er all ze	8 2 7 ros	1			
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic ized to file for tax year indicated above for the taxpayer(s) indicated above. I comments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS	nfirm that I am submitt	ing this retu	rn in a	ccordance				
ERO's	s signature ►	Date <b>▶</b>							
	ERO Must Retain This Form — See								
	Don't Submit This Form to the IRS Unless	Requested To Do	So						

# 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 begin			ning	, 2023,	ending		,	20	See separate instructions.		
Your first name	and i	middle initial	Last name				Your ider	ntifying number			
								(see instructions)			
NIKHIL SA	ΑI		RAMINI						894-61-8671		
Home address (number and street). If you have a P.O. box				tructions.					Apt. no.		
12 CARRIA	GE	HILL DRIVE							902		
City, town, or pe	ost o	ffice. If you have a foreign address, al	so comp	lete spaces below.			State	Z	IP code		
ATHENS							ОН	4	5701		
Foreign country name				Foreign province/state/county Fe				ostal code			
Filing Status									te Trust		
	lf	you checked the QSS box, enter the	ndent:								
Check only one box.											
Digital Assets	At a	ny time during 2023, did you: (a) rece	ive (as a	reward award or paym	ent for r	property or se	rvices): or	(b) sell_ex	change or		
Digital Assets		erwise dispose of a digital asset (or a									
Dependents							(4) Che	ck the box if	qualifies for (see inst.):		
(see instructions):			(2) Dependent's				Chile	d tax credit	Credit for other		
	-	(1) First name Last name		identifying number	(3) Re	(3) Relationship to you			dependents		
If more than four								$\vdash$			
dependents, see									<del>                                     </del>		
instructions and check here								$\overline{\Box}$			
	1a	Total amount from Form(s) W-2, bo	v 1 (coo i	netructions)				 . 1a	3,820.		
Income	b	Household employee wages not rep	•	•					3,020.		
Effectively Connected	C	Tip income not reported on line 1a		. ,				10 1c			
With U.S.	d	Medicaid waiver payments not repo		*				1d			
Trade or	e	Taxable dependent care benefits fro		` ,	,			1e			
Business	f	Employer-provided adoption benefi		·				1f			
Business	g	Wages from Form 8919, line 6	1g								
Attach	h	Other earned income (see instruction						. 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										
here. Also		line 1(e)				1k					
attach	z	Add lines 1a through 1h						. 1z	3,820.		
Form(s) 1099-R if	2a	Tax-exempt interest 2	а	<b>b</b> Tax	able int	erest		. 2b			
tax was	3a	Qualified dividends 3	d dividends <b>3a b</b> Ordinary dividends					. 3b			
withheld.	4a	IRA distributions 4	_			nount nount					
If you did not	5a	Pensions and annuities 5									
get a Form W-2, see	6	Reserved for future use									
instructions.	7	Capital gain or (loss). Attach Sched									
	8	Additional income from Schedule 1									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		3,820.							
	10	Adjustments to income from Scheolincome	•	orm 1040), line 26. Thes	•	-		1 1			
	11	Subtract line 10 from line 9. This is	your <b>adjı</b>	usted gross income				. 11	3,820.		
	12	Itemized deductions (from Scheduction (see instructions)		13,850.							
	13a	Qualified business income deduction				13a		12			
	b Exemptions for estates and trusts only (see instructions)										
	c	Add lines 13a and 13b	• '	·				13c			
	14								13,850.		
	15	Subtract line 14 from line 11. If zero					=	15	0		

Form 1040-NR (2	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any	from For	m(s): <b>1</b> 88	314 <b>2</b> [	4972	2 3			16	0.
Credits	17	Amount from Schedule 2 (Form 10	40), line	3						17	0.
	18	Add lines 16 and 17								18	0.
	19	Child tax credit or credit for other of								19	
	20	Amount from Schedule 3 (Form 10	40), line	8						20	
	21	Add lines 19 and 20	21								
	22	Subtract line 21 from line 18. If zero	o or less	s, enter -0						22	0.
	23a	Tax on income not effectively conn Schedule NEC (Form 1040-NR), lin		rith a U.S. trade o		I	23a				
	b	Other taxes, including self-employ line 21	ment ta	x, from Schedule	e 2 (Form 10	040),	23b				
	С	Transportation tax (see instructions				ı	23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is your	total ta	<b>x</b>						24	0.
Payments	25	Federal income tax withheld from:									
,	а	Form(s) W-2				.	25a				
	b	Form(s) 1099				.	25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	
	e	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments and								26	
	27	Reserved for future use					27				
	28	Additional child tax credit from Sch				1	28				
	29	Credit for amount paid with Form				1	29				
	30	Reserved for future use				- t	30				
	31	Amount from Schedule 3 (Form 10				1	31				
	32	Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b>									
	33	Add lines 25d, 25e, 25f, 25g, 26, a	•							32	
Refund	34	If line 33 is more than line 24, subt								34	
neiuliu	35a	Amount of line 34 you want <b>refunc</b>					-	-		35a	
Direct deposit?	b	Routing number   X   X   X   X			<b>c</b> Type:	_		_	Savings	OJA	
See instructions.	d	Account number X X X X							Cavings		
	e	If you want your refund check mai							nage 1		
	C	enter it here.	ieu io ai	i address outsic	ie the Office	u Olale	STIOL	SHOWIT OIT	page 1,		
	36	Amount of line 34 you want <b>applie</b>				·	36				
Amount	37	Subtract line 33 from line 24. This				•					
You Owe	0.	For details on how to pay, go to wi		•		ions .				37	0.
rou Owe	38	Estimated tax penalty (see instruct					38			01	<u> </u>
Third		• • • • • • • • • • • • • • • • • • • •				inetruc			es. Comp	olete he	ow. 🗵 No
Party	•										
Designee	Designee's Phone Personal identifiname no. number (PIN)							lication			
	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	Your signature Date Your occupation If the						e IRS s	ent you an Identity			
Here	Pro						tection e inst.)	PIN, enter it here			
İ	Phon	e no.		Email address							
Doid			reparer	's signature			Date		PTIN		Check if:
Paid				IYA RAM SAGAF	R GUPTA TA	LLAM	02/1	0/2024	P0208	2703	Self-employed
Preparer	Firm's name CIODAT TAYES LIC									78)965-9522	
Use Only	Firm's address 245 ROONEY CT F. BRIINSWICK NJ 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

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number NIKHIL SAI RAMINI 894-61-8671 Enter **amount of income** under the appropriate rate of tax. See instructions.

Notice of Income			4 > 4004	# N 4504	4 3 0004	(d) Other (specify)				
	Nature of Income				(a) 10%	<b>(b)</b> 15%	(c) 30%	%	%	
1	Dividends and divide	end ec	uivalents:							
а	Dividends paid by U.	S. co	porations		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	aymei	nts received with respect to section 871(m) to	ransactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corpo	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling—Resident If zero or less, enter	s of C	anada only. Enter net income in column (c)	).						
_	•								+	
a b	Winnings				10c				+	
11	Losses Gambling—Resident	e of c	· · · · · · · · · · · · · · · · ·		100			_		
••	Note: Enter winnings	s only.	Losses aren't allowed		11					
12	Other (specify):									
					12					
13			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	ffectiv	ely connected with a U.S. trade or busines	s. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	e and on Form 1040	-NR, line 23a <b>15</b>	
			Capital Gains and	d Losses F	rom	Sales or Excha	inges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from source within the United States and not		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).
	effectively connected with a U.S. business. Do not include a gain									
or loss on disposing of a U.S. real										
gains ai	property interest; report these gains and losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively							1		
	ted with a U.S. business edule D (Form 1040),								<u> (                                    </u>	
Form 4797, 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 ab	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

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

NIK	HIL SAI RAMINI				894-61-8	671					
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 green card holder (lawful permanent resident) of the United States?										
D	Were you ever:										
1.	A U.S. citizen?										
2											
_	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that 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 year.										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
-	If you answered "Yes," indicate the date and nature of the change:										
G	List all dates you entered and left the	List all dates you entered and left the United States during 2023. See instructions.									
	Note: If you're a resident of Canac	-			ent intervals.						
	check the box for Canada or Mex				☐ Mexico						
		te departed United State		Date entered United State	s Date dena	arted United	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy					
			<b>-</b>   -								
			<b>-</b>   -								
Н	Give number of days (including vaca	tion, nonworkdavs, and	partial davs) vou v	vere present in the United S	States durina:						
	2021										
ı	Did you file a U.S. income tax retur	n for any prior vear? .				Yes	⊠ No				
	If "Yes," give the latest year and for	rm number you filed:									
J	Are you filing a return for a trust? .					Yes	⊠ No				
	If "Yes," did the trust have a U.S.										
	U.S. person, or receive a contributi					Yes	☐ No				
Κ	Did you receive total compensation	n of \$250,000 or more o	luring the tax year	r?		Yes	⊠ No				
	If "Yes," did you use an alternative		-			Yes	☐ No				
L	Income Exempt From Tax-If you										
	complete (1) through (3) below. See				,	J					
1.	Enter the name of the country, the a	applicable tax treaty artic	cle, the number of	months in prior years you	claimed the tre	eaty benefi	t, and the				
	amount of exempt income in the col	lumns below. Attach For	rm 8833 if required	d. See instructions.		-					
	(a) Country		(b) Tax treaty artic	cle (c) Number of month	ns (d) Amount of exempt						
				claimed in prior tax ye	ars income i	n current ta	ax year				
							_				
	(e) Total. Enter this amount on For	rm 1040-NR, line 1k. Do	o not enter it anyw	where else on line 1							
2	Were you subject to tax in a foreigr	n country on any of the	income shown in	1(d) above?		☐ Yes	☐ No				
3	Are you claiming treaty benefits put		-			☐ Yes	⊠ No				
	If "Yes," attach a copy of the Comp	petent Authority determ	ination letter to yo	our return.							
М	Check the applicable box if:										
1.	This is the first year you are making		•			-	onnected				
	with a U.S. trade or business under	` ,					🗆				
2	You have made an election in a p										
	States as effectively connected wit	n a U.S. trade or busine	ess under section	8/1(d). See instructions.			<u>L</u>				