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

| IIILEIIIAI N | lever rue del vice | | | | | | | | | |
|--|--|--|--|--|---|--|---|--|--|--|
| Submis | ssion Identification Number (SID) | | | | | | | | | |
| Taxpayer | r's name | Social se | Social security number | | | | | | | |
| NAVE | EEN KUMAR GAJAVELLI | 580- | 580-93-7222 | | | | | | | |
| Spouse's name | | | | | Spouse's social security number | | | | | |
| | | | | | | | | | | |
| Part | - | 3 (Ente | r year yo | ou are | auth | orizir | ng.) | | | |
| | whole dollars only on lines 1 through 5. | | | | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | 1 | a 1 | | _ | 200 | | |
| | Adjusted gross income | | | | 1 | | 6, | 000. | | |
| | Total tax | | | _ | 2 | | | 0. | | |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | _ | 3 | | | 406. | | |
| | Amount you want refunded to you | | | | 5 | | | 406. | | |
| Part | Amount you owe | et and l | | CODY | | ur ro | turr | 1 | | |
| | penalties of perjury, I declare that I have examined a copy of the income tax return (original or | | | | | | | | | |
| to send for any of Agent to paymen authoriz paymen business taxes to persona | original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the treatment of the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amendative Information or a media control of the payment of the payment of the income tax return (original or amendative Information or a media control of the payment of the payment of the income tax return (original or amendative Information or a media control of the payment of the payment of the income tax return (original or amendative Information or a media control of the payment of t | son for rejective the Use count ind call institution terminated attion required to the part of the par | ection of to a control of the contro | the trandury and the tax it the ending of the last in the ending of the last in the last i | nsmissinsmissins de preparentry to on. To receive he electer ackr | on, (b signateration this ac revoked no tronice | the ed Fi softwoccour e (ca later payr | reason nancial vare for nt. This ncel) a than 2 nent of nat the | | |
| | nic Funds Withdrawal Consent. yer's PIN: check one box only | | | | | | \neg | | | |
| X | | nenerate | my PIN | 3 | 7 2 | 2 2 | | as my | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | generate | illy i liv | | five di | | ıt | as iiiy | | |
| | I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner Fibelow. | | | | | | | | | |
| Your si | ignature ▶I | Date ► _ | | | | | | | | |
| Spous | e's PIN: check one box only | | | | | | | | | |
| Spous | I authorize to enter or c | nonorato | my DINI | | | | Π. | 20 1201 | | |
| | ERO firm name | generate | IIIy FIIN | Enter | five di | nits bu | | as my | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | | enter a | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner Fibelow. | | | | | | | | | |
| Spouse | e's signature ► I | Date ► | | | | | | | | |
| | Practitioner PIN Method Returns Only—continu | e below | | | | | | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | | | | | | | |
| FRO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 | 2 4 | 9 6 | 0 8 | 3 2 | 7 | 1 | | |
| LIIO 3 | ET 114/1 114. Effet your six digit Ef 114 followed by your five digit self-selected i 114. | | - | 't enter | | | | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Prov | am subm | nitting this | returr | in ac | cordar | nće w | | | |
| ERO's | signature ▶ I | Date ► | | | | | | | | |
| | ERO Must Retain This Form — See Instruc | tions | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Reques | | 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 beginni | | | ning, 2023, ending, 20 | | | 20 | See separate instructions. | | |
|--|----------|---|-------------------------------------|-----------------------------------|-------------------------|-----------|----------------------------|--|--|
| Your first name and middle initial | | | Last name | | | | Your identifying number | | |
| | | | | | | | (see instructions) | | |
| NAVEEN KUMAR | | | GAJAVELLI | | | | 580-93-7222 | | |
| Home address (number and street). If you have a P.O. box, | | | , see ins | tructions. | | ı | | Apt. no. | |
| 12 HAMILT | CON | DR | | | | | | | |
| City, town, or p | ost of | fice. If you have a foreign address, als | so comp | lete spaces below. | | State | ZI | P code | |
| CRANBURY | | | | | | NJ | 0 | 8512 | |
| Foreign country | / nam | e | Foreigr | n province/state/county | | Foreign p | ostal code | | |
| | | | | | | | | | |
| Filing | | Single | arately (N | ΛΕS) □ Qualifyir | ng surviving spouse (C | 088) | ☐ Estat | e 🔲 Trust | |
| Status | | you checked the QSS box, enter the o | | | | , | | c nust | |
| Check only | " | you officiated the QOO BOX, officially | Ji iii G | arrie ir trie qualifying pere | on io a orma bat not y | our dopo | ildorit. | | |
| one box. | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f | | | | | . , | | |
| | + | rwise dispose of a digital asset (of a f | IIIaiiciai | interest in a digital asset |)? (See instructions.) | | | | |
| Dependents | 1 | | | (2) Dependent's | | | | qualifies for (see inst.): Credit for other | |
| (see instructions) | | (1) First name Last name | | identifying number | (3) Relationship to you | J Child | tax credit | dependents | |
| | | | | | | | | | |
| If more than four dependents, see | 1 | | | | | | | | |
| instructions and | | | | | | | | | |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | 1a | 6,000. | |
| Effectively | b | Household employee wages not rep | orted on | Form(s) W-2 | | | 1b | | |
| Connected | С | Tip income not reported on line 1a (s | see instr | uctions) | | | 1c | | |
| With U.S. | d | Medicaid waiver payments not report | rted on F | Form(s) W-2 (see instruct | ions) | | 1d | | |
| Trade or | е | Taxable dependent care benefits fro | m Form | 2441, line 26 | | | 1e | | |
| Business | f | Employer-provided adoption benefit | s from F | orm 8839, line 29 . | | | 1f | | |
| Attach | g | Wages from Form 8919, line 6 | | | | | 1g | | |
| Form(s) W-2, | h | Other earned income (see instruction | 1h | | | | | | |
| 1042-S, | i | Reserved for future use | | | <u>l</u> i | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | | | 1j | | |
| and 8288-A | k | Total income exempt by a treaty from | | , , | | | | | |
| here. Also | | line 1(e) | | | <u> 1k </u> | | | 6 000 | |
| attach Form(s) | z | Add lines 1a through 1h | 1 | 1 | | | 1z | 6,000. | |
| 1099-R if | 2a | Tax-exempt interest 2a | _ | | able interest | | 2b | | |
| tax was withheld. | 3a | Qualified dividends 3a | | | linary dividends | | 3b | | |
| If you did not | 4a 5a | IRA distributions 4a Pensions and annuities 5a | | | able amount | | | | |
| get a Form | 5a 6 | Reserved for future use | | | | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Schedu | | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | 6,000. | | | | | |
| | 10 | Adjustments to income from Sched | | - , 0 0 0 1 | | | | | |
| | | income | | | | | | | |
| | 11 | | s your adjusted gross income | | | | | 6,000. | |
| | 12 | | | | | | | | |
| | · | Itemized deductions (from Schedu deduction (see instructions) | | | | | | 13,850. | |
| | 13a | Qualified business income deduction | | | | | | | |
| | b | Exemptions for estates and trusts or | nly (see i | nstructions) | 13b | | | | |
| | С | Add lines 13a and 13b | | | | | 13c | | |
| | 14 | Add lines 12 and 13c | | | | | 14 | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your ta : | xable income | | 15 | 0. | |

| Form 1040-NR (| 2023) | | | | | | | | | Page 2 |
|-------------------|---|--|----------------------------------|----------------|-------------------|------------|----------------|----------|-------------------------------------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form | m(s): 1 88 | 14 2 [| 4972 | 2 ; | 3 🗌 | | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 0. |
| | 19 | 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 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less | s, enter -0 | | | | | | 22 | 0. |
| | 23a | Tax on income not effectively connected with Schedule NEC (Form 1040-NR), line 15 | ith a U.S. trade o | | | 23a | | | | |
| | b | Other taxes, including self-employment tax line 21 | k, from Schedule | 2 (Form 10 | 040), | 23b | | | | |
| | С | Transportation tax (see instructions) | | | Г | 23c | | | | |
| | d | Add lines 23a through 23c | | | - | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | (| | | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | | 406. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 406. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amount | applied from 20 | 22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | 1 | 27 | | | | |
| | 28 | Additional child tax credit from Schedule 8 | | | | 28 | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These are your to | otal other paym | ents and re | fundak | ole cr | edits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. The state of th | | | | | | | 33 | 406. |
| Refund | 34 | If line 33 is more than line 24, subtract line | | | | | | | 34 | 406. |
| riorana | 35a | Amount of line 34 you want refunded to yo | | | | - | = | _ | 35a | 406. |
| Direct deposit? | b | Routing number 0 2 1 2 0 0 | | c Type: | _ | Check | | Savings | | |
| See instructions. | d | Account number 3 8 1 0 6 4 | | | ΙĪ | | | | | |
| | e | If you want your refund check mailed to ar | | | :: | ⊸ s not | :: shown on | page 1. | | |
| | | enter it here. | | | | | | | | |
| | 36 | Amount of line 34 you want applied to you | | | I | 36 | | | - | |
| Amount | 37 | Subtract line 33 from line 24. This is the an | | | - | | | | | |
| You Owe | | For details on how to pay, go to www.irs.go | ov/Payments or | see instructi | ions . | | | | 37 | |
| 104 0 110 | 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 bel | ow. 🗵 No | |
| Party Designee | Designee's Phone Personal ident name no. number (PIN) | | | | nal identif | | | | | |
| | 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 | | | | | | | | | | ent you an Identity |
| Here | Your signature | | Date Your occupation IT ANALYST | | | | Prof | | PIN, enter it here | |
| ł | Phon | e no. | Email address | | | | | 1,000 | , | |
| D-:-I | | | s signature | | | Date | | PTIN | | Check if: |
| Paid | • | | _ | מד מדקוון | MA _{LTL} | | 1/2024 | P0208 | 2703 | Self-employed |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/11/2024 P0208 Firm's name GLOBAL TAXES LLC Phone r | | | | | | 78)965-9522 | | | |
| Use Only | Firm's address 245 ROONEY CT E BRIINSWICK NJ 08816 Firm's E | | | | | | | | 76/965-9522 4-3171965 | |

BAA

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Form 4797, or both.

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

580-93-7222 NAVEEN KUMAR GAJAVELLI 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 3 4 Motion picture or TV copyright royalties 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 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 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). 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. 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). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

18

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 Attachment Sequence No. **7C**

Department of the Treasury Internal Revenue Service Answer all questions. N

| ame sl | hown on Form 1040-NR | | | | Your identifying numb | er | | | | |
|------------------------|--|-----------------------------------|-------------------------|------------------------------|-----------------------|----------------------------|--|--|--|--|
| NAVEEN KUMAR GAJAVELLI | | | | | 580-93-7222 | | | | | |
| A | 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 | nt) of the United States? . | . . Y | es 🗵 No | | | | | | |
| D | Were you ever: | | | | | | | | | |
| 1. | A U.S. citizen? | | | | . Y | es 🗵 No | | | | |
| 2. | A green card holder (lawful per | rmanent resident) of the Un | ited States? . | | 🗌 Y | es 🗵 No | | | | |
| | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. | | | | | | | | | |
| E | 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 status) or U.S. immigration status? | | | | | | | | | |
| G | List all dates you entered and | left the United States durin | | | | | | | | |
| | Note: If you're a resident of C | | | | uent intervals, | | | | | |
| | check the box for Canada or | Mexico and skip to item h | <u>1.</u> | \square Canada | ☐ Mexico | | | | | |
| | Date entered United States | Date departed United State | es | Date entered United State | es Date departed U | Jnited States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | mm/do | d/yy | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| H | Give number of days (including 2021 | vacation, nonworkdays, and , 2022 | | | | | | | | |
| I | Did you file a U.S. income tax If "Yes," give the latest year ar | return for any prior year? . | | | 🛛 Y | es 🗌 No | | | | |
| J | Are you filing a return for a trus | st? | | | Y | es 🗵 No | | | | |
| | If "Yes," did the trust have a U.S. person, or receive a contr | | | | | es □ No | | | | |
| K | Did you receive total compens | ation of \$250,000 or more | during the tax ye | ar? | | | | | | |
| | If "Yes," did you use an alterna | | | | | | | | | |
| L | Income Exempt From Tax—If complete (1) through (3) below | you are claiming exempti | on from income | tax under a U.S. income | | reign country, | | | | |
| 1. | | | | | | | | | | |
| | (a) Cou | | (b) Tax treaty ar | | hs (d) Amount o | (d) Amount of exempt | | | | |
| | (0) | (1) | claimed in prior tax ye | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | (e) Total. Enter this amount of | | - | | | , | | | | |
| | , , | = | es ∐ No | | | | | | | |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | | | |
| | | Competent Authority detern | nination letter to | your return. | | | | | | |
| M | Check the applicable box if: | alden en alastica ta tua (1 | | managan lagatest to the CC 9 | ad Otataaff '' | alu a a m 4 - 1 | | | | |
| 1. | This is the first year you are many with a U.S. trade or business u | | | | | ely connected \square | | | | |
| 2. | You have made an election in | n a previous year that has | not been revoke | ed, to treat income from re | eal property located | | | | | |
| | States as effectively connected | d with a U.S. trade or busin | ess under sectio | n 8/1(d). See instructions . | | 🗀 | | | | |