## 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

	5.130 551.705				
Submissi	on Identification Number (SID)				
Taxpayer's i	name	Social securi	y numb	er	
DEVIP	RASAD GIDDA	065-19	-7407		
Spouse's na		Spouse's soo			•
Dort I	Tay Poture Information Tay Voor Ending December 21 2002 (F	ntor voor vou a	ro outl	oorizina	<u> </u>
Part I	<u> </u>	nter year you a	re auu	iorizirig.	)
	ole dollars only on lines 1 through 5. rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	djusted gross income		<b>1</b> 1	35	,596.
	otal tax		2		,387.
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,547.
	mount you want refunded to you		4		,160.
	mount you owe		5		, 100.
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	rn)
my knowle return (original to send my for any del Agent to in payment of authorization payment, business of taxes to repersonal ic Electronic Taxpayer	nalties of perjury, I declare that I have examined a copy of the income tax return (original or ameredge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, tray return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fo lay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounting from the interval of the properties on the return and/or a payment of estimated tax, and the financial institution in the interval in must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved in eceive confidential information necessary to answer inquiries and resolve issues related to the dentification number (PIN) below is my signature for the income tax return (original or amended Funds Withdrawal Consent.  **T's PIN: check one box only**	above are the amansmitter, or electron of the transmitter. Treasury at the U.S. Treasury at indicated in the transmitter to debit the sinate the authorizarequests must be at the processing of the payment. I further than now author	ounts fronic returns ansmission of its disax preparentry to ation. To receive the element and an armonic and an armonic and an armonic and armonic armonic and arm	om the industry original sion, (b) the esignated aration sof to this according to the ed no late ctronic paramowledge d, if application or the industry or even the ed no late ctronic paramowledge d, if applications is now industry or expenses the industry of the edge of	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the cable, my
X	l authorize GLOBAL TAXES LLC to enter or gener	rate mv PIN   └─		$\perp$	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		ligits, but all zeros	,
i	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.				
Your sign	nature Date	<b>-</b>			
Spouse's	s PIN: check one box only				
•	I authorize to enter or gener	rate my PIN			as my
	ERO firm name	_	ter five d	ligits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
i	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN nbelow.				
Spouse's	signature ► Date	<b>•</b>			
	Practitioner PIN Method Returns Only—continue be	low			
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EF	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 <b>Don't ent</b>	6 0 er all zer	8 2 7	1
authorized	at the above numeric entry is my PIN, which is my signature for the electronic individual incor to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am soft the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers	me tax return (origi submitting this retu	nal or a	mended) I	
ERO's sig	gnature ▶ Date	<b>&gt;</b>			
	ERO Must Retain This Form — See Instruction				
	Don't Submit This Form to the IRS Unless Requested	To Do So			

# E 1040-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 beginning		ning, 2023, ending, 20 _					See separate instructions.			
Your first name	and i	niddle initial	Last name Yo					Your identifying number		
			(s					(see instructions)		
DEVIPRASA	D		GIDD	A			065-1	9-7407		
Home address	(num	oer and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
3108 JAME	SON	PASS								
City, town, or p	ost o	ffice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code		
ALPHARET	'A		_			GA	3	0022		
Foreign country	nam nam	e	Foreign	n province/state/county		Foreign po	ostal code			
	1									
Filing		Single Married filing sepa	arately (N	∕IFS) ☐ Qualifvi	ng surviving spouse (0	OSS)	☐ Estat	e 🗌 Trust		
Status		you checked the QSS box, enter the		-	0 , ,	,				
Check only		, ,			,					
one box.			. ,							
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a t					(b) sell, ex			
Dependents		a.speed e. a a.g.ta. asset (e. a.g.						qualifies for (see inst.):		
(see instructions)				(2) Dependent's		1	tax credit	Credit for other		
(occ mendentions)		(1) First name Last name		identifying number	(3) Relationship to you	ı Cillia		dependents		
If more than four							Ц			
dependents, see							<u> </u>			
instructions and										
check here							Ц.			
Income	1a	Total amount from Form(s) W-2, box	`	,			1a	35 <b>,</b> 596.		
Effectively	b	Household employee wages not rep		` '			1b			
Connected	C	Tip income not reported on line 1a (		,			1c			
With U.S.	d	Medicaid waiver payments not repo		` ' '	,		1d			
Trade or	e •	Taxable dependent care benefits from Employer-provided adoption benefit		•			1e 1f			
Business	f	Wages from Form 8919, line 6		*						
Attach	g h	Other earned income (see instruction					1g 1h			
Form(s) W-2, 1042-S,	i	Reserved for future use	,				111			
SSA-1042-S,	i	Reserved for future use					1j			
RRB-1042-S,	, k	Total income exempt by a treaty from			1 1		.,			
and 8288-A here. Also	•	line 1(e)			1k					
attach	z	Add lines 1a through 1h					1z	35,596.		
Form(s)	2a	Tax-exempt interest 2	1	I	xable interest		2b	•		
1099-R if tax was	За	Qualified dividends 3a	а	<b>b</b> Or	dinary dividends		3b			
withheld.	4a	IRA distributions 4a		<b>b</b> Ta	xable amount		4b			
If you did not	5a	Pensions and annuities 5a	a	<b>b</b> Ta	xable amount		5b			
get a Form W-2, see	6	Reserved for future use					6			
instructions.	7	Capital gain or (loss). Attach Schedu	ule D (Fo	rm 1040) if required. If n	ot required, check her	e 🗆	7			
	8	Additional income from Schedule 1	(Form 10	040), line 10			8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your <b>total effectively</b> of	connected income .		9	35,596.		
	10	Adjustments to income from Schedincome	•	,	•		10			
	11	Subtract line 10 from line 9. This is y	our <b>adj</b> u	usted gross income			11	35,596.		
	12	Itemized deductions (from Schedu								
		deduction (see instructions)			Std Dedn US/Ir	ndia Trea	ty <b>12</b>	13,850.		
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995	-A . <b>13a</b>					
	b	Exemptions for estates and trusts o	nly (see i	instructions)	13b					
	С	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 <b>ta</b>	xable income		15	21,746.		

Form 1040-NR (	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): <b>1</b> 88	314 <b>2</b> [	497	2 <b>3</b>			16	2,387.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	2,387.
	19	Child tax credit or credit for othe	r depende	ents from Sched	ule 8812 (F	orm 10	40) .			19	
	20	Amount from Schedule 3 (Form 3	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	2,387.
	23a	Tax on income not effectively con	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR), I	ine 15 .				23a				
	b	Other taxes, including self-emplo	oyment ta	x, from Schedul	e 2 (Form 1	040),					
		line 21					23b				
	С	Transportation tax (see instruction	ons)				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you	ır total ta	x						24	2,387.
<b>Payments</b>	25	Federal income tax withheld from	n:								
	а	Form(s) W-2					25a		3 <b>,</b> 547.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	3,547.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments an								26	
	27	Reserved for future use					27			_	
	28	Additional child tax credit from S		•	<b>,</b>		28				
	29	Credit for amount paid with Form					29				
	30	Reserved for future use					30				
	31	Amount from Schedule 3 (Form					31				
	32	Add lines 28, 29, and 31. These a								32	
	33	Add lines 25d, 25e, 25f, 25g, 26,								33	3,547.
Refund	34	If line 33 is more than line 24, sul					•	=		34 35a	1,160.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here									1,160.
Direct deposit? See instructions.	b	•			<b>c</b> Type	: X	Checki	ng L	Savings		
coo mondonono.	d	Account number 3 8 5 0 2 9 3 5 7 9 2 5									
	е	e If you want your refund check mailed to an address outside the United States not shown or enter it here.									
	00									-	
A	36 37	Amount of line 34 you want appl				•	36				
Amount You Owe	31	Subtract line 33 from line 24. Thi For details on how to pay, go to		-		tions				37	
rou Owe	38	Estimated tax penalty (see instru	_	-			38			37	
Third		u want to allow another person to							es. Compl	ete he	low. 🗵 No
Party	,	•	aloodoo t			, mou ac	Juono.				
Designee	name	lesignee's Phone Personal identii ame no. number (PIN)								Callon	
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the										
C:	belief,	they are true, correct, and complete. D	eclaration of	of preparer (other t	han taxpayeı	) is base	ed on all	informatio			, ,
Sign	Your signature			Date	Your occu	upation					ent you an Identity
Here				COETWADE ENCINNED					PIN, enter it here		
	Dhar	2 00		SOFTWARE ENGINNER				(566	inst.)		
	Phone	e no. rer's name	Prenarer'	Email address 's signature			Date		PTIN		Check if:
Paid			•	· ·	יי גווטשע ש	ארד אור דר א		1/2024		2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RIYA RAM SAGAR GUPTA TALLAM 02/11/2024			1/2024	Phone n			
Use Only		s name GLOBAL TAXES I					Phone no. (678) 965-9522				
	THIII S	s address 245 ROONEY C	т в ВР	KUNSWICK N	η ηαατρ	)			Firm's E	IIN Ö	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 DEVIPRASAD GIDDA 065-19-7407 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)				
					(a) 1070	(b) 1370	(C) 30%	%	%	
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b	Dividends paid by fo	reign o	corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	) transactions	1c					
2	Interest:	•	,							
а	Mortgage				2a					
b	~ ~		ns		2b					
С										
3			s, trademarks, etc.)		3					
4	• "		right royalties		4					
5	Other royalties (copy	rights,	, recording, publishing, etc.)		5					
6		-	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9	Capital gain from line	e 18 b	elow		9					
10	Gambling—Resident	ts of C <b>r -0</b>	anada only. Enter net income in column	(c).						
а	Winnings									
b	Losses				10c					
11	Note: Enter winnings	s only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine						-NR, line 23a <b>15</b>	
			Capital Gains a	nd 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 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. real property interest; report these		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).
gains and losses on Schedule D										
(Form 1	040). property sales or									
exchan	ges that are effectively									
	ted with a U.S. business edule D (Form 1040),									
Form 4797, or both.		18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 abo	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

Department of the Treasury Internal Revenue Service

Nam	ne sh	nown on Form 1040-NR				Your identifying	number				
DE	IVI	PRASAD GIDDA				065-19-7					
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:         A U.S. citizen?									
								⊠ No			
	2.	A green card holder (lawful per	•				∐ Yes	⊠ No			
_		If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.									
Ε		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?									
G		List all dates you entered and I	eft the United States during	g 2023. See instr	ructions.						
		Note: If you're a resident of C									
		check the box for Canada or				☐ Mexico					
		Date entered United States mm/dd/yy	Date departed United State	es	Date entered United State			d United States			
		ПП/аа/уу	mm/dd/yy		mm/dd/yy	I	nm/dd/yy				
н		Give number of days (including	vacation nonworkdays and	l I partial davs) vou	were present in the United	States during:					
•		2021				_					
I		Did you file a U.S. income tax i	return for any prior year?.				☐ Yes	⊠ No			
J		Are you filing a return for a trus	st?				☐ Yes	⊠ No			
		If "Yes," did the trust have a U.S. person, or receive a contr	J.S. or foreign owner unde	r the grantor true	st rules, make a distribution	n or loan to a	Yes	□No			
Κ		Did you receive total compens					☐ Yes	⊠ No			
		If "Yes," did you use an alterna		-				☐ No			
L		Income Exempt From Tax—If complete (1) through (3) below.				tax treaty with	a foreigr	o country,			
	1.										
		(a) Cour		(b) Tax treaty a		1					
					olamoa in pilot tax ye						
		(e) Total. Enter this amount or	a Form 1040 NP line 11/ D	o not optor it an	where else on line 1						
	2	Were you subject to tax in a fo		-			☐ Yes	□ No			
		Are you claiming treaty benefits						□ No ⊠ No			
	٥.	If "Yes," attach a copy of the C		-			103	<u></u> , 140			
М		Check the applicable box if:	and the second second		,						
	1.	This is the first year you are ma with a U.S. trade or business u	aking an election to treat in Inder section 871(d). See in	come from real particular	property located in the Unit	ed States as ef	fectively c	connected			
	2.	You have made an election in States as effectively connected	a previous year that has	not been revoke	ed, to treat income from re	eal property loc	cated in t	he United			