Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

| ERO must obtain and retain completed Form 8879. |
|--|
| ► Go to www.irs.gov/Form8879 for the latest information. |

Submission Identification Number (SID)

| Taxpayer's name | Social security number | | | | | | | | |
|---|---------------------------------|--|--|--|--|--|--|--|--|
| UDAY KUMAR REDDY SOMIREDDY | 807-70-9172 | | | | | | | | |
| Spouse's name | Spouse's social security number | | | | | | | | |
| | | | | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) | | | | | | | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | | |
| 1 Adjusted gross income | 1 20,640. | | | | | | | | |
| 2 Total tax | 2 678. | | | | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 2,606. | | | | | | | | |
| 4 Amount you want refunded to you | 4 1,928. | | | | | | | | |
| 5 Amount you owe | 5 | | | | | | | | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| | | | | FBO firm name | | Ē | ſ |
|--------------|-------------|--------|-------|---------------|-----------------------------|-----|---|
| \mathbf{X} | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | | - |
| - | | | - | | | 1 (| 1 |

| | 0 | 9 | 1 | 7 | 2 | | | | |
|--|---|---|---|---|---|--|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | |

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature > | Date ► | | | | | | |
|---|---|--|--|--|--|--|--|
| Practitioner PIN Method Returns Only—continue below | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN | Method Only | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self- | -selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros | | | | | | |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature 🕨 | | | Date 🕨 | | | |
|---|--------------------------------------|--|------------------|--------------------------|--|--|
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | |
| For Denemicarle Deduction Act Nation | and warm tow waterway in a tweetiers | | REV 02/05/24 RRO | Earm 8879 (Bay, 01 2021) | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/05/24 PRO

| 1040 |)- | NR Department of the Treasury-Inte U.S. Nonresident AI | rnal Reven ien Inc | ue Service come Tax Return | n 20 23 | OMB No. | 1545-0074 | or staple | nly—Do not write in this space. |
|---|-----------|--|-----------------------|---------------------------------------|----------------------|------------|--------------|----------------------------|------------------------------------|
| For the year Jan. 1-Dec. 31, 2023, or other tax year beginn | | | ing, 2023, ending | | | | , 20 | See separate instructions. | |
| Your first name and middle initial | | | Last na | | | | | | g number |
| | | | | | | | (see in | structions |) |
| UDAY KUMA | R | REDDY | SOMI | REDDY | | | 807 | -70-91 | 72 |
| Home address (| (nun | ber and street). If you have a P.O. box | k, see inst | ructions. | | | | | Apt. no. |
| | | CREEK ROAD | | | | | | | 118 |
| | ost o | office. If you have a foreign address, a | so compl | ete spaces below. | | State | | ZIP cod | |
| COPPELL | | | F | | | TX | | 75019 | 1 |
| Foreign country | nar | 1e | Foreign | province/state/county | | Foreigi | n postal co | bae | |
| | | | | | | | | | |
| Filing Status | | Single 🛛 Married filing sep | arately (M | FS) 🗌 Qualifyir | ng surviving spous | e (QSS) | E: | state | Trust |
| Check only | li | you checked the QSS box, enter the | child's na | me if the qualifying pers | son is a child but n | ot your de | pendent: | | |
| one box. | - | | | | | | | - | |
| Digital Assets | At | any time during 2023, did you: (a) rece | ive (as a i | eward, award, or payme | ent for property or | services); | or (b) sell, | exchang | e, or |
| | oth | erwise dispose of a digital asset (or a | financial i | nterest in a digital asset |)? (See instruction | s.) | | . 🗌 Y | es 🗙 No |
| Dependents | | | | | | (4) (| Check the bo | | s for (see inst.): |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to | vou C | hild tax cre | | edit for other ependents |
| | | () | | | | , | | | |
| If more than four | | | | | | | | | |
| dependents, see instructions and | | | | | | | | | |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | x 1 (see ir | structions) | | | . 1a | 1 | 20,640. |
| Effectively | b | Household employee wages not rep | ported on | Form(s) W-2 | | | . 1k | > | |
| Connected | С | Tip income not reported on line 1a | | | | | | | |
| With U.S. | d | Medicaid waiver payments not repo | | | | | | | |
| Trade or | e | Taxable dependent care benefits fro | | • | | | | | |
| Business | f | Employer-provided adoption benefi | | | | | | | |
| Attach | g h | Wages from Form 8919, line 6 Other earned income (see instruction | | | | | | | |
| Form(s) W-2, 1042-S, | ; ; | Reserved for future use | | | | | . 1 | • | |
| SSA-1042-S, | j | Reserved for future use | | | | | . 1j | | |
| RRB-1042-S, | , k | Total income exempt by a treaty fro | | | 1 1 | | | | |
| and 8288-A here. Also | | line 1(e) | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1z | 2 | 20,640. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2 | a | b Tax | able interest | | . 2k | > | |
| tax was | 3a | Qualified dividends 3 | a | | linary dividends . | | | > | |
| withheld. | 4a | | a | | able amount | | | | |
| lf you did not get a Form | 5a | | a | | able amount | | | | |
| W-2, see | 6 7 | Reserved for future use | | | | | | - | |
| instructions. | 7 8 | Additional income from Schedule 1 | • | , , | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | | 20,640. |
| | 10 | Adjustments to income from Sched | | - | | | | | 2070101 |
| | 10 | | | · · · · · · · · · | • | - | |) | |
| | 11 | Subtract line 10 from line 9. This is | your adju | sted gross income | | | . 11 | | 20,640. |
| | 12 | Itemized deductions (from Sched | ule A (For | m 1040-NR)) or, for cer | tain residents of li | ndia, stan | dard | | |
| | | deduction (see instructions) | | | | /India T | reaty 12 | 2 | 13,850. |
| | 13a | Qualified business income deduction | | | | | | | |
| | b | Exemptions for estates and trusts of | | | | | | | |
| | c | Add lines 13a and 13b | | | | | | | 10 050 |
| | 14 15 | | | | | | | | 13,850. |
| | 15 D.: | Subtract line 14 from line 11. If zero | | | | | . 15 | | 6,790. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| Form 1040-NR (2 | 2023) | | | | | | | Page 2 |
|---------------------------|------------------------|--|-------------------------|-----------------------|----------------------|--------------|--------------------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any from | Form(s): 1 🗌 88 | 814 2 🗌 497 | 72 3 | | 16 | 678. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), I | ine 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | 18 | 678. |
| | 19 | Child tax credit or credit for other depe | ndents from Sched | ule 8812 (Form 10 | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), I | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or l | | | | | 22 | 678. |
| | 23a | Tax on income not effectively connected | | | 1 1 | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | | | 23a | | | |
| | b | Other taxes, including self-employment | | | | | - | |
| | ~ | 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 | | | | | 24 | 678. |
| ovmonto | 25 | Federal income tax withheld from: | | | | <u> </u> | | 070. |
| ayments | | Form(s) W-2 | | | 25a 2 | 2 606 | | |
| | a h | | | | 25b | 2,606. | - | |
| | b | Form(s) 1099 | | | 250 25c | | - | |
| | с С | Other forms (see instructions) Add lines 25a through 25c | | | | | 25d | 2,606. |
| | d | Ŭ | | | | | | 2,000. |
| | e | Form(s) 8805 | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amo | • • | | | | 26 | |
| | 27 | Reserved for future use | | | 27 | | | |
| | 28 | Additional child tax credit from Schedu | , | , | 28 | | - | |
| | 29 | Credit for amount paid with Form 1040- | | | 29 | | - | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 1040), I | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are you | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32 | | | | | 33 | 2,606. |
| efund | 34 | If line 33 is more than line 24, subtract I | | | - | | 34 | 1,928. |
| | 35a | Amount of line 34 you want refunded to | | | | | 35a | 1,928. |
| ect deposit? | b | Routing number 1 1 0 0 | Savings | | | | | |
| e instructions. | d | Account number 4 8 8 1 2 | | | | | | |
| | е | If you want your refund check mailed to | o an address outsic | de the United State | es not shown on | page 1, | | |
| | | enter it here. | | | | | | |
| | 36 | Amount of line 34 you want applied to | your 2024 estimat | ed tax | 36 | | | |
| mount | 37 | Subtract line 33 from line 24. This is the | amount you owe | | | | | |
| ou Owe | | For details on how to pay, go to www.ir | s.gov/Payments or | see instructions . | | • • | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | | 38 | | | |
| hird | Do yo | u want to allow another person to discus | s this return with th | ne IRS? See instru | ctions. 🗌 Ye | es. Compl | ete bel | ow. 🛛 No |
| arty | Desig | nee's | Phone | • | Persor | nal identifi | cation | |
| esignee | name | | no. | | numbe | er (PIN) | | |
| | | penalties of perjury, I declare that I have exam | | | | | | |
| . | belief, | hey are true, correct, and complete. Declarati | on of preparer (other t | han taxpayer) is base | ed on all informatio | n of which | preparer | has any knowledge. |
| ign | Your signature Date Yo | | | Your occupation | I | | | ent you an Identity |
| ere | | | | | | | PIN, enter it here | |
| - | | | | SOFTWARE E | NGINEER | (see | inst.) | |
| | Phone | | Email address | | | DT::: | | |
| aid | Prepa | · · · | rer's signature | | Date | PTIN | | Check if: |
| aiu | CAVW | PRIYA RAM SAGAR GUPTA TALLAM SYAM | PRIYA RAM SAGAN | R GUPTA TALLAM | 02/11/2024 | P02082 | 2703 | Self-employed |
| | SIAM | | | | | 1 | | |
| aid reparer se Only | | name GLOBAL TAXES LLC | | | | Phone no | o. (61 | 78)965-9522 |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Sequence No. 7B

2

Attachment

UDAY KUMAR REDDY SOMIREDDY

| Your identifying number |
|-------------------------|
| 807-70-9172 |

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) | | |
|--|---|---|-------------------------------------|----------------|-----------------------------|------------------------|--------------------------------|--|---|
| | | Nature of Income | | | (a) 10% | (b) 15% | (C) 30% | % | % |
| 1 | Dividends and divide | end equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | |
| с | Dividend equivalent p | ayments received with respect to section 871(m) tra | ansactions | 1c | | | | | |
| 2 | Interest: | | Γ | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | | orations | | 2b | | | | | |
| c | | | | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | | copyright royalties | | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | |
| 7 | | ies | | 7 | | | | | |
| 8 | | fits | | 8 | | | | | |
| 9 | - | e 18 below | | 9 | | | | | |
| 10 | Gambling-Resident | ts of Canada only. Enter net income in column (c). | | - | | | | | |
| а | Winnings | | 1 | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Gambling-Resident Note: Enter winnings | ts of countries other than Canada. s only. Losses aren't allowed | [| 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | | 12 in 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 | ffectively connected with a U.S. trade or business | s. Add column | ns (a) t | hrough (d) of line 14 | . Enter the total here | e and on Form 1040- | NR, line 23a 15 | |
| | | Capital Gains and | l Losses Fr | rom | 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 | | 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). |
| | vely connected with a U.S. ss. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| propert gains a | ty interest; report these nd losses on Schedule D | | | | | | | | |
| (Form 1 | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | |
| connec | ted with a U.S. business | 17 Add columns (f) and (g) of line 16 | | | | | 17 | () | |
| | edule D (Form 1040), I797, or both. | 18 Capital gain. Combine columns (f) and (g | | | | | | | |
| | | | | | - | | | | |

| SCHE | DUL | e oi |
|-------|-------|------|
| (Form | 1040- | NR) |

Other Information

ah ta Fa

OMB No. 1545-0074

| • | • | | | 11 to Form 1040-NR. | | | 2(0) | 23 |
|----|---|------------------------------------|---|---|---|-----------------|---------------------------------|------------|
| | nent of the Treasury Revenue Service | Go t | o www.irs.gov/Form1040N | <i>R</i> for instructions and wer all questions. | the latest information. | | Attachment | 70 |
| | hown on Form 1040 | -NR | Alla | wer an questions. | | Your identifyii | Sequence N | 0.70 |
| | KUMAR RED | | DDY | | | 807-70- | - | |
| A | | | vere you a citizen or nation | al during the tax year | INDIA | | | |
| в | | | residence for tax purpose | | | | | |
| С | Have you ever | applied to be a | green card holder (lawful p | permanent resident) of | the United States? . | | ☐ Yes | 🛛 No |
| D | Were you ever: | | | | | | | |
| | A U.S. citizen? | | | | | | | 🛛 No |
| 2. | - | | rmanent resident) of the Ur | | | | 🗌 Yes | 🛛 No |
| _ | • | ., . |), see Pub. 519, chapter 4, | | | | | |
| Е | | | day of the tax year, enter day of the tax year. $F1$ | | didn't have a visa, en | - | | |
| F | Have you ever If vou answered | changed your v d "Yes." indicat | risa type (nonimmigrant sta e the date and nature of th | tus) or U.S. immigrati | on status? | | 🗌 Yes | 🗙 No |
| G | List all dates vo | ou entered and | left the United States durin | g 2023. See instructio | ons. | | | |
| | • | | anada or Mexico AND cor | • | | ent intervals, | | |
| | check the box | for Canada or | Mexico and skip to item I | <u> </u> | 🗌 Canada | Mexico | | |
| | Date entered mm/c | United States dd/yy | Date departed United Stat mm/dd/yy | es Da | ate entered United State mm/dd/yy | s Date de | parted Unite mm/dd/yy | d States |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| н | | | vacation, nonworkdays, and, 2022 | | - | - | | |
| I | Did you file a U | .S. income tax | return for any prior year? . nd form number you filed: | | | | | 🗌 No |
| J | Are you filing a | return for a true | st? | | | | 🗌 Yes | 🗙 No |
| | | | U.S. or foreign owner under ribution from a U.S. person | | | | | 🗌 No |
| к | Did you receive | total compens | ation of \$250,000 or more | during the tax year? . | | | Yes | No |
| | - | | ative method to determine | | | | | 🗌 No |
| L | | | f you are claiming exempt v. See Pub. 901 for more in | | | tax treaty wi | th a foreign | country, |
| 1. | | | the applicable tax treaty an ne columns below. Attach Fo | | | claimed the | reaty benefi | t, and the |
| | | (a) Cou | ntry | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | | mount of exe e in current ta | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Total Entor | r this amount o | n Form 1040-NR, line 1k. D |) o not enter it anvwho | re else on line 1 | | | |
| 2. | | | preign country on any of the | - | | | ☐ Yes | No |
| | | | ts pursuant to a Competen | • | , | | | ⊠ No |
| | • | • • | Competent Authority deterr | • | | | | |

Check the applicable box if: Μ

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023