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

| - Internal n | levellue Sel vice | | | | | | | |
|---|---|---|--|--|--|---|---|--|
| Submis | ssion Identification Number (SID) | | | | | | | |
| Taxpayer | r's name | Social security number | | | | | | |
| RAJE | INDER ARMOOR | 716- | 54-105 | 4 | | | | |
| Spouse's | s name | Spouse's | social sec | urity n | umber | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 202 | 2 (Entor | year yo | u are au | thori- | zina) | | |
| | whole dollars only on lines 1 through 5. | 3 (Elliel | year you | u are au | LITOITZ | zirig.) | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| | Adjusted gross income | | | . 1 | | 18, | 304. | |
| | Total tax | | | | | | 448. | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | . 3 | | 2, | 092. | |
| | Amount you want refunded to you | | | | | | 644. | |
| 5 | Amount you owe | | | . 5 | | | | |
| Part I | Taxpayer Declaration and Signature Authorization (Be sure you g | et and k | кеер а с | opy of y | our | retur | n) | |
| return (o to send for any o Agent to payment authorize payment business taxes to persona | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Poriginal or amended) I am now authorizing. I consent to allow my intermediate service provide my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas delay in processing the return or refund, and (c) the date of any refund. If applicable, I author 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 action 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 involve receive confidential information necessary to answer inquiries and resolve issues related alidentification number (PIN) below is my signature for the income tax return (original or amonic Funds Withdrawal Consent. | er, transmer, fon for rejective the Use count indicated institution terminated attion required in the part of the | itter, or election of the S. Treasur cated in the on to debit the author dests must processing ayment. I | ectronic re the transmin ry and its on the tax prep the entry prization. It the recei to the el further ac | turn or ssion, design paratic this this for revued nectror | riginato (b) the nated F on software accou oke (cal o later nic pay ledge 1 | or (ERO) reason | |
| | yer's PIN: check one box only | | | | | | | |
| X | - | generate | mv PIN | 4 1 0 |) 5 | 4 | as my | |
| ••• | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | you or allo | , | Enter five don't ente | | | ao my | |
| | 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 F below. | | | | | | | |
| Your si | ignature ▶ [| Date ► _ | | | | | | |
| Snouse | e's PIN: check one box only | | | | | | | |
| Spouse | I authorize to enter or c | nenerate | my DINI | | | | as my | |
| Ш | ERO firm name | generate | IIIy I IIN | Enter five | diaits. | but | as IIIy | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don't ente | | | | |
| | 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 F below. | | | | | | | |
| Spouse | e's signature ► [| Date ► | | | | | | |
| | Practitioner PIN Method Returns Only—continu | e below | | | | | | |
| Part II | 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 | 9 6 0 | 8 | 2 7 | 1 | |
| | | | - | enter all ze | | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual ted 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 e-file Prov | am subm | itting this | return in a | accord | lance v | | |
| ERO's | signature ► [| Date ► | | | | | | |
| | ERO Must Retain This Form — See Instruc | tions | | | | | | |
| | Don't Submit This Form to the IRS Unless Request | | o 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 beginn | | | | ning, 2023, ending, 20 | | | | | See separa | | | |
|--|--|---|-------------------------------|--|-------------------|--------------------|---------------------|------------------------|------------|--------------|--|--|
| Your first name and middle initial | | | | | | | Your ide | our identifying number | | | | |
| | | | | | | | | (see instructions) | | | | |
| RAJENDER | | | | OR | | | | 716-54-1054 | | | | |
| Home address (number and street). If you have a P.O. box | | | | structions. | | | | | Apt. n | | | |
| 1701 ROYA | L L | N | | | | | | | 7 | 301 | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | | | Z | ZIP code | | | |
| DALLAS | | | | | | Т | X | | 75229 | | | |
| Foreign country | nam | e | Foreign province/state/county | | | | Foreign postal code | | | | | |
| | | | | | | | | | | | | |
| Filing | × | Single Married filing sep | oaratelv (N | MFS) Qualifvi | ng surviving spou | se (QS | SS) | ☐ Esta | ıte [| Trust | | |
| Status | | you checked the QSS box, enter the | ndent: | | | | | | | | | |
| Check only one box. | | | | | | • | | | | | | |
| | At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchar | | | | | | | | | | | |
| Digital Assets | | rry time during 2025, did you: (a) rece erwise dispose of a digital asset (or a | | | | | | (b) seii, e. | | s 🔀 No | | |
| Dependents | | | | Translat interest in a digital accept. (Gee inte | | | (4) Check the | | | | | |
| (see instructions): | (1) First name Last name | | | (2) Dependent's | | | 1 | tax credit | Cred | it for other | | |
| (, | | | • | identifying number | (3) Relationship | elationship to you | | | dep | pendents | | |
| If more than four | | | | | | | - | | | | | |
| dependents, see | | | | | | | + | | | | | |
| instructions and check here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | x 1 (see i | instructions) | | | | 1a | 1 | 8,304. | | |
| Effectively | b | Household employee wages not re | • | • | | | | 1b | | | | |
| Connected | c | Tip income not reported on line 1a | | ` ' | | | | 1c | | | | |
| With U.S. | d | Medicaid waiver payments not rep | • | · | | | | 1d | | | | |
| Trade or | е | Taxable dependent care benefits fr | om Form | 2441, line 26 | | | | 1e | | | | |
| Business | f Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | | | | |
| Attach | g Wages from Form 8919, line 6 | | | | | | | | | | | |
| Form(s) W-2, | | | | | | | | | | | | |
| 1042-S, | i Reserved for future use | | | | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j Reserved for future use | | | | | | | | | | | |
| and 8288-A | | | | | | | | | | | | |
| here. Also attach | line 1(e) | | | | | | | | 1 | 8,304. | | |
| Form(s) | 2a | | | | | | | 1z 2b | | 0,301. | | |
| 1099-R if tax was | 3a | | | | | | | | | | | |
| withheld. | 4a | | | | | | | | | | | |
| If you did not | 5a | Pensions and annuities | ia | b Tax | able amount . | | | 5b | | | | |
| get a Form W-2, see | 6 | 6 Reserved for future use | | | | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Scheo | 7 | | | | | | | | | |
| | 8 | , | | | | | | | | | | |
| | 9 | 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income | | | | | | | | 8,304. | | |
| | 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | | | | | | | | | | |
| | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | 8,304. | | |
| | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) | | | | | | | | | 3,850. | | |
| | 13a | ty 12 | | | | | | | | | | |
| | 13a Qualified business income deduction from Form 8995 or Form 8995-A . b Exemptions for estates and trusts only (see instructions) | | | | | | | | | | | |
| | С | Add lines 13a and 13b | | | | | | 13c | | | | |
| | 14 | | | | | | | | | 3,850. | | |
| | 15 | Subtract line 1/1 from line 11 If zero | or less | enter _O_ This is your to | vahla inaama | | | 15 | | 4 454 | | |

| Form 1040-NR (2 | 2023) | | | | | | | | | | Page 2 |
|-------------------|---|--|-------------|-------------------|--------------|----------|----------------|----------------------|--------------------|---------------------|---------------|
| Tax and | 16 | Tax (see instructions). Check if ar | y from For | rm(s): 1 | 314 2 | 4972 | 2 3 | | | 16 | 448. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 448. |
| | 19 | Child tax credit or credit for other | er depende | ents from Sched | ule 8812 (F | orm 104 | 10) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form | 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 | 448. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | | | | | 23a | | | | |
| | b | Other taxes, including self-empl 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 yo | | | | | | | | 24 | 448. |
| Payments | 25 | Federal income tax withheld from | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | | 2,092. | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 2,092. |
| | е | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments ar | nd amount | applied from 20 | 22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | | | 27 | | | | |
| | 28 | Additional child tax credit from S | Schedule 8 | 8812 (Form 1040) |) | | 28 | | | | |
| | 29 | Credit for amount paid with Forr | n 1040-C | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | Ī | |
| | 31 | Amount from Schedule 3 (Form | 1040), line | 15 | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These are your total other payments and refundable credits | | | | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | | | | | | | | | 2,092. |
| Refund | 34 | If line 33 is more than line 24, su | btract line | 24 from line 33. | This is the | amoun | t you o | verpaid | | 34 | 1,644. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | | 35a | 1,644. |
| Direct deposit? | b | Routing number 1 1 1 0 0 0 6 1 4 c Type: X Checking Sav | | | | | | | | | |
| See instructions. | d | Account number 9 3 6 1 9 2 7 3 8 | | | | | | | | | |
| | е | If you want your refund check m | nailed to a | n address outsid | e the Unite | ed State | s not s | shown or | n page 1, | | |
| | | enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want app | lied to you | ur 2024 estimat | ed tax . | | 36 | | | | |
| Amount | 37 | • | | | | | | | | | |
| You Owe | | For details on how to pay, go to | www.irs.g | ov/Payments or | see instruc | ctions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instru | ıctions) . | | | | 38 | | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. | | | | | | | | | | ow. 🗵 No |
| Party Designee | Designee's Phone Personal identifiname no. Personal identifiname number (PIN) | | | | | | | | ication | | |
| | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowl belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k | | | | | | | | | | |
| Sign | Your signature Date Your occupation | | | | | | | | | ent you an Identity | |
| Here | | | | SOFTWARE ENGINEER | | | | ection inst.) | PIN, enter it here | | |
| | Phone | e no. | | Email address | | | | | | | |
| Paid | Prepa | rer's name | Preparer | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/10/2024 P020 | | | | | | P0208 | 2703 | Self-employed | | |
| - 1 | Firm's name CI∩DAI TAVECIIC Phoi | | | | | | Phone n | ne no. (678)965-9522 | | | |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El | | | | | | | | | 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

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

RAJENDER ARMOOR 716-54-1054 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 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

OMB No. 1545-0074

Your identifying number

Attachment Sequence No. **7C**

| RAJ | ENDER ARMOOR | 716-54-1054 | | | | | | | | | |
|-----|---|--|--------------------|---|-----------------|--------------------------------------|----------|--|--|--|--|
| Α | Of what country or countries were you a citizen or national during the tax year? _INIDA | | | | | | | | | | |
| В | In what country did you claim residence for | tax purposes d | uring the tax ye | ear? United States | | | | | | | |
| С | Have you ever applied to be a green card ho | lder (lawful pern | nanent residen | t) of the United States? . | | ☐ Yes | ⊠ No | | | | |
| D | Were you ever: | ` . | | , | | | | | | | |
| 1. | A U.S. citizen? | | | | | Yes | ⊠ No | | | | |
| 2 | | | | | | | ⊠ 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 year. | | | | | | | | | | |
| 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 during 2023. See instructions. | | | | | | | | | | |
| - | Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, | | | | | | | | | | |
| | check the box for Canada or Mexico and s | | | | ☐ Mexico | | | | | | |
| | Date entered United States Date departe | d United States /dd/yy | ¬ | Date entered United State mm/dd/yy | s Date depa | Date departed United States mm/dd/yy | | | | | |
| | | | | | | | | | | | |
| | | | ┦ ├ | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | N-4 | | | | | | |
| Н | Give number of days (including vacation, nonw | • | | • | - | | | | | | |
| I | Did you file a U.S. income tax return for any | 2021, 2022, and 2023 | | | | | | | | | |
| J | Are you filing a return for a trust? | If "Yes," give the latest year and form number you filed: Are you filing a return for a trust? | | | | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign U.S. person, or receive a contribution from a | | | | | ☐ Yes | □No | | | | |
| K | Did you receive total compensation of \$250,0 | | - | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," did you use an alternative method to | | | | | | ☐ No | | | | |
| L | Income Exempt From Tax—If you are clain complete (1) through (3) below. See Pub. 90 | | | | tax treaty with | ı a foreign | country, | | | | |
| 1. | | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and th amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | | | | |
| | (a) Country | (i | b) Tax treaty arti | cle (c) Number of month claimed in prior tax ye | ` ' | | • | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-N | NR. line 1k. Do r | not enter it anv | where else on line 1 | | | | | | | |
| 2 | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 | | | | | | | | | | |
| | Were you subject to tax in a foreign country on any of the income shown in 1(d) above? | | | | | | | | | | |
| - | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | | |
| | This is the first year you are making an electi | This is the first year you are making an election 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 | | | | | | | | | |
| 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 | | | | | | | | | | |

REV 02/05/24 PRO