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

| Submission Identification Number (SID) | | | | |
|--|--|---|--|--|
| Taxpayer's name | ty number | | | |
| MANIDEEP THATIPALLI | 373-63- | 3-9937 | | |
| Spouse's name | cial security number | | | |
| Part I Tax Return Information — Tax Year Ending December 31, 202 | :3 (Enter year you a | re 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 36,164. | | |
| 2 Total tax | | 2 2,459. | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 4,798. | | |
| 4 Amount you want refunded to you | | 4 2,339. | | |
| 5 Amount you owe | | 5 | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you gunder penalties of perjury, I declare that I have examined a copy of the income tax return (original or | · | | | |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Freturn (original or amended) I am now authorizing. I consent to allow my intermediate service provid to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent. | er, transmitter, or electroson for rejection of the trorize the U.S. Treasury as a count indicated in the tall institution to debit the oterminate the authorizal lation requests must be ved in the payment. I furt of the transmitter of the tr | onic return originator (ERO) cansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This action. To revoke (cancel) a e received no later than 2 the electronic payment of ther acknowledge that the | | |
| Taxpayer's PIN: check one box only | | | | |
| | generate my PIN $\frac{3}{2}$ | 9 9 3 7 as my | | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent | ter five digits, but n't enter all zeros | | |
| 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 I below. | | | | |
| Your signature ► | Date ► | | | |
| Charles a DIN about and how only | | | | |
| Spouse's PIN: check one box only | nanawata was DIN | | | |
| I authorize to enter or o | generate my PIN | ter five digits, but | | |
| signature on the income tax return (original or amended) I am now authorizing. | | n't enter all zeros | | |
| 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 I below. | | | | |
| Spouse's signature ▶ | Date ► | | | |
| Practitioner PIN Method Returns Only—continu | ie 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. | | 6 0 8 2 7 1 er all zeros | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided in the Practition of the Pr | am submitting this retu | irn in accordance with the | | |
| ERO's signature ► | Date ► | | | |
| ERO Must Retain This Form — See Instruc | | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

E1040-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–D | ec. 31, 2023, or other tax year beginr | ning | | 2023, | ending | ·, | 20 | | nstructions. | |
|---|--|--|------------|------------------------------------|-------------------------|------------------------|-------------|-------------|---|-----------------------------|--|
| Your first name and middle initial | | | | | | | | | Your identifying number see instructions) | | |
| MANIDEEP THATIPALLI | | | | | | 373- | 373-63-9937 | | | | |
| | numk | per and street). If you have a P.O. box | | | | | | 1 3 7 3 | | Apt. no. | |
| | | PL APT 11 104 | , | | | | | | | | |
| | | fice. If you have a foreign address, al | so comp | lete spaces below | v | | State | | ZIP co | ode | |
| LAKEWOOD | | , | | | | | CO | | 80228 | | |
| Foreign country | nam | e | Foreign | n province/state/c | ounty | | Foreign | postal co | | | |
| , | | | | • | , | | | | | | |
| Filing Status Check only | | | | | | | | | | ☐ Trust | |
| one box. | | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a | | | | | | r (b) sell, | | nge, or Yes 🔀 No | |
| Dependents | | | eck the bo | - 1 | lifies for (see inst.): | | | | | | |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | | (3) Relationship to yo | u Chil | ld tax crec | lit ' | Credit for other dependents | |
| | | (,, , , , , , , , , , , , , , , , , , , | | , , | | (4) | | | | | |
| If more than four | | | | | | | | ī | | | |
| dependents, see instructions and | | | | | | | | | | | |
| check here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | x 1 (see i | nstructions) . | | | | . 1a | | 36,164. | |
| Effectively | b | Household employee wages not rep | orted on | Form(s) W-2 . | | | | . 1b | | | |
| Connected | С | Tip income not reported on line 1a (| see instr | uctions) | | | | . 1c | | | |
| With U.S. | d | Medicaid waiver payments not repo | rted on F | orm(s) W-2 (see | nstruct | ions) | | . 1d | | | |
| Trade or | е | Taxable dependent care benefits from | m Form | 2441, line 26 . | | | | . 1e | | | |
| Business | f | Employer-provided adoption benefi | ts from F | orm 8839, line 29 | | | | . 1f | | | |
| | g | Wages from Form 8919, line 6 | | | | | | | | | |
| Attach Form(s) W-2, | h Other earned income (see instructions) | | | | | | | | | | |
| 1042-S, | i | Reserved for future use | | | | 1i | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | | . <u>1j</u> | | | |
| RRB-1042-S, and 8288-A here. Also | k | Total income exempt by a treaty fro line 1(e) | | |)-NR), i | tem L, 1k | | | | | |
| attach | z | Add lines 1a through 1h | | | | | | . 1z | | 36,164. | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2 | | | b Tax | able interest | | . 2b | | | |
| tax was | 3a | Qualified dividends 3 | а | | b Ord | linary dividends | | . 3b | | | |
| withheld. | 4a | IRA distributions 4 | | | b Tax | able amount | | . 4b | | | |
| If you did not | 5a | Pensions and annuities 5 | a | | b Tax | able amount | | . 5b | | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | _ | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schede | ` | , . | | ' ' | _ | | | | |
| | 8 | Additional income from Schedule 1 | • | • | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | 8. This is | your total effect | ively c | onnected income | | . 9 | | 36,164. | |
| | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | | | | | | . 10 | | | |
| , | 11 | Subtract line 10 from line 9. This is | | | 36,164. | | | | | | |
| • | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard | | | | | | | | | 10 050 | |
| | deduction (see instructions) | | | | | | | | - | 13,850. | |
| | 13a | Qualified business income deduction | | | | | | | | | |
| | b | Exemptions for estates and trusts o | • . | Ť | | | | | | | |
| | C | Add lines 13a and 13b | | | | | | | | 12 050 | |
| | 14 | | | | | | | | | 13,850. | |
| ' | 15 | Subtract line 14 from line 11. If zero | or iess, | enter -u Inis is y | our ta : | kapie income | | . 15 | | 22,314. | |

| Form 1040-NR (| 2023) | | | | | | | | | Page 2 |
|--------------------------------------|--|--|--|---------------|----------|-------|-------|-----------------|---------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form | n(s): 1 88 | 14 2 [| 4972 | 3 | | | 16 | 2,459. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | 3 | | | | | | 17 | 0. |
| | 18 Add lines 16 and 17 | | | | | | | | 18 | 2,459. |
| | 19 | Child tax credit or credit for other dependen | nts from Schedu | ıle 8812 (Fo | orm 1040 | 0) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | 3 | | | | | | 20 | |
| | 21 Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, | enter -0 | | | | | | 22 | 2,459. |
| | 23a | Tax on income not effectively connected wit Schedule NEC (Form 1040-NR), line 15 . | | | | 23a | | | | |
| | b | Other taxes, including self-employment tax, | , from Schedule | 2 (Form 10 | 040), | | | | | |
| | | 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 tax | | | | | | | 24 | 2 , 459. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | | 4 , 798. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 4,798. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and amount a | | | 1 | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | 4 | |
| | 28 | Additional child tax credit from Schedule 88 | , | | | 28 | | | | |
| | 29 Credit for amount paid with Form 1040-C | | | | | | | | | |
| | 30 | Reserved for future use | | | | | | | | |
| | 31 Amount from Schedule 3 (Form 1040), line 15 | | | | | | | | | |
| | 32 | Add lines 28, 29, and 31. These are your tot | | | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. Th | | | | | | | 33 | 4,798. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | | | • | - | | 34 | 2,339. | |
| | 35a | Amount of line 34 you want refunded to you | | 35a | 2,339. | | | | | |
| Direct deposit? See instructions. | b | Routing number 1 0 2 0 0 0 0 7 6 c Type: X Checking Savin | | | | | | | | |
| coo mondonono. | d | Account number 3 5 6 6 6 8 | | | 1 | Щ. | | | | |
| | е | | n address outside the United States not shown or | | | | | | | |
| | 00 | | 2004 askimated toy | | | | | | - | |
| A | 36 Amount of line 34 you want applied to your 2024 estimated tax 36 | | | | | | | | | |
| Amount | Subtract line 33 from line 24. This is the amount you owe . | | | | | | | | 37 | |
| You Owe | 38 | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | | |
| Third | | , | | | inetruct | | | e Compl | lata ha | ow. 🗵 No |
| Party | Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Comple Personal identifi | | | | | | | | | OW. |
| Designee | | | | | | | | | ication | |
| | namenonumber (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | | |
| Sign | Your signature Date Your occupation | | | | | | | If the | e IRS s | ent you an Identity |
| Here | | | Date Tour occupation | | | | | | ection | PIN, enter it here |
| | | | | CHEF | | | | (see | inst.) | |
| | Phone | | Email address | | | | | T | | |
| Paid | Preparer's name Preparer's signature Date | | | | | | | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI | YA RAM SAGAR | GUPTA TA | ALLAM | 02/10 | /2024 | P02082 | 2703 | Self-employed |
| Use Only | Firm's | name GLOBAL TAXES LLC | | | | | | Phone n | | 78)965-9522 |
| | Firm's | address 245 ROONEY CT E BRU | JNSWICK NO | J 08816 | | | | Firm's E | IN 8 | 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 MANIDEEP THATIPALLI 373-63-9937 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 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 | | | | | 2c | | | | | |
| 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 r -0 | 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) | | | | | | | | | |
| 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 15 | |
| Capital Gains and Losses From Sales or Exchanges of Property | | | | | | | | | | |
| 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). |
| | ely connected with a U.S. ss. Do not include a gain | | | | | | | | | |
| or loss | on disposing of a U.S. real y interest; report these | | | | | | | | | |
| gains a | nd 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), | | | | | | | | | |
| | 797, 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 | er -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. Department of the Treasury Answer all questions.

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

Internal Revenue Service

Name shown on Form 1040-NR Your identifying number 373-63-9937 MANIDEEP THATIPALLI Of what country or countries were you a citizen or national during the tax year? _INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Were you ever: X No Yes 1. A U.S. citizen? X 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. X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. G Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ____. ☐ Yes X No ı If "Yes," give the latest year and form number you filed: X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No Yes ⊠ No Κ Yes ☐ No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 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