| 1040 |) | NR Department of the Treasury-Internal U.S. Nonresident Alie | Revenue Service n Income Tax Ret | urn | 2023 | OMB | No. 15 | 45-0074 | | le in this | space. |
|--|----------|--|---|-------|---------------------------------------|--------|---------|-------------------------|-------------------------------|--|-------------------|
| For the year Jan | ı. 1- | Dec. 31, 2023, or other tax year beginning | ning, 2023, ending | | | , 20 | | | See separate instructions. | | |
| Your first name | and | middle initial | | | | | | Your identifying number | | | |
| | | | | | | | | (see in: | structior | is) | |
| SAISHA RA | JI | V | IEMRAJANI | | | | | 114 | 4-19-2746 | | |
| | • | nber and street). If you have a P.O. box, s | ee instructions. | | | | | | | Apt. r | 10. |
| 222 ELMWO | | | | | | | | | | | |
| | | office. If you have a foreign address, also | complete spaces below. | | | Sta | | | ZIP co | | |
| GLEN ROCK | | | oreign province/state/cour | | | NJ | | a a tal a d | 0745 | 2 | |
| Foreign country | nar | | oreign province/state/cour | щ | | | eign p | ostal co | de | | |
| Filing | | | | | | | | | | | |
| Status Check only | | Single Married filing separa you checked the QSS box, enter the chi | | | surviving spous n is a child but n | | | Esendent: | state | <u> </u> | Trust |
| one box. | - | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Digital Assets | At | any time during 2023, did you: (a) receive erwise dispose of a digital asset (or a fina | (as a reward, award, or pa | ymen | t for property or | servic | es); or | (b) sell, | exchan | ge, or | 🗙 No |
| Denendente | 01 | | | 50017 | | | | | | | |
| Dependents (see instructions): | | | (2) Dependent's | | | | • • | d tax cred | i c | alifies for (see inst.): Credit for other | |
| | | (1) First name Last name | identifying number | | (3) Relationship to | you | Crim | | <i></i> | depend | ents |
| If more than four | | | | _ | | | | | | | |
| dependents, see | | | | _ | | | | | | | |
| instructions and check here | | | | _ | | | | | | | |
| | 1a | Total amount from Form(s) W-2, box 1 | (see instructions) | | | | | . 1a | | 2 | 005. |
| Effectively | b | | , | | | | | | | <i>21</i> | 000. |
| Connected | c | | | | | | | | _ | | |
| With U.S. | d | | | | | | | | | | |
| Trade or | е | | | | | | | . 1e | , | | |
| Business | f | Employer-provided adoption benefits f | rom Form 8839, line 29 | | | | | . 1f | : | | |
| Attach | g | Wages from Form 8919, line 6 | | | | | | . 19 | ı 📃 | | |
| Attach Form(s) W-2, | h | | | | | | | . 1h | 1 | | |
| 1042-S, | i | Reserved for future use | | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | 1 1 | | · | . <u>1j</u> | _ | | |
| and 8288-A | k | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| here. Also attach | z | line 1(e) | | | | | | . 1z | , | 2 | 005. |
| Form(s) | 2a | - 1 1 | 1 | | ole interest | | | | | / | <u></u> |
| 1099-R if tax was | 3a | | | | | | | | | | |
| withheld. | 4a | | | | ole amount | | | | , | | |
| If you did not | 5a | Pensions and annuities 5a | b | Taxab | ole amount | | | . 5b |) | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here | | | | | | | | | |
| | 8 | Additional income from Schedule 1 (Form 1040), line 10 | | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. | - | | | | | | | 2, | 005. |
| | 10 | | | | | • • • | | . 10 | | | |
| | 11 | Subtract line 10 from line 9. This is you | | | | | | | _ | 2, | 005. |
| | 12 | Itemized deductions (from Schedule deduction (see instructions) | | | . Std Dedn US | | | | 2 | 13, | 850. |
| | 13a | | | | | | | | | | |
| | b | , | · , | | | | | | | | |
| | C | | | | | | | | | 1.0 | 0.5.0 |
| | 14 15 | Add lines 12 and 13c | \cdot | | | | | | | ⊥3, | <u>850.</u> 0. |
| | 10 | | | | | • • | • | . 10 | | | D (2222) |

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

| orm 1040-NR (| 2023) | | | | | | | | Page 2 |
|----------------------------------|--|---|-------------|-------------------------------|--------------------|-----------------|--------------|------------------------|---------------------------|
| Fax and | 16 | Tax (see instructions). Check if an | y from For | rm(s): 1 🗌 88 | 314 2 497 | ′2 3 | | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 0. |
| | 19 | Child tax credit or credit for othe | r depende | ents from Sched | ule 8812 (Form 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 | | | | | | 22 | 0. |
| | 23a | Tax on income not effectively co | | | | | | | |
| | | Schedule NEC (Form 1040-NR), | | | | 23a | | | |
| | b | Other taxes, including self-emple | | | | | | | |
| | | line 21 | - | | | 23b | | | |
| | с | Transportation tax (see instruction | | | | 23c | | | |
| | d | Add lines 23a through 23c | , | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | | | | | | 24 | 0. |
| ayments | 25 | Federal income tax withheld from | | | | | | | |
| ayments | a | Form(s) W-2 | | | | 25a | 23 | 3 | |
| | b | Form(s) 1099 | | | | 25b | | <u> </u> | |
| | c | Other forms (see instructions) | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 23. |
| | e | Form(s) 8805 | | | | | | | 23. |
| | f | Form(s) 8288-A | | | | | | 25e | |
| | | () | | | | | | 25r | |
| | g | Form(s) 1042-S | | | | | | | |
| | 26 | 2023 estimated tax payments ar | | •• | | | • • • | 26 | |
| | 27 | Reserved for future use | | | | 27 | | _ | |
| | 28 | Additional child tax credit from S | | | | 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 | - | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | 23. |
| efund | 34 | If line 33 is more than line 24, su | | | | • | | _ | 23. |
| | 35a | Amount of line 34 you want refu | | | | _ | .∟ Saving | | 23. |
| rect deposit? e instructions. | b | Routing number 0 8 3 0 | s | | | | | | |
| | d | Account number 7 7 1 3 | | | | | | | |
| | е | If you want your refund check m | ailed to a | n address outsic | le the United Stat | es not shown on | page 1 | I, | |
| | | enter it here. | | | | · | | | |
| | 36 | Amount of line 34 you want app | lied to yo | ur 2024 estimat | ed tax | 36 | | | |
| mount | 37 | Subtract line 33 from line 24. Thi | | - | | | | | |
| ou Owe | | For details on how to pay, go to | - | - | | 1 1 | • • | 37 | |
| | 38 | Estimated tax penalty (see instru | , | | | 38 | | | |
| hird | Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See instru | ctions. | es. Con | nplete be | low. 🛛 No |
| arty | Desig | nee's | | Phone | | | | ntification | |
| esignee | name | • | | | | | | | |
| | | penalties of perjury, I declare that I have | | | | | | | |
| ian | | they are true, correct, and complete. D | eciaration | | | | | | , , |
| ign | Yours | signature | | Date | Your occupation | | | | sent you an Identity |
| ere | | | | | | | | rotection ee inst.) | PIN, enter it here |
| | Dhar | | | | STUDENT | | (S | ee mst.) | |
| | Phone | e no. rer's name | Proparar | Email address 's signature | | Date | PTIN | | Chook if |
| aid | • | | • | 0 | | | | 00700 | Check if: |
| | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 P02 | | | | | 02/09/2024 | - | 82703 | Self-employed |
| reparer | Firm's name GLOBAL TAXES LLC Phone not | | | | | | nn (G | 101065-0522 | |
| reparer Ise Only | | address 245 ROONEY C | | | | | Firm's | | 78)965-9522 34-3171965 |

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 Your identifying number

2

Attachment

114-19-2746

SAISHA RAJIV HEMRAJANI

| Enter a | amount of income und | ler the | appropriate rate of tax. See instructions. | | | - | | | | |
|---|---|---------|--|-------------------------------------|---------|------------------------------------|---------------------|-------------------------|--|--|
| | Nature of Income | | | | | | (b) 15% | (c) 30% | (d) Other | r (specify) |
| | | | | | _ | (a) 10% | (b) 15% | (C) 50 % | % | % |
| 1 | Dividends and divide | end eo | quivalents: | | | | | | | |
| а | Dividends paid by U | .S. co | rporations | | 1a | | | | | |
| b | Dividends paid by fo | oreign | corporations | | 1b | | | | | |
| С | Dividend equivalent p | bayme | ents received with respect to section 871(m) t | ransactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | Paid by foreign corp | oratio | ns | | 2b | | | | | |
| с | Other | | | | 2c | | | | | |
| 3 | Industrial royalties (p | batent | s, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | ′ сору | right royalties | | 4 | | | | | |
| 5 | Other royalties (copy | /rights | s, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | | natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies. | | | 7 | | | | | |
| 8 | Social security bene | fits . | | | 8 | | | | | |
| 9 | | | | | 9 | | | | | |
| 10 | If zero or less, ente | er -0 | |). | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | | 10c | | | | | |
| 11 | Note: Enter winnings | s only | countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | • | | n columns (a) through (d) | | 13 | | | | | |
| 14 | | | f tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffecti | vely connected with a U.S. trade or busines | | | | | |)-NR, line 23a 15 | |
| | | | Capital Gains and | d Losses | From | Sales or Excha | anges 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 | | 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 a | y interest; report these nd losses on Schedule D | | | | | | | | | |
| (Form 1 | • | | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | | | |
| connec | ted with a U.S. business edule D (Form 1040), | | | | | | | | | |
| | 797, or both. | 18 | Capital gain. Combine columns (f) and | (g) of line 1 | 7. Ente | er the net gain he | re and on line 9 ab | ove. If a loss, ente | er-0 18 | |

| SCHE | DULE | 5 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 |
|-------------------|
| 2023 |
| Attachment |

| | ent of the Treasury Revenue Service | Go t | o www.irs.gov/Form1040N Ans | <i>R</i> for instructions an wer all questions. | Attachment Sequence No. 7C | | | | | |
|----|--|-------------------------------------|---|--|--|----------------|-----------------------------------|-------------|--|--|
| | nevenue Service | -NR | | wer an questions. | | Your identify | | 0. 70 | | |
| | HA RAJIV H | | | | | 114-19- | • | | | |
| A | | | vere you a citizen or nation | al during the tax vea | r? INDIA | | | | | |
| в | | | residence for tax purpose | | | | | | | |
| С | | | green card holder (lawful p | | | | | | | |
| D | Were you ever: | | | | | | | | | |
| 1. | 1. A U.S. citizen? | | | | | | | | | |
| 2. | A green card ho | older (lawful pe | rmanent resident) of the Ur | nited States? | | | . 🗌 Yes | 🗙 No | | |
| | | |), see Pub. 519, chapter 4, | | | | | | | |
| Е | | | day of the tax year, enter the tax year. $\underline{F1}$ | | u didn't have a visa, en | - | | | | |
| F | | | risa type (nonimmigrant sta e the date and nature of th | tus) or U.S. immigrat | tion status? | | . 🗌 Yes | 🛛 No | | |
| G | List all dates yo | u entered and | left the United States durin | g 2023. See instruct | ions. | | | | | |
| | | | anada or Mexico AND cor | | | ent intervals | ۶, | | | |
| | check the box | for Canada or | Mexico and skip to item I | <u>↓.</u> | 🗌 Canada | | 2 | | | |
| | Date entered l mm/c | | Date departed United Stat mm/dd/yy | es [| Date entered United State mm/dd/yy | s Date de | eparted Unite mm/dd/yy | d States | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| н | | | vacation, nonworkdays, and , 20223 | | • | - | 1: | | | |
| I | | | return for any prior year? . nd form number you filed: | | | | | 🗌 No | | |
| J | Are you filing a If "Yes," did the | return for a trus trust have a l | st? | r the grantor trust ru | | n or loan to a | . 🗌 Yes a | 🛛 No | | |
| К | | | ation of \$250,000 or more ative method to determine | | | | | 🛛 No | | |
| L | Income Exempt | t From Tax-If | you are claiming exempt v. See Pub. 901 for more in | ion from income tax | under a U.S. income | | | | | |
| 1. | | | the applicable tax treaty an le columns below. Attach Fo | | | claimed the | treaty benefi | it, and the | | |
| | | (a) Cou | ntry | (b) Tax treaty article | e (c) Number of month claimed in prior tax ye | | Amount of exe ne in current ta | • | | |
| | | | | | | | | | | |

| | | | | , | | | , |
|--------|--|--------------------------|------------------|-------|-----------------|-----------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. [| Do not enter it anywhere | e else on line 1 | | | | |
| 2. | Were you subject to tax in a foreign country on any of the | | [| Yes | No | | |
| 3. | Are you claiming treaty benefits pursuant to a Competen If "Yes," attach a copy of the Competent Authority detern | [|] Yes | 🗙 No | | | |
| М | Check the applicable box if: | | | | | | |
| 1. | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in | | | | | | |
| 2. | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin | | | | | | |
| For Pa | perwork Reduction Act Notice, see the Instructions for Fo | orm 1040-NR. B | AA REV 02/05/24 | 1 PRO | Schedule OI (Fo | orm 1040- | -NR) 2023 |