Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

0......

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

тахрау	er s name	Social security number					
PRI	YANKA KOSURI	199-88	-4131	L			
Spouse	's name	Spouse's social security number					
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r vear vou a	are aut	horizing.)			
Enter	whole dollars only on lines 1 through 5.	<u> </u>		0,			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	8,700.			
2	Total tax		2	0.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	736.			
4	Amount you want refunded to you		4	736.			
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 perjury, 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

<u> </u>	l authorize	GLUBAL	TAXES	ERO firm name	to enter or generate my PIN	Er
$\mathbf{\nabla}$	l authorize	CTODAT	TAVEC	TTC	to optor or gonorate my DIN	0

	er fiv I't er				as my
8	4	1	3	1	

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	
----------	------	-------	-----	-----	------	--

l authorize

to enter	or g	enerate	my	PIN

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

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 ► C	ate 🕨	•						
Practitioner PIN Method Returns Only—continue	bel	ow						
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		 0 all zer	 2	7 1	

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	signature Date Date								
ERO Must Retain This F Don't Submit This Form to the I	-								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/05/24 PRO	Form 8879 (Rev. 01-2021)						

1040)-	NR	Department of the Treasury U.S. Nonresiden	–Internal Re t Alien	evenue Service Income Tax	Return	2023	OMB No.	1545-0074	or st	e Only—Do aple in this	space.	
For the year Ja	n. 1	-Dec. 3	31, 2023, or other tax year b	eginning		, 2023, e	nding		, 20	See separate instructions.			
Your first name					our identifying number ee instructions)								
PRIYANKA				KO	SURI				199	199-88-4131			
Home address	(nu	mber a	nd street). If you have a P.C). box, see	instructions.						Apt. ı	10.	
3400 RACH	ΗEΙ	L TEF	RRACE								5		
City, town, or p	ost	office.	If you have a foreign addre	ss, also co	mplete spaces bel	ow.		State		ZIP code			
PINE BROO								NJ		070	58		
Foreign country	/ na	ime		For	eign province/state	/county		Foreig	n postal c	ode			
Filing Status Check only one box.		X Sin	gle				g surviving spous on is a child but n			Estate			
Digital Assets			me during 2023, did you: (a) e dispose of a digital asset						or (b) sell			🗙 No	
Dependents	;							(4) (heck the b	ox if qua	alifies for (s	see inst.):	
(see instructions)			(1) First name Last	name	(2) Depende identifying nu		(3) Relationship to	vou C	hild tax cre	dit	t Credit for other dependents		
								<u>, , , , , , , , , , , , , , , , , , , </u>					
If more than four													
dependents, see instructions and													
check here													
Income	ne 1a Total amount from Form(s) W-2, box 1 (see				ee instructions) .				. 16	a 🗌	8,	700.	
Effectively	I	b Ho	usehold employee wages n	ot reported	d on Form(s) W-2 .				. 11)			
Connected	0		income not reported on lin							>			
With U.S.	0		dicaid waiver payments not	-					. 10	1			
Trade or	e		kable dependent care benef						. 10	-			
Business	1		ployer-provided adoption b						. 1				
Attach			iges from Form 8919, line 6							-			
Form(s) W-2,	i		ner earned income (see instr served for future use	,					. 1	1			
1042-S, SSA-1042-S.	;		served for future use						. 1				
RRB-1042-S, and 8288-A here. Also	I	k Tot	tal income exempt by a trea	ty from Scl	hedule OI (Form 10	40-NR), ite	em L,						
attach	2	z Ado	d lines 1a through 1h						. 1:	z	8,	700.	
Form(s) 1099-R if	28	a Tax	k-exempt interest	2a		b Taxa	ble interest		. 21)			
tax was	38	a Qu	alified dividends	3a		b Ordii	nary dividends .		. 31)			
withheld.	4a		Adistributions				ble amount						
lf you did not get a Form	58		nsions and annuities				ble amount						
W-2, see	6		served for future use							_			
instructions.	7		pital gain or (loss). Attach S		. , .		•			-			
	8 9		ditional income from Sched d lines 1z, 2b, 3b, 4b, 5b, 7	•						-	8	700.	
	10		justments to income from S		-					-	01	100.	
	10				(i onni 1040), inte 2		•	-		b			
	11	Sul	btract line 10 from line 9. Th							1	8,	700.	
	12	Iter	mized deductions (from Soluction (see instructions).	chedule A	(Form 1040-NR)) o	r, for certa				2		850.	
	13a		alified business income dec				1 1						
	I	b Exe	emptions for estates and tru	ists only (s	ee instructions) .		. 13b						
	C	c Ado	d lines 13a and 13b						. 13	c			
	14									•	13,	850.	
	15	Sul	btract line 14 from line 11. li				able income .		. 1			0.	

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

Form 1040-NR (2023)								Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 🗌 88	314 2	4972	3		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line	e3					17	0.
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for other depend	ents from Sched	ule 8812 (For	rm 1040)			19	
	20	Amount from Schedule 3 (Form 1040), line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or les						22	0.
	23a	Tax on income not effectively connected v	vith a U.S. trade	or business f	rom				
		Schedule NEC (Form 1040-NR), line 15							
	b	Other taxes, including self-employment ta						1	
	-	line 21							
	с	Transportation tax (see instructions) .							
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is your total ta						24	0.
Payments	25	Federal income tax withheld from:							
raymente	а	Form(s) W-2			. 25a		736.		
	b	Form(s) 1099					,		
	c	Other forms (see instructions)							
	d	Add lines 25a through 25c						25d	736.
	e	Form(s) 8805						25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	9 26	2023 estimated tax payments and amoun					• •	26	
	27	Reserved for future use						20	
	28								
	20 29	Additional child tax credit from Schedule Credit for amount paid with Form 1040-C							
	29 30	Reserved for future use							
	30 31							-	
		Amount from Schedule 3 (Form 1040), line Add lines 28, 29, and 31. These are your f				radita		20	
	32 33	Add lines 25, 25, and 31. These are your Add lines 25d, 25e, 25f, 25g, 26, and 32.						32 33	736.
Defend	34	If line 33 is more than line 24, subtract line						33	736.
Refund						-	_	35a	736.
Diverse de ressit?	35a	Amount of line 34 you want refunded to y Routing number $\begin{vmatrix} 0 & 2 & 1 & 2 & 0 \end{vmatrix}$			· · · · ·			358	/30.
Direct deposit? See instructions.	b	Account number 3 8 1 0 6 4		c Type:		king ∟. III	Savings		
	d				0				
	е	If you want your refund check mailed to a	in address outsic	le the United	I States not	snown on	page I,		
	00	enter it here.			00			-	
A	36	Amount of line 34 you want applied to yo			. 36				
Amount	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to <i>www.irs</i> .	-		000			07	
You Owe	20				1	 	• •	37	
The local	38	Estimated tax penalty (see instructions)			. 38		e Compl		No No
Third Party		want to allow another person to discuss		IE IRS ? See I	Instructions			ete below.	
Designee	Desig name		Phone			Person numbe	al identifi	cation	
Besignee		penalties of perjury, I declare that I have examine					, ,	a baat of m	
		they are true, correct, and complete. Declaration							
Sign	Your	signature	Date	Your occup	nation		If the	e IRS sent	you an Identity
Here	Tour	Signature	Duto						, enter it here
				STUDENI	2		(see	inst.)	
	Phone	e no.	Email address						
Paid	Prepa	rer's name Prepare	r's signature		Date	e	PTIN	_	eck if:
Preparer	<u>SYAM</u>	PRIYA RAM SAGAR GUPTA TALLAM SYAM P	RIYA RAM SAGAH	R GUPTA TAI	LLAM 02/	10/2024	P02082	<u>2703</u> [Self-employed
•	Firm's	sname GLOBAL TAXES LLC					Phone n	o. (678)	965-9522
Use Only	Firm's	address 245 ROONEY CT E B	RUNSWICK N	J <u>08816</u>			Firm's El		3171965
Go to www.irs.g	gov/Foi	m1040NR for instructions and the latest inform	mation.	E	BAA RE	V 02/05/24 PRC)	Form	1040-NR (2023)

SCHEDULE NEC
(Form 1040-NR)

Department of the Treasury

on Schedule D (Form 1040),

Form 4797, or both.

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

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Internal Revenue Service Name shown on Form 1040-NR

6 72 Attachment Sequence No. 7B

Your identifying number

199-88-4131

PRIYANKA KOSURI

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

	Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other	r (specify)
	Nature of income		(a) 10%	(b) 15%	(C) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b					
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations	2b					
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	Winnings						
b	Losses	10c					
11	Gambling – Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11					
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column	14					
15	Tax on income not effectively connected with a U.S. trade or business. Add column					-NR, line 23a 15	
	Capital Gains and Losses F	rom	Sales or Excha	nges of Proper	y		
losses t exchan within t	nly the capital gains and rom property sales or ges that are from sources he United States and not 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date acqu mm/dd/yy		(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. s. 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					<u> </u>	
(Form 1						<u> </u>	
exchan	property sales or ges that are effectively					<u> </u>	
connec	ted with a U.S. business 17 Add columns (f) and (a) of line 16				17	$ \langle \rangle\rangle$	

17 Add columns (f) and (g) of line 16 17 (

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-. .

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

Schedule NEC (Form 1040-NR) 2023

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SCHEDULE 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

Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form1040NR for instructions and the latest information. Answer all questions.					Attachment Sequence No. 7C		
Name sh	nown on Form 1040-NF	}				Your identifyi			
PRIY	PRIYANKA KOSURI			199-8			4131		
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?								
2.	A green card holder (lawful permanent resident) of the United States?								
_	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.								
Е	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. F1								
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?								
~	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,								
	check the box for Canada or Mexico and skip to item H								
	Date entered Uni		Date departed United Stat		te entered United State		parted Unite	d States	
	mm/dd/		mm/dd/yy		mm/dd/yy		mm/dd/yy	u Otates	
н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:								
	2021, 2022, and 2023365								
I	Did you file a U.S.	income tax	return for any prior year? .				Yes	🗙 No	
	If "Yes," give the latest year and form number you filed: Are you filing a return for a trust?								
J	Are you filing a return for a trust? Yes X 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	
к	U.S. person, or receive a contribution from a U.S. person?								
IX.									
L	Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country.								
	complete (1) through (3) below. See Pub. 901 for more information on tax treaties.								
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 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	ns (d) A	(d) Amount of exempt		
			-		claimed in prior tax ye	ars incom	e in current ta	ax year	
	(e) Total Enter th	is amount o	n Form 1040-NR line 1k D	o not enter it anvwher	o not enter it anywhere 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 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?							No	
	Are you claiming treaty benefits pursuant to a Competent Authority determination?								
	If "Yes," attach a copy of the Competent Authority determination letter to your return.								
М	Check the applicable box if:								
1.	This is the first year	ar you are m	aking an election to treat in		•		-	onnected	
	with a U.S. trade or business under section 871(d). See instructions								
2.			a previous year that has					ne United	
			d with a U.S. trade or busin					· · 📋	
For Pa	perwork Reduction	Act Notice,	see the Instructions for Fo	rm 1040-NR. B	AA REV 02/05/24 PRO	Schedule	OI (Form 104	0-NR) 2023	