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.

Submission Identification Number (SID)

Taxpay	er's name	Social securit	y numb	er
NIF	EESHA ALLTHOLA	016-04-	-2371	L
Spouse	Spouse's soc	ial secu	rity number	
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	/ r year you a	re aut	horizing.)
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	28,416.
2	Total tax		2	1,529.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,814.
4	Amount you want refunded to you		4	2,285.
5	Amount you owe		5	
Dar	Taxpayer Declaration and Signature Authorization (Be sure you get and		vofv	our return)

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

X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	4
			ERO firm name		Er

			gits, all ze		as my
4	2	3	7	1	

Enter five digits, but don't enter all zeros

as mv

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	a one box only	
l authorize		to enter or generate my PIN
-	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			0 all zei	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 >	Date ►
	tain This Form — See Instructions rm to the IRS Unless Requested To Do So

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

1040	-1	Department of the Treasury-Interr U.S. Nonresident Ali	nal Reven en Inc	ue Service Come Tax R	eturn	2023	OMB No. 1	545-0074		nly-Do not write e in this space.		
For the year Jan	. 1–C	ec. 31, 2023, or other tax year beginn						, 20		e separate structions.		
Your first name	and 1	niddle initial	Last name Yo					Your i	Your identifying number see instructions)			
NIREESHA			ALLTI	HOLA				016	016-04-2371			
Hind Holling Hind Holling Hind Holling								010		Apt. no.		
207, MANOR		· •								2		
		fice. If you have a foreign address, als	so compl	ete spaces belo	Ν.		State		ZIP cod	le		
HARRISON							NJ		0702	9		
Foreign country	nam	e	Foreign	province/state/	county		Foreigr	postal co	ode			
Filing Status Check only one box.		Single				surviving spouse			state	Trust		
Digital Assets	At a othe	ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a fi										
Dependents										es for (see inst.):		
(see instructions):				(2) Depender			C	nild tax cre	-lit Cr	edit for other		
		(1) First name Last name		identifying nun	IDer	(3) Relationship to	you		(dependents		
If more than four												
dependents, see												
instructions and check here												
Income	1a	Total amount from Form(s) W-2, box	1 (see ir	nstructions)				 . 1a		28,416.		
Effectively	b	Household employee wages not rep		,						20,110.		
Connected	c	Tip income not reported on line 1a (s										
With U.S.	d	Medicaid waiver payments not repor						. 10	1			
Trade or	е	Taxable dependent care benefits fro						. 16	,			
Business	f	Employer-provided adoption benefit	s from Fo	orm 8839, line 29	θ			. 11	:			
	g	Wages from Form 8919, line 6							1			
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .			· · · · ·		. 11	1			
1042-S,	i	Reserved for future use 1i										
SSA-1042-S,	j	Reserved for future use										
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from										
here. Also		line 1(e)						_		00.44.6		
attach Form(s)	z	Add lines 1a through 1h		· · · · ·	· · ·			. 1z		28,416.		
1099-R if	2a	Tax-exempt interest 2a				ble interest						
tax was withheld.	3a 4a	Qualified dividends . . 3a IRA distributions . . 4a				hary dividends . ble amount						
If you did not	4a 5a	Pensions and annuities				ble amount			-			
get a Form	5а 6	Reserved for future use										
W-2, see	7	Capital gain or (loss). Attach Schedu										
instructions.	8	Additional income from Schedule 1 (, ,		•						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		· ·						28,416.		
	10	Adjustments to income from Schedu	ule 1 (Fo	rm 1040), line 26	6. These a	are your total ac	ljustment	s to		<u> </u>		
	11	income							_	28,416.		
	12	Itemized deductions (from Schedu		-						201710.		
	14	deduction (see instructions)								13,850.		
	13a	Qualified business income deduction				1 1			-			
	b	Exemptions for estates and trusts or										
	с	Add lines 13a and 13b						. 13	c			
	14	Add lines 12 and 13c							_	13,850.		
·	15	Subtract line 14 from line 11. If zero	or less, e	enter -0 This is	your taxa	ble income	<u> </u>	. 15	5	14,566.		
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate ins	tructions.				Form 10	40-NR (2023)		

Form 1040-NR (2023)								Page 2
Tax and	16	Tax (see instructions). Check if any from I	-orm(s): 1 🗌 8	314 2	4972	3		16	1,529.
Credits	17	Amount from Schedule 2 (Form 1040), li	ne3					17	0.
	18	Add lines 16 and 17						18	1,529.
	19	Child tax credit or credit for other deper	Idents from Sched	ule 8812 (For	m 1040)			19	
	20	Amount from Schedule 3 (Form 1040), li	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or le	enter -0		_.			22	1,529.
	23a	Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15							
	b	Other taxes, including self-employment line 21		•					
	с	Transportation tax (see instructions)							
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is your total						230	1,529.
Dovrmanta	25	Federal income tax withheld from:					• •	24	1, 329.
Payments		Form(s) W-2			. 25a	2	01 Л		
	a h						,814.	-	
	b	Form(s) 1099						-	
	C	Other forms (see instructions)						05-1	2 01/
	d	Add lines 25a through 25c						25d	3,814.
	e	Form(s) 8805					• •	25e	
	f	Form(s) 8288-A					• •	25f	
	g	Form(s) 1042-S					· ·	25g	
	26	2023 estimated tax payments and amou			1			26	
	27	Reserved for future use							
	28	Additional child tax credit from Schedule	•					-	
	29	Credit for amount paid with Form 1040-							
	30	Reserved for future use							
	31	Amount from Schedule 3 (Form 1040), li							
	32	Add lines 28, 29, and 31. These are you						32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32	•					33	3,814.
Refund	34	If line 33 is more than line 24, subtract li			-	-	_	34	2,285.
	35a	Amount of line 34 you want refunded to					. 🗆	35a	2,285.
Direct deposit?	b	Routing number 0 7 1 0 0 0		c Type:	X Checl	king 🗌 S	Savings		
See instructions.	d	Account number 7 6 6 0 1	6 8 2 5						
	e	If you want your refund check mailed to enter it here.	an address outsic	le the United	States not	shown on	page 1,		
	36	Amount of line 34 you want applied to	our 2024 estimat	ed tax .	. 36]			
Amount	37	Subtract line 33 from line 24. This is the							
You Owe		For details on how to pay, go to www.irs	s.gov/Payments or	see instructio	ons			37	
	38	Estimated tax penalty (see instructions)			. 38				
Third	Do yo	u want to allow another person to discus	s this return with th	ne IRS? See ir	nstructions	. 🗌 Ye	s. Compl	ete below.	X No
Party	Desig	nee's	Phone	1		Person	al identifi	cation	
Designee	name		no			numbe			
		penalties of perjury, I declare that I have exami they are true, correct, and complete. Declaratic							
Sign	Your	signature	Date	Your occupa	ation		If the	e IRS sent y	ou an Identity
Here		-					Prote	ection PIN,	enter it here
				EMPLOYE	E		(see	inst.)	
	Phone		Email address						
Paid	Prepa	rer's name Prepar	er's signature		Date		PTIN		eck if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA RAM SAGAN	R GUPTA TAL	LLAM 03/1	13/2024	P02082	2703 🛛	Self-employed
•	Firm's	name GLOBAL TAXES LLC					Phone n	o . (678)	965-9522
Use Only	Firm's	address 245 ROONEY CT E	BRUNSWICK N	J 08816			Firm's El		3171965
Go to www.irs.g	gov/Foi	m1040NR for instructions and the latest info	ormation.	B	AA REV	/ 03/04/24 PRC		Form	1040-NR (2023)

SCHEDULE NEC (Form 1040-NR)

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.

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR Attachment Sequence No. 7B Your identifying number

2

NIREESHA ALLTHOLA

016-04-2371

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

Nature of Income					(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)
					(a) 10%	(b) 15%	(C) 30%	%	%
1	Dividends and divide	end equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b	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		orations		2b					
с			-	2c					
3		atents, trademarks, etc.)		3					
4		copyright royalties		4					
5		rights, recording, publishing, etc.)		5					
6		e and natural resources royalties		6					
7		es		7					
8		ïits		8					
9		e 18 below		9					
10									
а									
b	Losses			10c					
11		s of countries other than Canada.		11					
12	Other (specify):								
				12					
13	-	12 in columns (a) through (d)		13					
14		ate of tax at top of each column		14					
15	Tax on income not e	ffectively connected with a U.S. trade or busines						-NR, line 23a 15	
		Capital Gains and	d Losses Fr	om	Sales or Excha	nges of Proper	У		r
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 acquir 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.								
or loss	on disposing of a U.S. real ty interest; report these								
gains a	nd losses on Schedule D								
(Form 1	•								
exchan	property sales or ges that are effectively								
	ted with a U.S. business edule D (Form 1040),								
	797, or both.	18 Capital gain. Combine columns (f) and	(g) of line 17.	Ente	r the net gain here	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.

OMB No. 1545-0074
2023
Attachment

	ent of the Treasury Revenue Service	Go to www.irs.gov/Form1040N	R for instructions and wer all questions.	the latest information.		Attachment	. 70
	nown on Form 1040-NR	Alla	wer all questions.		Your identifyi	Sequence N	0. 70
	ESHA ALLTHOLA				016-04-	-	
A		ntries were you a citizen or nation	al during the tax year?	ΤΝΟΤΑ			
В		u claim residence for tax purpose					
c	Have you ever applied t	to be a green card holder (lawful p	permanent resident) of	the United States?		Yes	No
D	Were you ever:		· · · · · · · · · · · · · · · · · · ·				
1.	•					Yes	🛛 No
2.		vful permanent resident) of the Ur					🛛 No
		1) or (2), see Pub. 519, chapter 4,					
Е		e last day of the tax year, enter	your visa type. If you o	didn't have a visa, ent	er your U.S.		
	immigration status on th	he last day of the tax year. $F1$					
F	Have you ever changed	I your visa type (nonimmigrant sta	tus) or U.S. immigratio	n status?		🗌 Yes	🗙 No
	If you answered "Yes,"	indicate the date and nature of th	e change:				
G	List all dates you entere	ed and left the United States durin	g 2023. See instructior	ns.			
		nt of Canada or Mexico AND co					
		ada or Mexico and skip to item I					
	Date entered United S mm/dd/yy	tates Date departed United Stat mm/dd/yy	es Dat	te entered United States mm/dd/yy	s Date de	parted United mm/dd/yy	d States
	mini/dd/yy	nini/dd/yy		mm/dd/yy		mm/du/yy	
			—				
н	Give number of days (inc	cluding vacation, nonworkdays, and	d partial days) you were	present in the United S	States during		
		, 2022					
I	Did you file a U.S. incor	me tax return for any prior year? .				X Yes	🗌 No
		year and form number you filed:					
J	Are you filing a return fo	or a trust?				Yes	🗙 No
		ave a U.S. or foreign owner under					
		a contribution from a U.S. person					No No
K	•	mpensation of \$250,000 or more	• •				🛛 No
	•	alternative method to determine					No
L	complete (1) through (3)	Tax—If you are claiming exempt) below. See Pub. 901 for more in	formation on tax treatie	es.	-	-	-
1.		ountry, the applicable tax treaty an ne in the columns below. Attach F			claimed the	treaty benefi	t, and the
		(a) Country	(b) Tax treaty article	(c) Number of month		mount of exe	
				claimed in prior tax yes	ars income	e in current ta	ax year
	(e) Total. Enter this am	ount on Form 1040-NR, line 1k. E	o not enter it anywher	e else on line 1			
2.		in a foreign country on any of the	-			Yes	No
	•	benefits pursuant to a Competen				Yes	🗙 No
	If "Yes," attach a copy of	of the Competent Authority deterr	mination letter to your r	eturn.			
М	Check the applicable be						
1.		are making an election to treat in		•		-	onnected
-		siness under section 871(d). See in					· · 🗋
2.		ction in a previous year that has					
		nnected with a U.S. trade or busin	1040 ND				
For Pa	perwork Reduction Act N	Notice, see the Instructions for Fo	orm 1040-NR. B	AA REV 03/04/24 PRO	Schedule	OI (Form 1040	J-NR) 2023