8879 Form

(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 Revenue Service Control of the latest information. | 1 | | |
|---|---|--|---|
| Submission Identification Number (SID) | | | |
| Taxpayer's name | Social security | number | |
| POOJITHA KAMI REDDY | 4002 | | |
| Spouse's name | | al security number | |
| | | | |
| | nter year you ar | e 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. | ı | 1 | |
| 1 Adjusted gross income | H | | 812. |
| 2 Total tax | | | 457. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | <u>462.</u> |
| 4 Amount you want refunded to you | | | 005. |
| 5 Amount you owe | | 5 | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen | | | |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. | ne U.S. Treasury and tindicated in the taxitution to debit the cinate the authorizating requests must be the processing of the payment. I furth | d its designated Fix or preparation softwantry to this accountion. To revoke (careceived no later the electronic paymer acknowledge the | nancial vare for nt. This ancel) a than 2 ment of hat the |
| | | | |
| Taxpayer's PIN: check one box only | 5 | 4 0 0 2 | |
| X I authorize GLOBAL TAXES LLC to enter or gener | ř Ente | er five digits, but | as my |
| signature on the income tax return (original or amended) I am now authorizing. | don | t enter all zeros | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | |
| Your signature ► Date | > | | |
| Consider DINIs about one however | | | |
| Spouse's PIN: check one box only | . 511 | | |
| I authorize to enter or gener | - | | as my |
| signature on the income tax return (original or amended) I am now authorizing. | | er five digits, but 't enter all zeros | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | |
| Chausa's signature N | | | |
| Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be | | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | IO VV | | |
| Certification and Addientication — Fractitioner File Wethod Only | | | $\overline{}$ |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 | 2 2 4 9 6 Don't ente | | 1 |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers | submitting this retur | n in accordance w | m now vith the |
| ERO's signature ▶ Date | | | |
| ERO Must Retain This Form — See Instructions | | | |

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

2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| For the year Jar | n. 1–C | ec. 31, 2023, or other tax year begin | ning | , 2023, | ending | | 20 | | nstructions. | |
|------------------------------------|---|---|------------|-----------------------------|--------------------------|---------------------|-------------------|----------------------------|------------------|--|
| Your first name and middle initial | | | | | | | | Your identifying number | | |
| | | | | | | | | (see instructions) | | |
| POOJITHA | | | | REDDY | 280- | 280-35-4002 | | | | |
| Home address | (numl | per and street). If you have a P.O. bo | x, see ins | structions. | | | | | Apt. no. | |
| 693 E ROY | | | | | | | | | | |
| City, town, or p | ffice. If you have a foreign address, a | | | | | ode | | | | |
| IRVING | | | | | TX | | | 750 | 39 | |
| Foreign country name | | | | n province/state/county | | Foreign postal code | | | | |
| | | | | | | | | | | |
| Filing | | | | | | | | | ☐ Trust | |
| Status | If | you checked the QSS box, enter the | child's na | ame if the qualifying pers | endent: | | | | | |
| Check only one box. | | | | | | | | | | |
| | Δta | ny time during 2023, did you: (a) rec | oive (as a | reward award or navm | ent for property or se | ervices): c | or (h) sell e | vcha | nge or | |
| Digital Assets | othe | erwise dispose of a digital asset (or a | financial | interest in a digital asset | ;)? (See instructions.) | | | | Yes 🔀 No | |
| Dependents | | | | | | (4) Ch | eck the box | k the box if qualifies for | | |
| (see instructions): | 1 | (4) First range | | (2) Dependent's | (O) Deletie seleie te co | Chi | ld tax credi | ı İ | Credit for other | |
| | | (1) First name Last name | 9 | identifying number | (3) Relationship to yo | ou | | | dependents | |
| If more than four | | | | | | | - | | | |
| dependents, see | | | | | | | | | | |
| instructions and check here | | | | | | | $\overline{\Box}$ | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | x 1 (see i | instructions) | | | . 1a | Τ | 27,812 | |
| Effectively | b | Household employee wages not re | • | • | | | | | | |
| Connected | С | Tip income not reported on line 1a | | | | | | | | |
| With U.S. | d | Medicaid waiver payments not rep | orted on I | Form(s) W-2 (see instruct | tions) | | . 1d | | | |
| Trade or | е | Taxable dependent care benefits fr | om Form | 2441, line 26 | | | . 1e | | | |
| Business | f | Employer-provided adoption benef | its from F | orm 8839, line 29 . | | | . 1f | | | |
| Attach | g | g Wages from Form 8919, line 6 | | | | | | | | |
| Form(s) W-2, | h | . 1h | | | | | | | | |
| 1042-S, | i | | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | . <u>1j</u> | | | | | | | | |
| and 8288-A | k | | | | | | | | | |
| here. Also attach | - | . 1z | 1 | 27,812 | | | | | | |
| Form(s) | 2 2a | z Add lines 1a through 1h | | | | | | | 27,012 | |
| 1099-R if tax was | 3a | | | | | | | | | |
| withheld. | 4a | IRA distributions | . 3b | | | | | | | |
| If you did not | 5a | | ia | | able amount | | | | | |
| get a Form W-2, see | 6 | . 6 | | | | | | | | |
| instructions. | 7 | 7 | | | | | | | | |
| | 8 Additional income from Schedule 1 (Form 1040), line 10 | | | | | | | | | |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income | | | | | | | | 27,812 | |
| | 10 | to . 10 | | | | | | | | |
| | 11 | . 11 | | 27,812 | | | | | | |
| | 12 | ard eaty 12 | | 13,850 | | | | | | |
| | 13a | - | | | | | | | | |
| | 13a Qualified business income deduction from Form 8995 or Form 8995-A . b Exemptions for estates and trusts only (see instructions) 13b | | | | | | | | | |
| | С | Add lines 13a and 13b | | | | | . 13c | | | |
| | 14 | | | | | | | | 13,850 | |
| | 15 | Subtract line 1/1 from line 11. If zero | or less | antar -0- This is your ta | vahla incomo | | 15 | 1 | 13 962 | |

Form 1040-NR (2023) Page **2**

| Tax and | 16 | Tax (see instructions). Check if any | from For | rm(s): 1 | 88 | 314 2 | 497 | 72 3 | B 🗆 | | 16 | 1,457. |
|--------------------------------------|----------------|--|-----------|----------------------|-------|--------------|-----------|----------|----------|----------|---|-----------------|
| Credits | | | | | | | | | | 17 | 0. | |
| 0.000 | 18 | Add lines 16 and 17 | | | | | | | | | 18 | 1,457. |
| | 19 | Child tax credit or credit for other | | | | | | | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1) | • | | | • | | , | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If ze | | | | | | | | | 22 | 1,457. |
| | 23a | Tax on income not effectively con Schedule NEC (Form 1040-NR), lii | nected w | vith a U.S. tra | ade d | or busines | s from | 23a | | | | 2, 33.10 |
| | b | Other taxes, including self-employline 21 | • | | | • | | 23b | | | | |
| | С | Transportation tax (see instruction | ns) | | | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your | total ta | x | | | | | | | 24 | 1,457. |
| Payments | 25 | Federal income tax withheld from | : | | | | | | | | | |
| • | а | Form(s) W-2 | | | | | | 25a | | 3,462. | | |
| | b | Form(s) 1099 | | | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | | 25d | 3,462. |
| | е | Form(s) 8805 | | | | | | | | | 25e | · |
| | f | Form(s) 8288-A | | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and | | | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | | | 27 | | | | |
| | 28 | Additional child tax credit from So | | | | | | 28 | | | - | |
| | 29 | Credit for amount paid with Form | | • | , | | | 29 | | | 1 | |
| | 30 | Reserved for future use | | | | | | 30 | | | 1 | |
| | 31 | | | | | | | 31 | | | - | |
| | 32 | Amount from Schedule 3 (Form 1040), line 15 | | | | | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, a | - | | | | | | | | 33 | 3,462. |
| D - f 1 | 34 | If line 33 is more than line 24, sub | | | | | | | | | 34 | |
| Refund | | | | | | | | • | - | | | 2,005. |
| D: | 35a | - | | | | | | | | | 35a | 2,005. |
| Direct deposit? See instructions. | b | Routing number 1 1 1 0 0 0 6 1 4 c Type: 🗵 Checking 🗆 Savings | | | | | | | | | | |
| Coo mondonono. | d | Account number 8 1 6 6 8 3 2 7 7 | | | | | | | | | | |
| | е | If you want your refund check ma | iled to a | n address ou | utsid | e the Unit | ted Stat | es not | shown on | page 1, | | |
| | | enter it here. | | | | | | .11 | | | - | |
| | 36 | Amount of line 34 you want applied | | | | ed tax | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This | | - | | | | | | | | |
| You Owe | | For details on how to pay, go to w | - | iov/Payment | s or | see instru | ctions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instruc | | | | | | 38 | | | | N |
| Third | Do yo | ou want to allow another person to | discuss t | his return wi | th th | e IRS? Se | ee instru | ictions. | L Ye | es. Comp | lete bel | ow. 🗵 No |
| Party Designee | name | | | | | | | | | | | |
| 0. | | penalties of perjury, I declare that I have they are true, correct, and complete. De | | | | | | | | | | |
| Sign Here | Your signature | | | Date Your occupation | | | | | Prot | ection | ent you an Identity PIN, enter it here | |
| | | | | | | F'ULL | STACE | K DEV | ELOPEF | (see | inst.) | |
| | Phon | | | Email addre | ess | | | T . | | DT'L | | |
| Paid | Prepa | ırer's name | Preparer | 's signature | | | | Date | | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PR | RIYA RAM SA | AGAR | GUPTA : | TALLAM | 02/1 | 9/2024 | P0208 | 2703 | Self-employed |
| Use Only | Firm's | sname GLOBAL TAXES L | LC | | | | Phone | | | Phone n | o. (6' | 78)965-9522 |
| Coc Only | Firm's | s address 245 DOONEY CO | םם ים יו | NOT WOLLING | M | т 0881 | 6 | | | Firm's F | IN 8 | 4-3171965 |

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. Attachment Sequence No. **7B**

Name shown on Form 1040-NR Your identifying number 280-35-4002 POOJITHA KAMI REDDY Enter amount of income under the appropriate rate of tax. See instructions.

| | N | | | | | | (d) Other | (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) trans | nsactions | 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. | | | | | | NR, line 23a 15 | _ |
| | Capital Gains and I | Losses F | rom | Sales or Excha | inges of Proper | ty | | |
| losses f exchan- within t | ges that are from sources the United States and not (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). |
| | rely connected with a U.S. ss. Do not include a gain | | | | | | | |
| | on disposing of a U.S. real | | | | | | | |
| | nd losses on Schedule D | | | | | | | |
| • | property sales or | | | | | | | |
| exchan | ges that are effectively | | | | | | / | |
| on Sche | adula D (Form 1040) 17 Add Coldinins (i) and (g) of fine 10 | | | | | | | |
| Form 4 | 18 Capital gain. Combine columns (f) and (g) | or line 17. | . ⊏nte | i ine nei gain ner | e and on line 9 ab | ove. II a loss, ente | r -0 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

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.

Attachment Sequence No. **7C**

| PO | OJITHA KAMI REDDY | | | 280-35-4002 | | | | | | | |
|----|---|--|---------------------------------------|------------------------|--|--|--|--|--|--|--|
| 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? | | | 🗆 | ∕es ⊠No | | | | | | |
| 2 | 2. A green card holder (lawful permanent resident) of the Ur | | | | | | | | | | |
| | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, | | | | | | | | | | |
| 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. | | | | | | | | | | |
| | 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: | | | | | | | | | | |
| 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 skip to item h | <u>1.</u> <u>.</u> | 🗌 Canada | Mexico | | | | | | | |
| | Date entered United States Date departed United State | es | Date entered United State | s Date departed | United States | | | | | | |
| | mm/dd/yy mm/dd/yy | | mm/dd/yy | mm/d | d/yy | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including vacation, nonworkdays, and | | · · · · · · · · · · · · · · · · · · · | _ | | | | | | | |
| | 2021, 2022 | , and | 1 2023 365 | · | | | | | | | |
| ı | Did you file a U.S. income tax return for any prior year? . | | | 🗆 | ∕es ⊠No | | | | | | |
| | If "Yes," give the latest year and form number you filed: | | | | | | | | | | |
| J | Are you filing a return for a trust? | | | 🗀 ነ | ∕es ⊠ No | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner under | | | | | | | | | | |
| | U.S. person, or receive a contribution from a U.S. person | ? | | · · · · □\ | · | | | | | | |
| K | | d you receive total compensation of \$250,000 or more during the tax year? | | | | | | | | | |
| | If "Yes," did you use an alternative method to determine | | • | | | | | | | | |
| L | Income Exempt From Tax—If you are claiming exempt | | | tax treaty with a fo | reign country, | | | | | | |
| | complete (1) through (3) below. See Pub. 901 for more in | | | | | | | | | | |
| | Enter the name of the country, the applicable tax treaty and | | | claimed the treaty b | enefit, and the | | | | | | |
| | amount of exempt income in the columns below. Attach Fo | | | | | | | | | | |
| | (a) Country | (b) Tax treaty artic | 1 2 2 2 2 2 | | | | | | | | |
| | | | claimed in prior tax ye | ars income in curi | —————————————————————————————————————— | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. D | l On not enter it anvo | /here else on line 1 | | | | | | | | |
| • | Were you subject to tax in a foreign country on any of the | - | | | ∕es No | | | | | | |
| | Are you claiming treaty benefits pursuant to a Competent | | . , | | | | | | | | |
| • | If "Yes," attach a copy of the Competent Authority determ | • | | | . 55 🔼 140 | | | | | | |
| М | Check the applicable box if: | imadon letter to yo | our roturn. | | | | | | | | |
| | This is the first year you are making an election to treat in | ncome from real pro | operty located in the Unite | ed States as effective | elv connected | | | | | | |
| | 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 | | | | | | | | | | |