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

Subm	nission Identification Number (SID)						
Taxpay	yer's name	Social securit	al security number				
SRA	AVANI KALWA	793-62-	-7133				
Spouse	e's name	Spouse's social security number					
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re auth	orizing.)			
	whole dollars only on lines 1 through 5.	, ,		<u> </u>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	20,	500.		
2	Total tax		2		668.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,	532.		
4	Amount you want refunded to you		4		864.		
5	Amount you owe		5				
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of yo	ur retur	n)		
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmount my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejuy delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Loto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated in the financial information is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I adonic Funds Withdrawal Consent.	itter, or electro- ection of the tr. S. Treasury are icated in the ta on to debit the et the authoriza- uests must be processing of bayment. I furt	onic returnation ansmiss and its de ax preparentry to ation. To a receive the electrical and a recking and a receive acking a character acking answers.	rn originate ion, (b) the esignated F ration soft this account revoke (ced no later ctronic paynowledge	or (ERO) e reason Financial ware for unt. This rancel) a r than 2 ment of that the		
Тахр	ayer's PIN: check one box only						
	▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN 2	7 1	3 3	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five di n't enter		,		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.						
Your	signature ► Stavant Date ► 1	1-02-2024					
Spou	se's PIN: check one box only						
L	I authorize to enter or generate				as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five di n't enter :	gits, but all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.						
Spou	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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 4 9 Don't ente		8 2 7 os	1		
autho	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income t rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subn ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	itting this retu	rn in ac	cordance			
EB○'	s signature ▶ Date ▶						
<u> </u>	ERO Must Retain This Form — See Instructions						

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 Ja	n. 1–[ec. 31, 2023, or other tax year beginn	ing		, 2023,	ending	,	20		structions.	
Your first name and middle initial			Last name				Your identifying number (see instructions)				
SRAVANI			KALW	A				793-6	793-62-7133		
Home address (number and street). If you have a P.O. box			, see ins	tructions.						Apt. no.	
		ROOKE WAY									
City, town, or p	ost o	ffice. If you have a foreign address, als	so comp	lete spaces belo	w.		State	7	ZIP cod	de	
WESTERVII		,	·	·			ОН		43081		
Foreign country		e	Foreia	n province/state/	county			ign postal code			
	,				,		3				
Filing Status	☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent									☐ Trust	
Check only one box.		you checked the QSS box, enter the c	niia's na	ame if the qualify	ng per	son is a child but not	your aep 	enaent: 			
Digital Assets	At a other	ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a fi								ge, or Yes 🔀 No	
Dependents	3						(4) Ch	eck the box	if qualifie	es for (see inst.):	
(see instructions)	:	(4) First name			pendent's	(2) Dalatianal : :		ld tax credit		edit for other	
		(1) First name Last name		identifying nur	ibei	(3) Relationship to yo	u		-	dependents	
If more than four	. —										
dependents, see											
instructions and								<u> </u>			
check here								Ц			
Income	1a	Total amount from Form(s) W-2, box	,	,						20,500.	
Effectively	b	Household employee wages not rep									
Connected	С	Tip income not reported on line 1a (s	see instr	uctions)				. 1c			
With U.S.	d	Medicaid waiver payments not repor		, ,		•		. 1d			
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 26 .				. 1e			
Business	f	' ' '									
A44h	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	k	Total income exempt by a treaty from	n Sched	ule OI (Form 104	0-NR),	item L,					
here. Also		line 1(e)				1k					
attach	z	Add lines 1a through 1h						. 1z		20,500.	
Form(s) 1099-R if	2 a	Tax-exempt interest 2a	ı		b Ta	xable interest		. 2b			
tax was	3a	Qualified dividends 3a	ı		b Ord	dinary dividends		. 3b			
withheld.	4a	IRA distributions 4a	ı		b Ta	xable amount		. 4b			
If you did not	5a	Pensions and annuities 5a	ı		b Ta	xable amount		. 5b			
get a Form W-2, see	6	Reserved for future use	. 6								
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. This is your total effectively connected income								20,500.	
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income										
	11	. 11		20,500.							
	12	Itemized deductions (from Schedu	le A (Fo	rm 1040-NR)) or	for ce	rtain residents of Indi	a, standa	ard			
	deduction (see instructions)									13,850.	
	13a	Qualified business income deduction									
	b	Exemptions for estates and trusts or									
	c	,									
	14									13,850.	
	15	Subtract line 14 from line 11. If zero								6,650.	

Form 1040-NR (2	2023)											Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): 1	314 2	4972	2 3			16		668.
Credits	17	Amount from Schedule 2 (Form								17		0.
	18	Add lines 16 and 17										668.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)										
	20	Amount from Schedule 3 (Form 1040), line 8										
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0						22		668.
	23a	Tax on income not effectively co	nnected w	ith a U.S. trade	or business t	from						
		Schedule NEC (Form 1040-NR),	line 15 .				23a					
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 10	040),						
		line 21					23b					
	С	Transportation tax (see instruction	ons)				23c					
	d	Add lines 23a through 23c								23d		
	24	Add lines 22 and 23d. This is yo	ur total ta :	x						24		668.
Payments	25	Federal income tax withheld from	m:									
-	а	Form(s) W-2				.	25a		1,532.			
	b	Form(s) 1099				.	25b					
	С	Other forms (see instructions) .					25c					
	d	Add lines 25a through 25c								25d		1,532.
	е	Form(s) 8805								25e		
	f	Form(s) 8288-A								25f		
	g	Form(s) 1042-S								25g		
	26	2023 estimated tax payments ar	nd amount	applied from 20	22 return .					26		
	27	Reserved for future use					27					
	28	Additional child tax credit from S	Schedule 8	812 (Form 1040)		.	28					
	29	Credit for amount paid with Forn	n 1040-C			.	29					
	30	Reserved for future use				.	30					
	31 Amount from Schedule 3 (Form 1040), line 15											
	32	Add lines 28, 29, and 31. These	are your t o	otal other paym	ents and re	funda	ble cr	edits .		32		
	33	Add lines 25d, 25e, 25f, 25g, 26	, and 32. T	hese are your to	tal paymen	nts .				33		1,532.
Refund	34	If line 33 is more than line 24, su	btract line	24 from line 33.	This is the a	amoun	t you c	verpaid		34		864.
	35a	Amount of line 34 you want refu							🗆	35a		864.
Direct deposit?	b	Routing number 0 4 4 0			c Type:	×	Check	ing \Box	Savings			
See instructions.	d	Account number 7 6 8 9	9 5 3	5 8 7								
	е	, , , , , , , , , , , , , , , , , , ,										
		enter it here.										
	36	Amount of line 34 you want app	lied to you	ur 2024 estimat			36					
Amount	37	Subtract line 33 from line 24. Th		=								
You Owe		For details on how to pay, go to	_			ions .				37		
	38											
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.										low.	⊠ No
Party	Designee's Phone Personal identif								fication			
Designee	name nonumber (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										nowledge and	
	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which											
Sign	Your	signature		Date	Your occup	pation			I .		•	u an Identity
Here											PIN, e	nter it here
					SYSTEM	ANA.	LYST		(see	inst.)		
	Phone		Decre : :	Email address		-	D		DTIN		<u> </u>	
Paid	Preparer's name Preparer's signature Date PTIN							0000	Chec			
Preparer		PRIYA RAM SAGAR GUPTA TALLAM	IYA RAM SAGAI	R GUPTA TA	LLAM	02/1	1/2024	P0208			self-employed	
Use Only	Firm's name GLOBAL TAXES LLC Phone no										65-9522	
· · · · · · · · · · · ·	Eirm'	addrona OAF DOONIES C	Firm's address 245 DOMEN OF E DRINGHTON N.T. 00016									71065

BAA

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

connected with a U.S. business

on Schedule D (Form 1040).

Form 4797, or both.

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

793-62-7133 SRAVANI KALWA Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). 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 property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively

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

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-

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**

Your identifying number

Internal Revenue Service Name shown on Form 1040-NR

SRAV	/ANI KALWA				793-62-71	33						
Α	Of what country or countries v	vere you a citizen or nationa	al during the tax ye	ear? INDIA								
В	In what country or countries were you a citizen or national during the tax year? INDIA 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 p	ermanent resident	t) of the United States? .		☐ Yes	⊠ No					
D	Were you ever:											
1.						☐ Yes	⊠ No					
2.						☐ Yes	⊠ No					
	2. A green card holder (lawful permanent resident) of the United States?											
E	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.											
_												
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?											
G	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							
	Date entered United States	Date departed United State		Date entered United State		tod I Inito	d Ctataa					
	mm/dd/yy	mm/dd/yy	es	mm/dd/yy		im/dd/yy	J States					
н	Give number of days (including	vacation nonworkdays and	 I nartial days) you y	were present in the United S	States during:							
••		, 2022										
	Did you file a U.S. income tax	return for any prior year?	, and	2020	··•	Yes	⊠ No					
•	If "Yes," give the latest year ar	nd form number you filed:										
J	Are you filing a return for a trus	st?				☐ Yes	⊠ No					
•	If "Yes," did the trust have a											
	U.S. person, or receive a contr					Yes	□No					
K	Did you receive total compens	sation of \$250,000 or more	during the tax vear	r?		☐ Yes	⊠ No					
	If "Yes," did you use an alterna					Yes	□ No					
L	Income Exempt From Tax—If											
	complete (1) through (3) below				,		, , , , , , , , , , , , , , , , , , ,					
1.	Enter the name of the country,	the applicable tax treaty art	icle, the number of	months in prior years you	claimed the trea	aty benefi	t, and the					
	amount of exempt income in the											
	(a) Cou	ıntry	(b) Tax treaty artic	cle (c) Number of month	ns (d) Amo	(d) Amount of exempt						
				claimed in prior tax ye	ars income in	in current tax year						
	(e) Total. Enter this amount o		=									
2.	Were you subject to tax in a foreign country on any of the income shown in 1(d) above?											
3.	Are you claiming treaty benefit	·	•			☐ Yes	⊠ No					
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to yo	our return.								
М	Check the applicable box if:											
1.	This is the first year you are m with a U.S. trade or business u						onnected					
2	You have made an election in	` '					· · 🗀					
2.	States as effectively connected											