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

	5						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securit	ty numb	per			
BHAF	GAV KASI VISWESWARA GOPI KRISHNA GANDHAM	670-70-9732					
Spouse's		Spouse's social security number					
Dort	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r voor vou o	ro 011	thorizina \			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Entewhole dollars only on lines 1 through 5.	r year you a	re au	unonzing.,)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	4	,474.		
2	Total tax		2		0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		39.		
4	Amount you want refunded to you		4		39.		
5	Amount you owe		5				
Part		keep a cop	y of y	our retui	rn)		
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lorinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment information necessary to answer inquiries and resolve issues related to the paying first funds withdrawal Consent.	we are the amounter, or electron of the trans. Treasury a control to debit the ethe authorizates must be processing of payment. I further the end of the trans the processing of payment. I further the end of the trans.	ounts for the counts of the counts of the country for the coun	rom the incturn originatesion, (b) the designated logaration soff to this according to the control of the contr	come tax for (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the		
	yer's PIN: check one box only						
X	•	mv PIN		7 3 2	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er 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 metholow.						
Your s	gnature ▶ Date ▶ _						
Spous	e's PIN: check one box only						
	I authorize to enter or generate	my PIN			as my		
	ERO firm name	-	ter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r 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 metholow.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	1					
Part I	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		6 6	1 9 8	9		
		Don't ent	er ali Ze	108			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income t ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	ırn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	Do So					

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2022 OMB No. 1545-0074

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

For the year Ja	ın. 1–[Dec. 31, 2022, or other tax year begin	nning	, 2022,	ending	,	20	See separate instructions.	
Filing Status							Est	tate Trust	
Check only one box.					·				
Your first name and middle initial Last name Y							our identifying number see instructions)		
BHARGAV KA	ASI V	ISWESWARA GOPI KRISHNA	GAND	HAM			670-	70-9732	
Home address	(num	ber and street). If you have a P.O. bo	ox, see ins	structions.			•	Apt. no.	
3102 4TH	ST							174	
City, town, or p	ost o	ffice. If you have a foreign address,	also comp	lete spaces below.		State		ZIP code	
LUBBOCK						TX		79415	
Foreign countr	y nam	e	Foreigi	n province/state/county		Foreign	postal cod	de	
Digital Asset		ny time during 2022, did you: (a) receivise dispose of a digital asset (or a						exchange, gift, or . Yes No	
Dependents	s					(4) Ch	eck the box	k if qualifies for (see inst.)	
(see instructions		40.5		(2) Dependent's			ld tax credi	it Credit for other	
•		(1) First name Last name		e identifying number (3) F		(3) Relationship to you		dependents	
If more than fou	r							$+$ \vdash	
dependents, see	e								
instructions and check here									
		Tatal analysis for a Francis W. O. I.	4 / '						
Income	1a	Total amount from Form(s) W-2, b	`	,				4,474.	
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		` '	,			+	
Trade or	e	Taxable dependent care benefits f						+	
Business	f	Employer-provided adoption bene		·					
Attach	g	Wages from Form 8919, line 6 .		+					
Form(s) W-2,	h :	Other earned income (see instruct	,				. 1h		
1042-S, SSA-1042-S,	i	Reserved for future use					4:	4	
RRB-1042-S,	J	Reserved for future use			1 1		. <u>1j</u>		
and 8288-A	K	Total income exempt by a treaty fr							
here. Also attach	_	line 1(e)			1k		1-	4,474.	
Form(s)	Z		2a	I	able interest		. 1z	4,4/4.	
1099-R if	2a	•	3a		dinary dividends .		. 3b	+	
tax was withheld.	4a	_	4a		able amount			+	
If you did not	ч а 5а	-	ч а 5а		cable amount			_	
get a Form	5a 6	Reserved for future use							
W-2, see	7	Capital gain or (loss). Attach Sche							
instructions.	8	Other income from Schedule 1 (Fo	•		•			+	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						4,474.	
	10	Add lines 12, 25, 35, 45, 35, 7, and Adjustments to income:	a 0. 11113 13	your total ellectively C			. 3	4,4,4.	
	а								
	b							4	
	C							4	
	d	Enter the amount from line 10a. Th					. 10d	a a a a a a a a a a a a a a a a a a a	
	11		•	=				4,474.	
	12	Subtract line 10d from line 9. This is your adjusted gross income							
		deduction (see instructions)						12,950.	
	13a	Qualified business income deduct						4	
	b	Exemptions for estates and trusts						4	
	С	Add lines 13a and 13b							
	14							,,	
	15	Subtract line 14 from line 11. If zer	o or less.	enter -0 This is your ta	xable income .		. 15	0.	

Form 1040-NR (2022)							Page 2	
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1	14 2 497	2 3 🗌		16	0.	
Credits	17						17	0.	
	18	Add lines 16 and 17					18	0.	
	19	Child tax credit or credit for other depen	dents from Schedu	ile 8812 (Form 10-	40)		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 zero or le	ss, enter -0				22	0.	
	23a	Tax on income not effectively connected	with a U.S. trade of	r business from					
		Schedule NEC (Form 1040-NR), line 15			23a				
	b	Other taxes, including self-employment	tax, from Schedule	2 (Form 1040),					
		line 21			23b				
	С	Transportation tax (see instructions) .			23c				
	d	Add lines 23a through 23c					23d		
	24	Add lines 22 and 23d. This is your total	tax				24	0.	
Payments Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	39.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	39.	
	е	Form(s) 8805					25e		
	f	Form(s) 8288-A					25f		
	g	Form(s) 1042-S					25g		
	26	2022 estimated tax payments and amou					26		
	27	Reserved for future use			27				
	28	Additional child tax credit from Schedule	,		28				
	29	Credit for amount paid with Form 1040-0			29				
	30 Reserved for future use								
	31	Amount from Schedule 3 (Form 1040), line 15							
	32 33						32	20	
Dafamal	34	Add lines 25d, 25e, 25f, 25g, 26, and 32 If line 33 is more than line 24, subtract line					33	39. 39.	
Refund	35a				•		35a	39.	
Direct deposit?	b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here Routing number $\begin{vmatrix} 1 & 1 & 1 & 9 & 0 & 0 & 6 & 5 & 9 & c & Type: \emptysetextbf{X} Checking \subsetextbf{\subset} Sav$					JJa	39.	
See instructions.	d	Account number 1 2 1 7 3 5				Savirigs			
	e	If you want your refund check mailed to			e not shown on	nage 1			
	C								
	36	Amount of line 34 you want applied to y	our 2023 estimate	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	•	see instructions.			37		
	38	Estimated tax penalty (see instructions)			38				
Third								ow. 🛛 No	
Party	Designee's Phone Personal identifi						cation _		
Designee	name no. number					er (PIN)	L		
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Sign	Your	signature	Date	Your occupation		If the	IRS se	ent you an Identity	
Here								PIN, enter it here	
				HOSPITALIT	Y EMPLOYEE	S (see	inst.)		
	Phone		Email address		Data	DTIN			
Paid	•		er's signature	A	Date	PTIN		Check if:	
Preparer			PRIYA RAM SAGAR	GUPTA TALLAM	03/16/2024	P02082		Self-employed	
Use Only						Phone no Firm's El	Phone no. (678) 965-9522		
-	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						ıv 8⊱	8-2145487	

SCHEDULE NEC (Form 1040-NR)

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

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

Attach to Form 1040-NR.

OMB No. 1545-0074

2022

Attachment
Sequence No. 7B

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

BHARGAV KASI VISWESWARA GOPI KRISHNA GANDHAM

Your identifying number 670-70-9732

Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) (a) 10% (c) 30% **Nature of Income (b)** 15% % 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 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Gambling winnings—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 15 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 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 connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 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 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

Attachment Sequence No. **7C**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Answer all questions.

Name s	hown on Form 1040-NR				Your identifying	number				
BHAF	ARGAV KASI VISWESWARA GOPI KRISHNA GANDHAM					670-70-9732				
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? India									
С	Have you ever applied to be a	green card holder (lawful p	ermanent reside	nt) of the United States? .		☐ Yes	⊠No			
D	Were you ever:			,						
1.	-					☐ Yes	⊠ No			
							X No			
	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	List all dates you entered and									
•	Note: If you're a resident of C		_		ient intervals					
	check the box for Canada or				Mexico					
	Date entered United States	Date departed United State		Date entered United State	Date dena	arted Unite	d States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy	a Otatos			
н	Give number of days (including	vacation, nonworkdays, and	 d partial davs) vou	were present in the United	States during:					
	2020									
I	Did you file a U.S. income tax If "Yes," give the latest year ar	return for any prior year?.				Yes	⊠ No			
J	Are you filing a return for a trus	st?				Yes	⊠ No			
	If "Yes," did the trust have a l					□ .00				
	U.S. person, or receive a contr					☐ Yes	☐ No			
K	Did you receive total compens	ation of \$250,000 or more	during the tax ve	ar?		☐ Yes	X No			
	•					☐ Yes	☐ No			
L	If "Yes," did you use an alternative method to determine the source of this compensation?									
	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) Cou	ntry	(b) Tax treaty ar							
				claimed in prior tax ye	ears income i	n current t	ax year			
	(e) Total. Enter this amount of		-							
2.										
3.	Are you claiming treaty benefit		=			Yes	⊠ No			
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to	your return.						
M	Check the applicable box if:									
	This is the first year you are multiplier with a U.S. trade or business to	ınder section 871(d). See ir	structions				🗆			
2.	You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions									