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

Submis	ission Identification Number (SID)						
Taxpaye	er's name	Social secur	cial security number				
RAJ	KUMAR KANNYBOINA	325-45	378	8			
Spouse's	s name	Spouse's so	cial sec	urity numbe	r		
Part	Tax Return Information — Tax Year Ending December 31, 202	 23 (Enter year you a	are au	thorizina)		
	whole dollars only on lines 1 through 5.	.5 (Littor year your	arc au	iti lonzing.	•)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1	2	,965.		
	Total tax		2		0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3				
	Amount you want refunded to you		4				
5	Amount you owe		5		0.		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you g	jet and keep a coj	by of y	your retu	ırn)		
my kno return (o to send for any Agent to paymen authoriz paymen busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or powledge and belief, it is true, correct, and complete. I further declare that the amounts in I original or amended) I am now authorizing. I consent to allow my intermediate service providing the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or read delay in processing the return or refund, and (c) the date of any refund. If applicable, I author in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution and to find for my federal taxes owed on this return and/or a payment of estimated tax, and the financial return is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the true of the payment (settlement) date. I also authorize the financial institutions involved or receive confidential information necessary to answer inquiries and resolve issues related al identification number (PIN) below is my signature for the income tax return (original or amount of the payment of the payment of the income tax return (original or amount of the payment of the payment of the income tax return (original or amount of the payment of the payment of the income tax return (original or amount of the payment of	Part I above are the ameler, transmitter, or election of the son for rejection of the sorize the U.S. Treasury account indicated in the control of the solution to debit the oterminate the authorizaliation requests must be used in the processing of the design of the payment. I further transmitters are the solution of the payment.	ronic re transmi and its tax preje e entry zation. be recei of the e	from the in- turn original ssion, (b) the designated paration soon to this according To revoke (ived no late lectronic paracknowledge	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only	Г					
\times		generate mv PIN 🖰		7 8 8	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	El		digits, but er all zeros	,		
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.						
Your si	signature ▶	Date ►					
Snous	se's PIN: check one box only	_					
	-	generate my PIN			as my		
	ERO firm name		nter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	de	on't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below.						
Spouse	e's signature ►	Date ►					
	Practitioner PIN Method Returns Only—continu						
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 2 2 4 9 Don't en	6 0 ter all z	8 2 7 eros	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	am submitting this ret	urn in	accordance			
ERO's	s signature ►	Date ►					
	ERO Must Retain This Form — See Instruc						
	Don't Submit This Form to the IRS Unless Reques	ted 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 Jar	ı. 1–D	ec. 31, 2023, or other tax year beginni	ng	, 2023,	ending	· · · · · · · · · · · · · · · · · · ·	20	See separate instructions.		
Your first name and middle initial		Last na	ame		Your ide	ntifying number				
							(see instr	(see instructions)		
RAJ KUMAR	2		KANNYBOINA				325-45-3788			
Home address	(numb	per and street). If you have a P.O. box,	see ins	tructions.				Apt. no.		
1515 9TH	STR	EET						#7		
RAJ KUMAR Home address (number and street). If you have a P.O. box, see instructions. 1515 9TH STREET City, town, or post office. If you have a foreign address, also complete spaces below. CHARLESTON Foreign country name Foreign province/state/county Foreign post Filing Status Check only one box. Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) (4) Check to the property or services) (A) Dependent's		Z	IP code							
CHARLESTO	N					IL		51920		
Foreign country	nam	Э	Foreig	n province/state/county		Foreign	postal cod	е		
	×	Single Married filing sens	rataly (N	AES) Qualifyir	na eurvivina enouee ((220	☐ Esta	ite 🗌 Trust		
Status		•	• .	•		,		ite 🗀 musi		
,	" '	ou onconed the QCC box, office the c		arrie ii trie quamying pere	on is a sima bat not	your dop	oridorit.			
Digital Assets										
	_	rwise dispose of a digital asset (of a fi	lanciai	Interest in a digital asset)? (See instructions.)					
-	1			(2) Dependent's		1		f qualifies for (see inst.): Credit for other		
(see instructions):		(1) First name Last name			(3) Relationship to yo	u Chi	d tax credit	dependents		
check here										
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	2,965.		
Effectively	b	Household employee wages not repo	orted or	Form(s) W-2			. 1b			
Connected	С	Tip income not reported on line 1a (s	ee instr	uctions)			. 1c			
With U.S.	d	Medicaid waiver payments not repor	ted on F	Form(s) W-2 (see instruct	ions)		. 1d			
Trade or	e Taxable dependent care benefits from Form 2441, line 26						. 1e			
Business	f			·			. 1f			
Δttach	g	•					. 1g			
	_	•	,				. 1h			
•	i									
•	J		. 1j							
and 8288-A [°]	k									
		` '			<u> 1K </u>			2 065		
		<u> </u>	1				. 1z	2,965.		
		•					. 2b			
	_				•	• •	. 3b . 4b			
						_				
instructions.		. • , ,	•		•					
								2,965.		
				-				,		
	. •	. *	RANNYBOINA ret). If you have a P.O. box, see instructions. have a foreign address, also complete spaces below. Foreign province/state/county Married filing separately (MFS)							
	11	Subtract line 10 from line 9. This is ye	our adju	usted gross income			. 11	2,965.		
	12	Itemized deductions (from Schedul	ırd							
				13,850.						
	13a	Qualified business income deduction	from F	orm 8995 or Form 8995-	A . 13a					
	b	Exemptions for estates and trusts on	ly (see i	instructions)	13b					
	С	Add lines 13a and 13b					. 13c			
	14							13 , 850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		. 15	0.		

Form 1040-NR (2	2023)									Page 2
Tax and	16	Tax (see instructions). Check if any from	Form(s): 1	314 2	4972	2 3			16	0.
Credits	17	Amount from Schedule 2 (Form 1040), I	ine 3						17	0.
	18								18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)							19	
	20	Amount from Schedule 3 (Form 1040), line 8								
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero or	ess, enter -0						22	0.
	23a	Tax on income not effectively connecte	d with a U.S. trade	or business t	from					
		Schedule NEC (Form 1040-NR), line 15			.	23a				
	b	Other taxes, including self-employment	tax, from Schedul	e 2 (Form 10	040),					
		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	25	Federal income tax withheld from:								
_	а	Form(s) W-2			.	25a				
	b	Form(s) 1099			.	25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and amo	unt applied from 20)22 return .					26	
	27	Reserved for future use			.	27				
	28	Additional child tax credit from Schedu	e 8812 (Form 1040)	. [28				
	29	Credit for amount paid with Form 1040	·C			29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1040), I	ine 15			31				
	32 Add lines 28, 29, and 31. These are your total other payments and refundable credits								32	
	33 Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments								33	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								34	
	35a	Amount of line 34 you want refunded to	you . If Form 8888	3 is attached	l, checl	k here		. 🗆	35a	
Direct deposit?	b	Routing number X X X X X	X X X X	c Type:		Checki	ng 🗌	Savings		
See instructions.	d	Account number X X X X X	X X X X X	XXX	XX	X	X			
	е	If you want your refund check mailed to	an address outsid	le the United	d State	s not s	hown on	page 1,		
		enter it here.								
	36	Amount of line 34 you want applied to	your 2024 estimat	ed tax .		36				
Amount	37	Subtract line 33 from line 24. This is the	amount you owe							
You Owe		For details on how to pay, go to www.in	s.gov/Payments or	see instructi	ions .				37	0.
	38	Estimated tax penalty (see instructions)				38				
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.						lete be	low. 🗵 No		
Party	Designee's Phone Personal					nal identif	ication			
Designee										
	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 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				. , ,		a on an	ii ii oi i ii daalo			ent you an Identity
Here	Your signature Date Your occupation								PIN, enter it here	
пеге				STUDENT	Γ				inst.)	1 114, 011101 11 11010
t	Phone	e no.	Email address					1-20		
Doid			rer's signature			Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA RAM SAGA	R GUPTA TA	LLAM	02/12	2/2024	P0208	2703	Self-employed
Preparer	Firm's name CIODAI TAVES IIC					Phone n		78) 965-9522		
Use Only	Firm's address 245 ROONEY CT F BRUNSWICK NJ 08816 Firm's Ell									4-3171965

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

(Form 1040).

Report property sales or exchanges that are effectively connected with a U.S. business

Form 4797, or both.

on Schedule D (Form 1040).

Name shown on Form 1040-NR

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

Your identifying number

RAJ KUMAR KANNYBOINA 325-45-3788 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

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 Internal Revenue Service Answer all questions.

OMB No. 1545-0074

Attachment Sequence No. **7C**

Name s	hown on Form 1040-NR		Your identifying number						
RAJ	KUMAR KANNYBOINA					325-45-3788			
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 p	ermanent residen	t) of the United States? .		☐ Yes	⊠ No		
D	Were you ever:								
							⊠ No		
2.	A green card holder (lawful per	•				Yes	⊠ No		
_	If you answer "Yes" to (1) or (2		•						
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 yearF1								
F	Have you ever changed your value of you answered "Yes," indicated the second of the se	e the date and nature of the	e change:			☐ Yes	⊠ No		
G	List all dates you entered and		•						
	Note: If you're a resident of C				_				
	check the box for Canada or				☐ Mexico				
	Date entered United States	Date departed United State	es	Date entered United State					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	·	nm/dd/yy			
			-						
			-						
н	Give number of days (including	vacation nonworkdays and	l I partial davs) vou v	were present in the United	States during:				
	2021			•	-				
I	Did you file a U.S. income tax					☐ Yes	⊠ No		
	If "Yes," give the latest year ar Are you filing a return for a trus	ia form number you filea:				□ Vaa	⊠ No		
J	If "Yes," did the trust have a l					∐ Yes	△ NO		
	U.S. person, or receive a contr					Yes	□No		
K	·	•				☐ Yes	⊠ No		
	Did you receive total compensation of \$250,000 or more during the tax year?								
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) Cou	ntry	(b) Tax treaty arti	ns (d) Amount of exempt ars income in current tax year					
_	(e) Total. Enter this amount of		=						
	Were you subject to tax in a fo					∐ Yes	∐No		
3.	Are you claiming treaty benefit		-			∐ Yes	⊠ No		
N.A.	If "Yes," attach a copy of the C	competent Authority detern	imation letter to y	our return.					
M 1	Check the applicable box if: This is the first year you are many	aking an election to treat in	come from roal or	operty located in the Unit.	ad States as of	factivaly a	onnectod		
	with a U.S. trade or business u	ınder section 871(d). See ir	structions						
2.	You have made an election in States as effectively connected								