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.			
Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
VILASAGARAM SAI ARJUN	189-65-	6897	
Spouse's name		al security number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	nter year you ar	e authorizing.)	
Enter whole dollars only on lines 1 through 5.		<u> </u>	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 12,53	3.
2 Total tax	[2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 1,45	0.
4 Amount you want refunded to you		4 1,45	
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy	of your return)	_
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for 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. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generating the process of 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 are if you are entering your own PIN and your return is filed using the Practitioner PIN metals.	r rejection of the trane U.S. Treasury and indicated in the taxitution to debit the dinate the authorization requests must be the processing of the payment. I furth I am now authorizate my PIN	ansmission, (b) the read dits designated Finar x preparation software entry to this account. It ion. To revoke (cancereceived no later that the electronic paymer acknowledge that ting and, if applicable, five digits, but it enter all zeros	ason nicial e for This el) a ann 2 nt of the the my
below. Your signature Date I			
			_
Spouse's PIN: check one box only			
I authorize to enter or generate	ate my PIN	as	my
ERO firm name		er five digits, but 't enter all zeros	
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 a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.	m now authorizin	g. Check this box c	
	_		
Spouse's signature ▶ Date I			
Practitioner PIN Method Returns Only—continue be	IOW		
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 4 9 6 Don't ente	. - - - -	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retur	n in accordance with	now the
ERO's signature ▶ Date I			
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

2023

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

For the year Jar	n. 1–C	Dec. 31, 2023, or other tax year begin	ning	, 2023,	ending	,	20	See sepai	
Your first name and middle initial Last name						·	Your ide	our identifying number	
	((see instructions)		
VILASAGAF	RAM		SAI	ARJUN			189-6	55-6897	
Home address	(num	ber and street). If you have a P.O. bo	x, see ins	tructions.				Apt. n	10.
111 MAIN	STR	EET WEST						10	
City, town, or p	ost o	ffice. If you have a foreign address, a	also comp	lete spaces below.		State	Z	IP code	
WHITE SUL	PHU	R SPRINGS				WV	2	24986	
Foreign country	nam	е	Foreig	n province/state/county		Foreign	postal cod	е	
Filing Status							☐ Esta	ite 🗌 T	Γrust
	If	you checked the QSS box, enter the	child's n	ame if the qualifying pers	son is a child but not	your dep	endent:		
Check only one box.									
Digital Assets	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award, or payme	ent for property or se	ervices): o	r (b) sell. e	xchange, or	
Digital Assets	othe	erwise dispose of a digital asset (or a	financial	interest in a digital asset)? (See instructions.)			. Yes	X No
Dependents						(4) Ch	eck the box	f qualifies for (se	ee inst.):
(see instructions):	1	(A) = .		(2) Dependent's	(0) D	Chi	ld tax credit	Credit for	
		(1) First name Last name	9	identifying number	(3) Relationship to yo	ou Com		depende	ents
If more than four									
dependents, see									
instructions and check here								+	
	10	Total amount from Form(s) W-2, bo	ay 1 (000 i	notructions)			. la	12 5	533.
Income	1a b	Household employee wages not re	•	,				14,	
Effectively Connected	C	Tip income not reported on line 1a							
With U.S.	d	Medicaid waiver payments not rep					. 1d		
Trade or	e	Taxable dependent care benefits fi					. 1e		
Business	f	Employer-provided adoption benef					. 1f		
Duomicoo	g	Wages from Form 8919, line 6 .					. 1g		
Attach	h	Other earned income (see instruction							
Form(s) W-2, 1042-S,	i	Reserved for future use							
SSA-1042-S,	j	Reserved for future use					. 1j		
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	om Sched	ule OI (Form 1040-NR), i	tem L,				
here. Also		line 1(e)			1k				
attach	z	Add lines 1a through 1h					. 1z	12,5	533.
Form(s) 1099-R if	2a	Tax-exempt interest	2a	b Tax	able interest		. 2b		
tax was	3a	· · · · · · · · · · · · · · · · · · ·	Ва		linary dividends .				
withheld.	4a	-	la 📗		able amount				
If you did not	5a	<u> </u>	5a		able amount				
get a Form W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Scheo	•	, ,	•				
	8	Additional income from Schedule 1	•	• •				10.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						12,5	533.
	10	Adjustments to income from Sche income	•	orm 1040), line 26. These	•				
	11	Subtract line 10 from line 9. This is	your adj ı	usted gross income			. 11	12,	533.
	12	Itemized deductions (from Sched deduction (see instructions)		13	850.				
	13a	Qualified business income deduction	12	10,0					
	b								
	C	Exemptions for estates and trusts and lines 13a and 13b					. 13c		
	14							13.8	850.
	15	Subtract line 1/1 from line 11. If zero					15		0

Tax and	16	Tax (see instructions). Check if any	from For	rm(s): 1	314 2 🗌 497	2 3			16	0.
Credits	17	Amount from Schedule 2 (Form 1	040), line	3					17	0.
	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Form 10	40) .			19	
	20	Amount from Schedule 3 (Form 1	040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If ze	ero or less	s, enter -0					22	0.
	23a	Tax on income not effectively con Schedule NEC (Form 1040-NR), li				23a				
	b	Other taxes, including self-emploine 21	•			23b				
	С	Transportation tax (see instructio	ns)			23c				
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is you							24	0.
Payments	25	Federal income tax withheld from								
,	а	Form(s) W-2				25a	1	,450.		
	b	Form(s) 1099				25b		,		
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c				-			25d	1,450.
	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 S				28			1	
	29	Credit for amount paid with Form		•	•	29			-	
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1				31			-	
	32	Add lines 28, 29, and 31. These a					dite		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,	-						33	1,450.
Defund	34	If line 33 is more than line 24, sub							34	1,450.
Refund	35a	Amount of line 34 you want refur				•	•	_	35a	1,450.
Direct deposit?		Routing number 0 5 1 5					 ng 🗌		SSA	1,450.
See instructions.	b d	Account number 0 0 8 9				Check	iig 🗀	Savings		
	е	If you want your refund check ma enter it here.	alled to al	n address outsit	ie the United State	es not s	snown on	page 1,		
	36	Amount of line 34 you want appli	od to voi	ur 2024 ostimat		36			-	
Amount	37	Subtract line 33 from line 24. This				50				
You Owe	01	For details on how to pay, go to		-					37	
Tou Owe	38	Estimated tax penalty (see instruc				38				
Third		u want to allow another person to					☐ Ye	s. Compl	ete bel	ow. 🗵 No
Party	Desig	•	4,00400 (Phone		01101101		al identifi		o 🗀 .
Designee	name			no	•		numbe		CallOII	
3	Under	penalties of perjury, I declare that I have they are true, correct, and complete. De	e examine	d this return and a			statements	, and to the		
Sign	Yours	signature		Date	Your occupation			If the	RS s	ent you an Identity
Here				- 5.110				l l		PIN, enter it here
					COOK			(see	inst.)	
	Phone			Email address						
Paid	Prepa	rer's name	Preparer	's signature		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	RIYA RAM SAGA	R GUPTA TALLAM	02/1	1/2024	P02082	2703	Self-employed
- 1	I Firm's name of ODAT MAVEO TTO I Phone							Phone n	o. (6	78) 965-9522
Use Only	Firm's	address 245 ROONEY C	T E BF	RUNSWICK N	J 08816			Firm's El		4-3171965

Form 1040-NR (2023)

BAA

SCHEDULE NEC (Form 1040-NR)

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

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**

OMB No. 1545-0074

Name shown on Form 1040-NR VILASAGARAM SAI ARJUN Your identifying number 189-65-6897

<u> </u>	amount of income under the appropriate rate of tax. See instructions.						(d) Other	r (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	Losses F	From	Sales or Excha	inges of Proper	ty		
losses f	to the capital gains and from property sales or ges that are from sources the United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acq mm/dd/yy		(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).
effectively connected with a U.S. business. Do not include a gain								
or loss	on disposing of a U.S. real							
gains a	ty interest; report these ind losses on Schedule D							
(Form 1	, and the second							
exchan	property sales or ges that are effectively							
connected with a U.S. business 17 Add columns (f) and (g) of line 16								
	18 Capital gain. Combine columns (f) and (g)) of line 17	7. Ente	r the net gain her	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.

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.

2023
Attachment Sequence No. 7C

VILA	ASAGARAM SAI ARJUN				189-65-6897					
Α	Of what country or countries w									
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 resident	of the United States? .	🗌 Yes 🗵 No					
D	Were you ever:									
1.	A U.S. citizen?									
2.	2. A green card holder (lawful permanent resident) of the United States?									
	If you answer "Yes" to (1) or (2)	•								
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 of	day of the tax year. $J1$								
F	Have you ever changed your v									
	If you answered "Yes," indicate		· ·							
G	List all dates you entered and I			ctions.						
	Note: If you're a resident of C		-		ent intervals,					
	check the box for Canada or	Mexico and skip to item H	1	\square Canada	☐ Mexico					
	Date entered United States	Date departed United State	es	Date entered United States	Date departed United States					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy					
Н	Give number of days (including	vacation, nonworkdays, and	partial days) you w	vere present in the United S	States during:					
	2021	, 2022	, and	2023 365						
I	Did you file a U.S. income tax	return for any prior year?.			🗌 Yes 🛛 No					
	If "Yes," give the latest year an	d form number you filed:								
J	Are you filing a return for a trus	st?			□ Yes ⊠ No					
	If "Yes," did the trust have a U	J.S. or foreign owner unde	r the grantor trust	rules, make a distribution	or loan to a					
	U.S. person, or receive a contr	ribution from a U.S. person	?		· · · · 🗌 Yes 🔲 No					
K	Did you receive total compens	ation of \$250,000 or more	during the tax year	?	□ Yes ⊠ No					
	If "Yes," did you use an alterna	ative method to determine t	he source of this c	compensation?	🗌 Yes 🔲 No					
L					ax treaty with a foreign country					
	complete (1) through (3) below	. See Pub. 901 for more inf	ormation on tax tre	eaties.						
1.					claimed the treaty benefit, and the					
	amount of exempt income in th	e columns below. Attach Fo	rm 8833 if required	d. See instructions.						
	(a) Cou	ntry	(b) Tax treaty artic							
				claimed in prior tax yea	ars income in current tax year					
	/	F 4040.115 '' ''								
^	(e) Total. Enter this amount or		•							
2.	Were you subject to tax in a fo				∐Yes ∐No					
3.	S. Are you claiming treaty benefits pursuant to a Competent Authority determination?									
M	If "Yes," attach a copy of the Competent Authority determination letter to your return.									
М	Check the applicable box if:	aking an alaatian ta tract in	oomo from roal	anorty located in the Linite	d States as affactively somestics					
1.	with a U.S. trade or business u				d States as effectively connected					
9					al property located in the United					
۷.	States as effectively connected									