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

- Internal n	level tue Get vice								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name			Socia	al secu	rity num	ber		
SAT	PRANEETH JAMPALA	57	4-8	3-384	9				
Spouse's					ocial sec		umber		
Part	-	2023 (Er	nter	year	you	are au	thori	izing.)	
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					1.4	ı	10	F00
	Adjusted gross income					1		12,	,500.
	Total tax					2			0.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					3			970.
	Amount you want refunded to you					4			970.
5 Part I	Amount you owe		nd k	een	 a.co	5 ny of v	/OUR	retur	m)
,	penalties of perjury, I declare that I have examined a copy of the income tax return (original								
to send for any of Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service pr my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or delay in processing the return or refund, and (c) the date of any refund. If applicable, I a or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to fmy federal taxes owed on this return and/or a payment of estimated tax, and the fination is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can be days prior to the payment (settlement) date. I also authorize the financial institutions is to receive confidential information necessary to answer inquiries and resolve issues real identification number (PIN) below is my signature for the income tax return (original or institutions in the IVIII of the IVIIII	reason for authorize the on account ancial insti nt to termi ncellation nvolved in elated to the	reje e U. indictutionate requ the ne pa	ction S. Tre cated n to d the a ests proce	of the easury in the lebit	transmi and its tax preperent entry zation. De receipof the e urther ac	ssion, designoaration this to this To review rectrons to the control of the contr	, (b) the nated F on soft s accor voke (c no late nic pay rledge	e reason Financial ware for unt. This cancel) a r than 2 ment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only						_		
Тахрау		or gonor	ato r	nv DI	, L	3 3	8 4	9	ac my
	ERO firm name	or genera	ale i	iiy Fi	Е	nter five			as my
	signature on the income tax return (original or amended) I am now authorizin	g.			a	on't ente	er all Z	eros	
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.								
Your si	ignature ▶	Date D	_						
Snouse	e's PIN: check one box only								
Opouse	· ·	or genera	ato r	nv DI	NI				ac my
Ш	ERO firm name	or genera	al e i	iiy i i		nter five	digits	but	as my
	signature on the income tax return (original or amended) I am now authorizin	g.				on't ente	٠	-	
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.								
Spouse	e's signature ►	Date D	•						
орочос	Practitioner PIN Method Returns Only—con								
Part II									
EDO's	EFINI/DINI Enter your air digit FFINI fellowed by your five digit polf colected DI	N. 2	2	2 .	4 9	6 0	8	2 7	1
ENU S	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	IV. Z			- -	nter all z		4 /	
					. J. 1 CI	an Z			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic indivi- ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	hat I am si	ubmi	tting	this re	turn in	accor	danće	
ERO's	signature ▶	Date D	•						
	ERO Must Retain This Form — See Inst								
	Don't Submit This Form to the IRS Unless Requ			o Sc)				

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 Jan. 1-Dec. 31, 2023, or other tax year beginn				, 2023,	20	instructions.		
Your first name	and r	niddle initial	Last na	ame			Your id	entifying number
					(see instructions)			
SAI PRANEETH				ALA	574-	83-3849		
Home address (numb	per and street). If you have a P.O. box	, see ins	tructions.			•	Apt. no.
900 LONDO	NDE	RRY						242
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code
DENTON						TX		76205
Foreign country	nam	e	Foreigr	n province/state/county		Foreign	postal cod	de
Filing	X	☐ Fst	tate Trust					
Status		Single			ng surviving spouse son is a child but not	` '		
Check only		,,				,		
one box.								
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					or (b) sell, (exchange, or
Dependents	Otric	Twise dispose of a digital asset (of a f	manciai	interest in a digital asse				if qualifies for (see inst.):
(see instructions):				(2) Dependent's		1		Cradit for other
(see manachons).		(1) First name Last name		identifying number	(3) Relationship to yo	ou Chi	ld tax credi	dependents
If more than four								
dependents, see							ᆜ	<u> </u>
instructions and								
check here							Ц_	10.500
Income	1a	Total amount from Form(s) W-2, box	`	,				12,500.
Effectively	b	Household employee wages not rep		` '			. 1b	
Connected	C	Tip income not reported on line 1a (s		,			. 1c	
With U.S.	d	Medicaid waiver payments not report Taxable dependent care benefits fro		` , ` ` `	•		. 1d	
Trade or	e f	Employer-provided adoption benefit		·			. 1e	
Business	g	Wages from Form 8919, line 6	. 1g					
Attach	9 h	Other earned income (see instruction	. 19					
Form(s) W-2, 1042-S,	i	Reserved for future use						
SSA-1042-S,	i	Reserved for future use	. 1j					
RRB-1042-S,	, k	Total income exempt by a treaty from						
and 8288-A here. Also		line 1(e)		,	1k			
attach	z	Add lines 1a through 1h					. 1z	12,500.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1	b Tax	kable interest		. 2b	
tax was	3a	Qualified dividends 3a	1	b Ord	dinary dividends .		. 3b	
withheld.	4a	IRA distributions 4a	1	b Tax	kable amount		. 4b	
If you did not	5a	Pensions and annuities 5a	1	b Tax	kable amount		. 5b	
get a Form W-2, see	6	Reserved for future use						
instructions.	7	Capital gain or (loss). Attach Schedu						
	8	Additional income from Schedule 1		4.55.5				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	. 9	12,500.				
	10	Adjustments to income from Sched income						
	11	Subtract line 10 from line 9. This is y	our adj u	ısted gross income			. 11	12,500.
	12	Itemized deductions (from Schedudeduction (see instructions)		13,850.				
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts or						
	С	Add lines 13a and 13b					. 13c	
	14	Add lines 12 and 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 (2023)											Page 2
Tax and	16	Tax (see instructions). Check if any from	ı For	rm(s): 1	314 2 [497	2 3 [16		0.
Credits	17	Amount from Schedule 2 (Form 1040),	line	3						17		0.
	18	Add lines 16 and 17								18		0.
	19	Child tax credit or credit for other depe	ende	ents from Sched	ule 8812 (F	orm 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	less	s, enter -0						22		0.
	23a	Tax on income not effectively connected					020					
		Schedule NEC (Form 1040-NR), line 15					23a			-		
	b	Other taxes, including self-employmer line 21			•		23b					
	С	Transportation tax (see instructions)					23c					
	d	Add lines 23a through 23c								23d	1	
	24	Add lines 22 and 23d. This is your total								24		0.
Payments	25	Federal income tax withheld from:	tu	<u> </u>								
i ayıncınıs	a	Form(s) W-2					25a		970.			
	b	Form(s) 1099					25b					
	C	Other forms (see instructions)					25c					
	d	Add lines 25a through 25c								25d	1	970.
	е	Form(s) 8805								25e		
	f	Form(s) 8288-A								25f		
	g	Form(s) 1042-S								25g		
	26	2023 estimated tax payments and amo								26		
	27	Reserved for future use					27					
	28	Additional child tax credit from Schedu					28					
	29	Credit for amount paid with Form 1040)-C				29					
	30	Reserved for future use					30					
	31	Amount from Schedule 3 (Form 1040),	line	15			31					
	32	Add lines 28, 29, and 31. These are yo	ur t e	otal other paym	ents and r	efunda	ble credit	s		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, and 3	32. T	hese are your to	tal payme	nts .				33		970.
Refund	34	If line 33 is more than line 24, subtract	line	24 from line 33.	This is the	amoun	it you over	paid		34		970.
	35a	Amount of line 34 you want refunded	to y	ou . If Form 8888	is attache	d, chec	k here .		. 🗆	35a		970.
Direct deposit?	b	Routing number 1 1 1 9 0	0	6 5 9	c Type	: X	Checking		Savings			
See instructions.	d	Account number 1 6 7 5 4	5	1 5 4 4								
	е	If you want your refund check mailed	to a	n address outsid	le the Unite	d State	es not sho	wn on	page 1,			
	enter it here.											
	36	Amount of line 34 you want applied to	you	ur 2024 estimat	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.g	ov/Payments or	see instruc	tions .				37		
	38	Estimated tax penalty (see instructions				•	38					
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.								es. Comp	lete be	low.	⊠ No
Party	Designee's Phone Personal identif							fication				
Designee	namenonumber (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my									of my kr	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 occu	pation			I		•	u an Identity	
Here	Pro									PIN, er	nter it here	
ļ									inst.)			
	Phone		ore:	Email address			Doto		PTIN		CI.	1. :£.
Paid				's signature	77075 ~		Date	0004		0700	Chec	
Preparer			IM I	PRIYA RAM S	SAGAR G	n P.I.Y	03/15/2	2024	P0208			self-employed
Use Only Firm's name GLOBAL TAXES LLC Firm's address 245 DOONEY CT F DRINGWICK NI 08816									Phone r		78)9	65-9522
- 1	rirm's	SAUGRESS JAS DAANTV CT D		ארי אווער אוויע אוויע TV.	1 112216				- Firm S F	1111		

BAA

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. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number SAI PRANEETH JAMPALA 574-83-3849 Enter **amount of income** under the appropriate rate of tax. See instructions.

Making of Income			1,1,000	43.450/	4 3 0004	(d) Other (specify)				
	Nature of Income		(a) 10%		(b) 15%	(c) 30%	%	%		
1	Dividends and divide	end ec	uivalents:							
а	Dividends paid by U.	S. co	porations		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	aymei	nts received with respect to section 871(m) to	ransactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corpo	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling—Resident If zero or less, enter	s of C	anada only. Enter net income in column (c)).						
_	•								+	
a b	Winnings				10c				+	
11	Losses Gambling—Resident	e of c	· · · · · · · · · · · · · · · · ·		100			_		
••	Note: Enter winnings	s only.	Losses aren't allowed		11					
12	Other (specify):									
					12					
13			columns (a) through (d)		13					
14	Multiply line 13 by r	ate of	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines	s. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	e and on Form 1040	-NR, line 23a 15	
			Capital Gains and	d Losses F	rom	Sales or Excha	inges of Proper	ty		
losses f exchang within the	nly the capital gains and from property sales or ges that are from sources he United States and not	16	(a) Kind of property and description (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).
	ely connected with a U.S. s. Do not include a gain									
or loss	on disposing of a U.S. real y interest; report these									
gains ai	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively							1		
	ted with a U.S. business edule D (Form 1040),								<u> (</u>	
Form 4797, or both.		18	Capital gain. Combine columns (f) and ((g) of line 17	7. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r -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.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	nown on Form 1040-NR				Your identifying	number					
SAI	PRANEETH JAMPALA				574-83-38	349					
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 purpose	s during the tax year	? United States							
С	Have you ever applied to be a										
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes ☐ No					
2.	A green card holder (lawful per	rmanent resident) of the Ur	nited States?			☐ Yes ☒ No					
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation rules	s that apply to you.							
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. immigration status on the last day of the tax year.										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	eft the United States durin	g 2023. See instructi	ions.							
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item I	<u>1.</u> <u>.</u>	🗌 Canada	Mexico						
	Date entered United States	Date departed United Stat	es C	Date entered United State		rted United States					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	m	nm/dd/yy					
Н	Give number of days (including	•	• • • •	•	•						
	2021	, 2022	, and 2	023365	··	□v ▽ n-					
ı	Did you file a U.S. income tax If "Yes," give the latest year ar	d form number you filed:				☐ Yes ⊠ No					
J	Are you filing a return for a trus	st?				☐ Yes					
	If "Yes," did the trust have a l										
	U.S. person, or receive a contr					☐ Yes ☐ No					
K	Did you receive total compens		-			☐ Yes ⊠ No					
	If "Yes," did you use an alterna					Yes No					
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign country					
4	Enter the name of the country,				claimed the tre	aty benefit and the					
٠.	amount of exempt income in th				ciaimed the tre	aty benefit, and the					
	(a) Cou		(b) Tax treaty article		ns (d) Amo	ount of exempt					
	(a) 00a	Titl y	(b) Tax treaty article	claimed in prior tax ye		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					
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to you	r return.							
M .	Check the applicable box if:										
1.	This is the first year you are may with a U.S. trade or business u										
2.	You have made an election in	n a previous year that has	not been revoked,	to treat income from re	eal property loc	ated in the United					
	States as effectively connected	d with a U.S. trade or busing	ness under section 8	71(d). See instructions .							