## 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  | ssion Identification Number (SID)   |   | ·  |   |  |  |  |
|---|---|---|--|---|--|--|--|
| Taxpaye   | r's name  | Social securit  | y numl   | per   |  |  |  |
| SURY  | YATEJA ADDAGARLA  | 889-54-   | 889-54-2994  |   |  |  |  |
| Spouse's  | s name  | Spouse's soci   | ial secu   | urity numbe   | r  |  |  |
| Part  | Tax Return Information — Tax Year Ending December 31, 2023 (Enter   | vear vou a  | re au  | thorizing   | .)   |  |  |
|   | vhole dollars only on lines 1 through 5.  | <i>y y</i>  |  |   | <u>'</u>   |  |  |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |  |   |  |  |  |
| 1   | Adjusted gross income   |   | 1  | 16  | 623.   |  |  |
|   | Total tax   |   | 2  |   | 238.   |  |  |
|   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   | 3  |   | <u>,497.</u>   |  |  |
|   | Amount you want refunded to you   |   | 4  | 1   | <u>,259.</u>   |  |  |
|   | Amount you owe  |   | 5  | torik koti  | ırın)  |  |  |
| Part  | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)  |   |  |   |  |  |  |
| to send for any Agent to payment authoriz payment busines taxes to personal | original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particular confidential information necessary to answer inquiries and resolve issues related to the particular formation number (PIN) below is my signature for the income tax return (original or amended) I are finished.  | ction of the trans. Treasury are cated in the tannot debit the the authorizates must be processing of ayment. I furtiles. | ansmised its of the control of the c | ssion, (b) to designated paration so to this according revoke wed no late ectronic parking which will be so to the control of | he reason<br>Financial<br>ftware for<br>ount. This<br>(cancel) a<br>er than 2<br>ayment of<br>e that the |  |  |
|   |   |   |  |   |  |  |  |
| Taxpa:  | yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate it  | m, DIN 4  | 2 9  | 9 9 4   | 00 mv  |  |  |
|   | ERO firm name   | Ent   |  | digits, but<br>er all zeros   | as my  |  |  |
|   | 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 am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.   |   |  |   |  |  |  |
| Your si   | ignature ▶ Date ▶   |   |  |   |  |  |  |
| Snous   | e's PIN: check one box only   |   |  |   |  |  |  |
|   | I authorize to enter or generate  | my PIN  |  |   | as my  |  |  |
|   | ERO firm name   | Ent   |  | digits, but   | ao my  |  |  |
|   | signature on the income tax return (original or amended) I am now authorizing.  |   |  | er all zeros  |  |  |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.  |   |  |   |  |  |  |
| Spouse  | e's signature ▶ Date ▶  |   |  |   |  |  |  |
|   | Practitioner PIN Method Returns Only—continue below   |   |  |   |  |  |  |
| Part I  | Certification and Authentication — Practitioner PIN Method Only   |   |  |   |  |  |  |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2   |   | 6 0  |   | 7 1  |  |  |
|   |   | Don't ente  | er all ze  | eros  |  |  |  |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual income taged 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incompany IRS <i>e-file</i> Providers of IRS <i>e-file</i> Providers of Incompany IRS <i>e-file</i> Providers of IRS <i>e-file</i> Provide | itting this retu  | rn 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 D   | o 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 Jan                        | ı. 1–D | ec. 31, 2023, or other tax year beginn   | ning            |                              | 2023,           | ending  | ,        | 20            | instructions.                   |
|---|--------|--|-----------------|------------------------------|-----------------|---|----------|---------------|---------------------------------|
| Your first name and middle initial      |        |  |                 | ıme                          | 1               | lentifying number                               |          |               |                                 |
| SURYATEJA                               |        |  | ADDA            | GARLA                        |                 |   |          | 889-          | -54 <b>-</b> 2994               |
|   |        | per and street). If you have a P.O. box  |                 |                              |                 |   |          | 1 003         | Apt. no.                        |
| 250 MAIN                                | •      | ,  | .,              |                              |                 |   |          |               | 210                             |
|   |        | fice. If you have a foreign address, al  | so comp         | lete spaces belov            | v.              |   | State    |               | ZIP code                        |
| HARTFORD                                |        | ,  |                 |                              |                 |   | CT       |               | 06106                           |
| Foreign country                         | name   | e  | Foreign         | n province/state/c           | ounty           |   | Foreign  | postal co     |                                 |
|   |        |  |                 | •                            | •               |   |          |               |                                 |
| Filing<br>Status                        |        | Single Married filing separate of the Control of th |                 |                              |                 | ng surviving spouse (<br>son is a child but not |          | ☐ Es          | tate  Trust                     |
| Check only one box.                     |        |  |                 |                              |                 |   |          |               |                                 |
| Digital Assets                          |        | ny time during 2023, did you: (a) rece<br>rwise dispose of a digital asset (or a   |                 |                              |                 |   |          | r (b) sell,   |                                 |
| Dependents                              |        |  |                 |                              |                 |   | (4) Ch   | eck the bo    | x if qualifies for (see inst.): |
| (see instructions):                     |        | (1) First name Last name   |                 | (2) Dependentidentifying num |                 | (3) Relationship to yo                          | Chi      | ld tax cred   | it Credit for other dependents  |
|   |        | (i) i i ot name  |                 | ,                            |                 | (b) Holadonomp to yo                            | -        |               | dependents                      |
| If more than four                       |        |  |                 |                              |                 |   |          | $\Box$        |                                 |
| dependents, see instructions and        |        |  |                 |                              |                 |   |          | $\Box$        |                                 |
| check here                              |        |  |                 |                              |                 |   |          |               |                                 |
| Income                                  | 1a     | Total amount from Form(s) W-2, box   | x 1 (see i      | nstructions)                 |                 |   |          | . 1a          | 16,623.                         |
| Effectively                             | b      | Household employee wages not rep   | •               | ,                            |                 |   |          | . 1b          |                                 |
| Connected                               | С      | Tip income not reported on line 1a (   |                 |                              |                 |   |          | . 1c          |                                 |
| With U.S.                               | d      | Medicaid waiver payments not repo  |                 | •                            |                 |   |          | . 1d          |                                 |
| Trade or                                | е      | Taxable dependent care benefits fro  |                 |                              |                 |   |          | . 1e          |                                 |
| Business                                | f      | Employer-provided adoption benefi  |                 | •                            |                 |   |          | . 1f          |                                 |
|   | g      | Wages from Form 8919, line 6   |                 |                              |                 |   |          | . 1g          |                                 |
| Attach                                  | h      | Other earned income (see instruction   | ns) .           |                              |                 |   |          | . 1h          |                                 |
| Form(s) W-2,<br>1042-S,                 | i      | Reserved for future use  | · .             |                              |                 | 1i  |          |               |                                 |
| SSA-1042-S,                             | j      | Reserved for future use  |                 |                              |                 |   |          | . 1j          |                                 |
| RRB-1042-S,<br>and 8288-A<br>here. Also | k      | Total income exempt by a treaty from line 1(e)   |                 |                              | )-NR), i        | tem L,  |          |               |                                 |
| attach                                  | z      | Add lines 1a through 1h  |                 |                              |                 |   |          | . 1z          | 16,623.                         |
| Form(s)                                 | 2a     | Tax-exempt interest 2  |                 |                              | <b>b</b> Tax    | able interest                                   |          | . 2b          |                                 |
| 1099-R if<br>tax was                    | За     | Qualified dividends 3  |                 |                              | <b>b</b> Ord    | linary dividends                                |          | . 3b          |                                 |
| withheld.                               | 4a     | IRA distributions 4  |                 |                              |                 | able amount                                     |          |               |                                 |
| If you did not                          | 5a     | Pensions and annuities 5   |                 |                              |                 | able amount                                     |          |               |                                 |
| get a Form                              | 6      | Reserved for future use  | _               |                              |                 |   |          |               |                                 |
| W-2, see instructions.                  | 7      | Capital gain or (loss). Attach Schedu  | ule D (Fo       | rm 1040) if require          |                 |   | _        | _             |                                 |
| moti dotiono.                           | 8      | Additional income from Schedule 1  | (Form 10        | 40), line 10 .               |                 |   |          | . 8           |                                 |
|   | 9      | Add lines 1z, 2b, 3b, 4b, 5b, 7, and   | 8. This is      | your total effect            | ively c         | onnected income                                 |          | . 9           | 16,623.                         |
|   | 10     | Adjustments to income from Scheo   | lule 1 (Fo      | orm 1040), line 26           | . These         | e are your <b>total adju</b>                    | stments  | to            |                                 |
|   |        | . '  | `               | ,,                           |                 |   |          |               |                                 |
|   | 11     | Subtract line 10 from line 9. This is y  | our <b>adju</b> | sted gross inco              | me              |   |          | . 11          | 16,623.                         |
|   | 12     | Itemized deductions (from Schedu   |                 |                              |                 |   |          |               |                                 |
|   |        | deduction (see instructions)   |                 |                              |                 | Std Dedn US/I                                   | ndia Tre | aty <b>12</b> | 13,850.                         |
| •                                       | 13a    | Qualified business income deduction  | n from F        | orm 8995 or Forn             | า 8995-         | A . <b>13a</b>                                  |          |               |                                 |
|   | b      | Exemptions for estates and trusts o  | nly (see i      | nstructions) .               |                 | 13b   |          |               |                                 |
|   | С      | Add lines 13a and 13b  |                 |                              |                 |   |          | . 130         | ;                               |
| •                                       | 14     | Add lines 12 and 13c   |                 |                              |                 |   |          | . 14          |                                 |
|   | 15     | Subtract line 14 from line 11. If zero   | or less,        | enter -0 This is y           | our <b>ta</b> : | xable income                                    |          | . 15          | 2,773.                          |

| Form 1040-NR (2   | 2023)                               |   |                      |                    |                |         |              |         |          |          |         | Page <b>2</b> |
|-------------------|-------------------------------------|---|----------------------|--------------------|----------------|---------|--------------|---------|----------|----------|---------|---------------|
| Tax and           | 16                                  | Tax (see instructions). Check if ar   | ny from For          | rm(s): <b>1</b>    | 314 <b>2</b> [ | 4972    | 2 3          | B 🗆     |          | 16       |         | 276.          |
| Credits           | 17                                  | Amount from Schedule 2 (Form  | -                    |                    |                |         |              |         |          | 17       |         | 0.            |
|                   | 18                                  | Add lines 16 and 17   |                      |                    |                |         |              |         |          |          |         | 276.          |
|                   | 19                                  | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)                    |                      |                    |                |         |              |         |          |          |         |               |
|                   | 20                                  | Amount from Schedule 3 (Form  | 1040), line          | 8                  |                |         |              |         |          | 20       |         | 38.           |
|                   | 21                                  | Add lines 19 and 20   |                      |                    |                |         |              |         |          | 21       |         | 38.           |
|                   | 22                                  | Subtract line 21 from line 18. If z   | ero or less          | s, enter -0        |                |         |              |         |          | 22       |         | 238.          |
|                   | 23a                                 | Tax on income not effectively co  | nnected w            | rith a U.S. trade  | or business f  | from    |              |         |          |          |         |               |
|                   |                                     | Schedule NEC (Form 1040-NR),  | line 15 .            |                    |                | .       | 23a          |         |          |          |         |               |
|                   | b                                   | Other taxes, including self-empl  | oyment ta            | x, from Schedul    | e 2 (Form 10   | )40),   |              |         |          |          |         |               |
|                   |                                     | 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 <b>total ta</b> : | <b>x</b>           |                |         |              |         |          | 24       |         | 238.          |
| Payments          | 25                                  | Federal income tax withheld from  | n:                   |                    |                |         |              |         |          |          |         |               |
|                   | а                                   | Form(s) W-2   |                      |                    |                | .       | 25a          |         | 1,497.   |          |         |               |
|                   | b                                   | Form(s) 1099  |                      |                    |                | . [     | 25b          |         |          |          |         |               |
|                   | С                                   | Other forms (see instructions)  |                      |                    |                | Г       | 25c          |         |          |          |         |               |
|                   | d                                   | Add lines 25a through 25c   |                      |                    |                |         |              |         |          | 25d      |         | 1,497.        |
|                   | е                                   | Form(s) 8805  |                      |                    |                |         |              |         |          | 25e      |         |               |
|                   | f                                   | Form(s) 8288-A  |                      |                    |                |         |              |         |          | 25f      |         |               |
|                   | g                                   | Form(s) 1042-S  |                      |                    |                |         |              |         |          | 25g      |         |               |
|                   | 26                                  | 2023 estimated tax payments ar  |                      |                    |                |         |              |         |          | 26       |         |               |
|                   | 27                                  | Reserved for future use   |                      |                    |                | - 1     | 27           |         |          |          |         |               |
|                   | 28                                  | Additional child tax credit from S  |                      |                    |                |         | 28           |         |          |          |         |               |
|                   | 29                                  | Credit for amount paid with Forn  |                      | •                  |                | - 1     | 29           |         |          |          |         |               |
|                   | 30                                  | Reserved for future use   |                      |                    |                | - H     | 30           |         |          |          |         |               |
|                   | 31                                  | Amount from Schedule 3 (Form  |                      |                    |                | Г       | 31           |         |          |          |         |               |
|                   | 32                                  | Add lines 28, 29, and 31. These   | are your to          | otal other paym    | ents and re    | fundal  | ole cr       | edits . |          | 32       |         |               |
|                   | 33                                  | Add lines 25d, 25e, 25f, 25g, 26  |                      |                    |                |         |              |         |          | 33       |         | 1,497.        |
| Refund            | 34                                  | If line 33 is more than line 24, su   |                      |                    |                |         |              |         |          | 34       |         | 1,259.        |
|                   | 35a                                 | Amount of line 34 you want refu   |                      |                    |                |         | •            | -       |          | 35a      |         | 1,259.        |
| Direct deposit?   | b                                   | Routing number 0 2 6 0  |                      |                    | <b>c</b> Type: |         |              | ing 🗌   |          |          |         | ·             |
| See instructions. | d                                   | Account number 3 8 5 (  |                      |                    |                |         |              |         | Ü        |          |         |               |
|                   | е                                   | If you want your refund check mailed to an address outside the United States not shown on page 1, |                      |                    |                |         |              |         |          |          |         |               |
|                   |                                     | enter it here.  |                      |                    |                |         |              |         |          |          |         |               |
|                   | 36                                  | Amount of line 34 you want app  |                      |                    |                | .       | 36           |         |          |          |         |               |
| Amount            | 37                                  | Subtract line 33 from line 24. Th   | is is the <b>ar</b>  | nount you owe.     |                |         |              |         |          |          |         |               |
| You Owe           |                                     | For details on how to pay, go to  | www.irs.g            | ov/Payments or     | see instructi  | ions .  |              |         |          | 37       |         |               |
|                   | 38                                  | Estimated tax penalty (see instru   | uctions) .           |                    |                | .       | 38           |         |          |          |         |               |
| Third             | Do yo                               | ou want to allow another person to  | discuss t            | his return with th | e IRS? See     | instruc | tions.       | □ Y     | es. Comp | olete be | low.    | ⊠ No          |
| Party             | Designee's Phone Personal ident     |   |                      |                    |                |         |              |         |          |          |         |               |
| Designee          | name                                |   |                      | no.                |                |         |              | numb    | er (PIN) |          |         |               |
|                   |                                     | penalties of perjury, I declare that I ha<br>they are true, correct, and complete. I              |                      |                    |                |         |              |         |          |          |         |               |
| Sign              | Your                                | signature   |                      | Date               | Your occur     | nation  |              |         | If th    | e IRS s  | ent vou | u an Identity |
| Here              | 1001                                | oignataro   |                      | Baio               | rour cooup     | Janon   |              |         |          |          | •       | nter it here  |
|                   |                                     |   |                      |                    | SENIOR I       | BUSIN   | <u>IES</u> S | ANALYS  | T (see   | e inst.) |         |               |
|                   | Phone                               | e no.   |                      | Email address      |                |         |              |         | ,        |          |         |               |
| Paid              | Prepa                               | rer's name  | Preparer             | 's signature       |                |         | Date         |         | PTIN     |          | Check   | κ if:         |
|                   | SYAM                                | PRIYA RAM SAGAR GUPTA TALLAM  | SYAM PR              | IYA RAM SAGAH      | GUPTA TA       | LLAM    | 02/1         | 3/2024  | P0208    | 2703     | Se      | elf-employed  |
| Preparer          |                                     | s name GLOBAL TAXES   |                      |                    |                |         |              |         | Phone i  |          | 78)9    | 65-9522       |
| Use Only          | Firm's address 045 DOSTEL OF DOSTEL |   |                      |                    |                |         |              |         | Eirm'o E |          |         | 71065         |

BAA

#### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **03** 

Your social security number

889-54-2994

Department of the Treasury Internal Revenue Service

SURYATEJA ADDAGARLA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Go to www.irs.gov/Form1040 for instructions and the latest information.

| Par | Nonrefundable Credits  |                   |    |     |
|-----|--|-------------------|----|-----|
| 1   | Foreign tax credit. Attach Form 1116 if required                                 |                   | 1  |     |
| 2   | Credit for child and dependent care expenses from Form 2441 Form 2441            | , line 11. Attach | 2  |     |
| 3   | Education credits from Form 8863, line 19  |                   | 3  |     |
| 4   | Retirement savings contributions credit. Attach Form 8880                        |                   | 4  | 38. |
| 5a  | Residential clean energy credit from Form 5695, line 15                          |                   | 5a |     |
| b   | Energy efficient home improvement credit from Form 5695, line 32                 |                   | 5b |     |
| 6   | Other nonrefundable credits:   |                   |    | ı   |
| а   | General business credit. Attach Form 3800  | 6a                |    | ı   |
| b   | Credit for prior year minimum tax. Attach Form 8801                              | 6b                |    | ı   |
| С   | Adoption credit. Attach Form 8839  | 6c                |    | ı   |
| d   | Credit for the elderly or disabled. Attach Schedule R                            | 6d                |    | ı   |
| е   | Reserved for future use  | 6e                |    | ı   |
| f   | Clean vehicle credit. Attach Form 8936   | 6f                |    | ı   |
| g   | Mortgage interest credit. Attach Form 8396                                       | 6g                |    | ı   |
| h   | District of Columbia first-time homebuyer credit. Attach Form 8859               | 6h                |    | ı   |
| i   | Qualified electric vehicle credit. Attach Form 8834                              | 6i                |    | ı   |
| j   | Alternative fuel vehicle refueling property credit. Attach Form 8911             | 6j                |    | ı   |
| k   | Credit to holders of tax credit bonds. Attach Form 8912                          | 6k                |    | ı   |
| I   | Amount on Form 8978, line 14. See instructions                                   | 61                |    | ı   |
| m   | Credit for previously owned clean vehicles. Attach Form 8936 .                   | 6m                |    | ı   |
| Z   | Other nonrefundable credits. List type and amount:                               |                   |    | ı   |
|     |  | 6z                |    | ı   |
| 7   | Total other nonrefundable credits. Add lines 6a through 6z                       |                   | 7  |     |
| 8   | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20 | 040, 1040-SR, or  | 8  | 38. |

Schedule 3 (Form 1040) 2023 Page **2** 

| Par | Other Payments and Refundable Credits   |     |   |    |  |
|-----|---|-----|---|----|--|
| 9   | Net premium tax credit. Attach Form 8962                                      |     |   | 9  |  |
| 10  | Amount paid with request for extension to file (see instructions)             |     |   | 10 |  |
| 11  | Excess social security and tier 1 RRTA tax withheld                           |     |   | 11 |  |
| 12  | Credit for federal tax on fuels. Attach Form 4136                             |     |   | 12 |  |
| 13  | Other payments or refundable credits:   |     |   |    |  |
| а   | Form 2439   | 13a |   |    |  |
| b   | Credit for repayment of amounts included in income from earlier years         | 13b |   |    |  |
| С   | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c |   |    |  |
| d   | Deferred amount of net 965 tax liability (see instructions)                   | 13d |   |    |  |
| Z   | Other payments or refundable credits. List type and amount:                   | 13z |   |    |  |
| 14  | Total other payments or refundable credits. Add lines 13a through             | 13z |   | 14 |  |
| 15  | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31      | -   | - | 15 |  |

#### **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 SURYATEJA ADDAGARLA 889-54-2994 Enter amount of income under the appropriate rate of tax. See instructions

|  |  | Nature of Income   |                               |         | <b>(a)</b> 10%              | (b) 150/            | (c) 30%                 | (d) Other  | (specify)  |
|--|--|--|-------------------------------|---------|-----------------------------|---------------------|-------------------------|--|--|
|  |  | (a) 1070   | <b>(b)</b> 15%                | (C) 30% | %                           | %                   |                         |  |  |
| 1  | Dividends and divide   | end equivalents:   |                               |         |                             |                     |                         |  |  |
| а  | Dividends paid by U.   | S. corporations  |                               | 1a      |                             |                     |                         |  |  |
| b  | Dividends paid by fo   | reign corporations   |                               | 1b      |                             |                     |                         |  |  |
| С  | Dividend equivalent p  | ayments received with respect to section 871(m) tran   | nsactions                     | 1c      |                             |                     |                         |  |  |
| 2  | Interest:  |  |                               |         |                             |                     |                         |  |  |
| а  | Mortgage   |  |                               | 2a      |                             |                     |                         |  |  |
| b  | Paid by foreign corpo  | orations   |                               | 2b      |                             |                     |                         |  |  |
| С  | Other  |  |                               | 2c      |                             |                     |                         |  |  |
| 3  | Industrial royalties (p                                      | atents, trademarks, etc.)  |                               | 3       |                             |                     |                         |  |  |
| 4  | Motion picture or TV   | copyright royalties  |                               | 4       |                             |                     |                         |  |  |
| 5  | Other royalties (copy  | rights, recording, publishing, etc.)   |                               | 5       |                             |                     |                         |  |  |
| 6  | Real property income and natural resources royalties         |  |                               |         |                             |                     |                         |  |  |
| 7  | Pensions and annuities                                       |  |                               |         |                             |                     |                         |  |  |
| 8  | Social security benefits                                     |  |                               |         |                             |                     |                         |  |  |
| 9  | Capital gain from line 18 below                              |  |                               |         |                             |                     |                         |  |  |
| 10   | Gambling—Resident If zero or less, enter                     | s of Canada only. Enter net income in column (c). <b>r -0</b>  |                               |         |                             |                     |                         |  |  |
| а  | Winnings   |  |                               |         |                             |                     |                         |  |  |
| b  |  | <u> </u>   |                               | 10c     |                             |                     |                         |  |  |
| 11   | Note: Enter winnings   | s of countries other than Canada.<br>s only. Losses aren't allowed   |                               | 11      |                             |                     |                         |  |  |
| 12   | Other (specify):   |  |                               |         |                             |                     |                         |  |  |
|  |  |  |                               | 12      |                             |                     |                         |  |  |
| 13   | _  | 12 in columns (a) through (d)  |                               | 13      |                             |                     |                         |  |  |
| 14   |  | ate of tax at top of each column   |                               | 14      |                             |                     |                         |  |  |
| 15   | Tax on income not e  | ffectively connected with a U.S. trade or business.  |                               |         |                             |                     |                         | -NR, line 23a <b>15</b>                                  |  |
|  |  | Capital Gains and I  | Losses F                      | rom     | Sales or Excha              | anges of Proper     | ty                      | ı  |  |
| Enter only the capital gains and<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not |  | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquir<br>mm/dd/yyyy |         | (c) Date sold<br>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). |
| effective  | 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<br>nd losses on Schedule D<br>040). |  |                               |         |                             |                     |                         |  |  |
|  | property sales or  |  |                               |         |                             |                     |                         |  |  |
| connec   | ges that are effectively ted with a U.S. business            | 17 Add columns (f) and (g) of line 16  |                               |         |                             |                     | 17                      | ( )  |  |
| on Schedule D (Form 1040),<br>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 abo |                         |  |  |

# 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       |              |  |  |
|---------|--|-------------------------------|------------------------|---|------------------|--------------|--------------|--|--|
| SURY    | ATEJA ADDAGARLA  |                               |                        |   | 889-54-29        | 994          |              |  |  |
| Α       | Of what country or countries w   | vere you a citizen or nation  | al during the tax yea  | ur? INDIA                               |                  |              |              |  |  |
| В       | In what country did you claim  | residence for tax purpose     | s during the tax yea   | r? 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?  |                               |                        |   |                  | ☐ Yes        | ⊠ No         |  |  |
| 2.      | A green card holder (lawful per  | rmanent resident) of the Ur   | ited States?           |   |                  | ☐ Yes        | ⊠ No         |  |  |
|         | If you answer "Yes" to (1) or (2   | ), see Pub. 519, chapter 4,   | for expatriation rule  | s that apply to you.                    |                  |              |              |  |  |
| E       | If you had a visa on the last of immigration status on the last of                     |                               |                        | u didn't have a visa, en                | •                |              |              |  |  |
| F       | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? |                               |                        |   |                  |              |              |  |  |
| G       | List all dates you entered and left the United States during 2023. See instructions.   |                               |                        |   |                  |              |              |  |  |
|         | Note: If you're a resident of C  |                               |                        |   | ent intervals,   |              |              |  |  |
|         | check the box for Canada or  | Mexico and skip to item I     | <u> </u>               | $\square$ Canada                        | ☐ Mexico         |              |              |  |  |
|         | Date entered United States   | Date departed United Stat     | es I                   | Date entered United State               |                  | rted United  | l States     |  |  |
|         | mm/dd/yy   | mm/dd/yy                      |                        | mm/dd/yy                                | r                | nm/dd/yy     |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
| Н       | Give number of days (including   |                               |                        |   |                  |              |              |  |  |
|         | 2021   | , 2022                        | , and 2                | 2023 365                                | ·                | □ <b>v</b>   | ⊠ N -        |  |  |
| ı       | Did you file a U.S. income tax<br>If "Yes," give the latest year ar                    | nd form number you filed:     |                        |   |                  | ∐ Yes        | ⊠ No         |  |  |
| J       | Are you filing a return for a trus   | st?                           |                        |   |                  | Yes          | ⊠ No         |  |  |
|         | If "Yes," did the trust have a U   |                               |                        |   |                  |              |              |  |  |
|         | 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,     |  |  |
| 1.      | Enter the name of the country,   |                               |                        |   | claimed the tre  | atv benefit  | and the      |  |  |
|         | amount of exempt income in th  |                               |                        |   |                  | ,            | •            |  |  |
|         | (a) Cou  | ntry                          | (b) Tax treaty article | e (c) Number of month                   | ns (d) Am        | ount of exe  | mpt          |  |  |
|         |  |                               |                        | claimed in prior tax ye                 | ars income i     | n current ta | x year       |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        |   |                  |              |              |  |  |
|         | ( ) <b>T</b>   | E 4040 NB 11 41 5             |                        |   |                  |              |              |  |  |
| ^       | (e) Total. Enter this amount of  |                               | •                      |   |                  |              |              |  |  |
|         | Were you subject to tax in a fo  |                               |                        |   |                  | ∐ Yes        | ∐ No<br>⊠ No |  |  |
| ა.      | Are you claiming treaty benefit  |                               |                        |   |                  | ∐ Yes        | △ NO         |  |  |
| М       | If "Yes," attach a copy of the C<br>Check the applicable box if:                       | competent Authority determ    | imation letter to you  | ıı ıolulli.                             |                  |              |              |  |  |
|         | This is the first year you are many  | aking an election to treat in | come from real pro-    | nerty located in the Unite              | ed States as ef  | fectively co | nnected      |  |  |
| 1.      | with a U.S. trade or business u  |                               |                        |   |                  |              | . 🗆          |  |  |
| 2.      | You have made an election in   | , ,                           |                        |   |                  |              | e United     |  |  |
| ۲.      | States as effectively connected  |                               |                        |   |                  |              |              |  |  |
|         |  |                               |                        | • |                  |              |              |  |  |

#### **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Name(s) shown on return SURYATEJA ADDAGARLA Your social security number 889-54-2994

(a) You



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

|    |                 |                  |  |                         |                          |             | (a) I ou   | (b) i oui | Spouse |
|----|-----------------|------------------|--|-------------------------|--------------------------|-------------|------------|-----------|--------|
| 1  |                 |                  | ontributions, and AB   |                         |                          |             |            |           |        |
| 2  | •               | •                |  |                         |                          |             |            |           |        |
| _  |                 |                  |  |                         |                          |             |            |           |        |
| 3  | Add lines 1 an  | d 2              |  |                         |                          | 3           | 75.<br>75. |           |        |
| 4  |                 |                  |  |                         |                          |             |            |           |        |
| 5  | Subtract line 4 | from line 3. If  | zero or less, enter -0-  |                         |                          | 5           | 75.        |           |        |
| 6  |                 |                  | •  | 00                      |                          | 6           | 75.        |           |        |
| 7  |                 |                  |  | t take this credit      |                          |             | 7          |           | 75.    |
| 8  |                 |                  |  | 040-NR, line 11*        |                          | 1           | 623.       |           |        |
| 9  |                 |                  | amount from the table  |                         |                          | 10,         | 020.       |           |        |
| •  | Entor the app.  | ioabio dooiiiiai |  |                         |                          |             |            |           |        |
|    | If line         | 8 is-            | , and the second | And your filing status  | is-                      |             |            |           |        |
|    | Over—           | But not over—    | Married filing jointly   | Head of household       | Single, Marr<br>separate | ly, or      |            |           |        |
|    |                 | 0.00             | Enter or   | line 9—                 | Qualifying survi         | ving spouse |            |           |        |
|    |                 | \$21,750         | 0.5  | 0.5                     | 0.5                      |             |            |           |        |
|    | \$21,750        | \$23,750         | 0.5  | 0.5                     | 0.2                      |             |            |           |        |
|    | \$23,750        | \$32,625         | 0.5  | 0.5                     | 0.1                      |             | 9          | X         | .5     |
|    | \$32,625        | \$35,625         | 0.5  | 0.2                     | 0.1                      |             |            |           |        |
|    | \$35,625        | \$36,500         | 0.5  | 0.1                     | 0.1                      |             |            |           |        |
|    | \$36,500        | \$43,500         | 0.5  | 0.1                     | 0.0                      |             |            |           |        |
|    | \$43,500        | \$47,500         | 0.2  | 0.1                     | 0.0                      |             |            |           |        |
|    | \$47,500        | \$54,750         | 0.1  | 0.1                     | 0.0                      |             |            |           |        |
|    | \$54,750        | \$73,000         | 0.1  | 0.0                     | 0.0                      |             |            |           |        |
|    | \$73,000        |                  | 0.0  | 0.0                     | 0.0                      |             |            |           |        |
|    |                 | Note:            | f line 9 is zero, <b>stop</b> ;  | you can't take this cre | edit.                    |             |            |           |        |
| 10 | Multiply line 7 | by line 9 .      |  |                         |                          |             | 10         |           | 38.    |
| 11 | Limitation bas  | ed on tax liabil | ity. Enter the amount  | from the Credit Limit   | Worksheet in t           | he instruct | ions 11    |           | 276.   |
| 12 | Credit for qu   | alified retirem  | ent savings contrib  | utions. Enter the sm    | aller of line 10         | or line 11  | here       |           |        |
|    |                 |                  | 4.00 11 4  |                         |                          |             | 1          | 1         |        |
|    | and on Sched    | ule 3 (Form 10   | 40), line 4  |                         |                          |             | · · 12     |           | 38.    |

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.