#### 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.

Submission Identification Number (SID)

T.....

Taxpay	er's name	Social securi	Social security number					
AKS.	HIT RAJESH TAYADE	673-74	673-74-8547					
Spouse	's name	Spouse's so	cial secu	urity number				
Dort	Tax Dature Information Tax Year Ending December 21 2000 (En			thorizing)				
Part	· · · · · · · · · · · · · · · · · · ·	nter year you a	are au	lnonzing.)				
Enter	whole dollars only on lines 1 through 5.							
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	23,463.				
2	Total tax		2	963.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,875.				
4	Amount you want refunded to you		4	912.				
5	Amount you owe		5					

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

		-		FBO firm name		Ę
X	l authorize	GLOBAL	TAXES	ГГС	to enter or generate my PIN	_
$\overline{\mathbf{v}}$	La suble a stara			TTO	to entry an entry of DIN	4

4	8	5	4	7	00 mV
Ente don	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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

			as my
er fiv n't er			

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨
Practitioner PIN Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	Ir five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/05/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>	)-	VR Department of the Treasury-Inter U.S. Nonresident AI	rnal Reven ien Inc	ue Service Come Tax Retu	rn 2	20 <b>23</b>	ОМВ	No. 15	45-0074		aple in thi			
For the year Jan	ı. 1–	Dec. 31, 2023, or other tax year beginr	ning	, 2023	3, end	ing		. <u></u> ,	20	See separate				
Your first name			Last name     Your identifying number (see instructions)											
AKSHIT RA	JE	SH	TAYA	DE					673	-74-	8547			
Home address (	(num	ber and street). If you have a P.O. box	k, see ins	tructions.							Apt.	no.		
432 WAYNE											2L			
City, town, or po	ost c	ffice. If you have a foreign address, al	so comp	lete spaces below.			Sta	ite		ZIP o	code			
JERSEY CITY							NJ			073	302			
Foreign country	nan	ne	Foreigr	n province/state/county	/		For	reign p	oostal c	ode				
Filing Status Check only one box.	lf 	you checked the QSS box, enter the	Single							-		Trust		
Digital Assets	At a oth	any time during 2023, did you: (a) rece erwise dispose of a digital asset (or a	ive (as a financial i	reward, award, or payı interest in a digital ass	nent f et)? (S	or property or See instruction	servic s.) .	es); o	r (b) sell 	, excha	ange, or ] <b>Yes</b>	🗙 No		
Dependents								(4) Ch	eck the b	ox if qua	alifies for	(see inst.):		
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3	Relationshin to	NOU	Chil	d tax cre	dit	Credit for depen			
						(3) Relationship to you		<u>+</u>						
If more than four											L	1		
dependents, see instructions and												<u> </u>		
check here					-							<u> </u>		
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see ii	nstructions)					. 1a	a	23,	,463.		
Effectively	b	Household employee wages not rep	ported on	Form(s) W-2					. 11	<b>b</b>				
Connected	с	Tip income not reported on line 1a (	see instru	uctions)					. 10	>				
With U.S.	d	Medicaid waiver payments not repo	rted on F	orm(s) W-2 (see instru	ctions	)			. 10	ł				
Trade or	е	Taxable dependent care benefits fro		-						•				
Business	f	Employer-provided adoption benefi												
Attach	g	Wages from Form 8919, line 6												
Form(s) W-2,	h	Other earned income (see instructions)         .							. 11	ו				
1042-S, SSA-1042-S,	:	Reserved for future use							. 1					
RRB-1042-S, and 8288-A here, Also	j k	Total income exempt by a treaty fro	m Sched	ule OI (Form 1040-NR)	, item	L,		•						
attach	z								. 1:	z	23,	,463.		
Form(s) 1099-R if	2a	Tax-exempt interest 2	a	b Ta	axable	interest			. 21	5				
tax was	3a	Qualified dividends 3	a	<b>b</b> O	rdinar	y dividends .			. 31	<b>b</b>				
withheld.	4a	IRA distributions 4	a	<b>b</b> Ta	axable	e amount			. 41	<b>)</b>				
If you did not	5a		a			e amount			-	<b>)</b>				
get a Form W-2, see	6	Reserved for future use								_				
instructions.	7	Capital gain or (loss). Attach Sched		, ,		•								
	8	Additional income from Schedule 1								_	22	1.00		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		-							23	,463.		
	10						• •		. 10	<u> </u>				
	11	Subtract line 10 from line 9. This is								1	23	,463.		
	12	Itemized deductions (from Scheduction (see instructions)				Std Dedn US				2	13	,850.		
	13a	Qualified business income deduction												
	b	Exemptions for estates and trusts o				-								
	c	Add lines 13a and 13b										0.5.6		
	14 15			· · · · · · · ·						_		<u>,850.</u>		
	<u>15</u>	Subtract line 14 from line 11. If zero				e income .		•	. 1			,613.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-NR** (2023)

Form 1040-NR (	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any fr	rom Form	n(s): <b>1</b> 🗌 88	14 <b>2</b> 🗌 497	72 <b>3</b>		16	963.
Credits	17	Amount from Schedule 2 (Form 104	10), line 3	3				17	0.
	18	Add lines 16 and 17						18	963.
	19	Child tax credit or credit for other d	epender	nts from Schedu	ule 8812 (Form 10	040)		19	
	20	Amount from Schedule 3 (Form 104	10), line 8	3				20	
	21	Add lines 19 and 20	21						
	22	Subtract line 21 from line 18. If zero	22	963.					
	23a	Tax on income not effectively conner Schedule NEC (Form 1040-NR), line				23a			
	b	Other taxes, including self-employn				200		-	
	Ŭ					23b			
	с	Transportation tax (see instructions				23c		_	
	d	Add lines 23a through 23c	,					23d	
	24	Add lines 22 and 23d. This is your t							963.
Payments	25	Federal income tax withheld from:			<u> </u>				
Fayments	a	Form(s) W-2				25a	L <b>,</b> 875	5	
	b	Form(s) 1099				25b		<u> </u>	
	c	Other forms (see instructions)				25c		_	
	d	Add lines 25a through 25c						25d	1,875.
	e	Form(s) 8805							,
	f	Form(s) 8288-A							
	g	Form(s) 1042-S							
	26	2023 estimated tax payments and a							
	27	Reserved for future use				27			
	28	Additional child tax credit from Sch	edule 88	312 (Form 1040)		28			
	29	Credit for amount paid with Form 1		,		29		_	
	30	Reserved for future use							
	31	Amount from Schedule 3 (Form 104				31			
	32	Add lines 28, 29, and 31. These are	your to	tal other paym	ents and refunda	able credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, an	nd 32. Th	iese are your <b>to</b>	tal payments .			33	1,875.
Refund	34	If line 33 is more than line 24, subtra	act line 2	24 from line 33.	This is the amour	nt you <b>overpaid</b>		34	912.
	35a	Amount of line 34 you want refunded	ed to yo	<b>u</b> . If Form 8888	is attached, cheo	ck here	. [	35a	912.
Direct deposit?	b	Routing number 0 2 1 2	02	3 3 7	<b>c</b> Type: 🛛 🛛	Checking	Saving	s	
See instructions.	d	Account number 8 8 6 5	7 3	3 0 9					
	е	If you want your refund check maile	ed to an	address outsid	e the United Stat	es not shown on	page 1	1,	
		enter it here.							
	36	Amount of line 34 you want applied			ed tax	36			
Amount	37	Subtract line 33 from line 24. This is		-	and the day of the s				
You Owe		For details on how to pay, go to ww	-	•		1 1	• •	37	
	38	Estimated tax penalty (see instruction	,			38			
Third	-	u want to allow another person to dis	scuss th		e IRS? See instru			nplete be	low. 🛛 No
Party Designee	Desig name			Phone no.			nal ider er (PIN)	ntification	
		penalties of perjury, I declare that I have e							
0	belief,	they are true, correct, and complete. Decl	aration of	preparer (other th	han taxpayer) is bas	ed on all informatio			, 0
Sign	Your signature Date Your occupation					1			ent you an Identity
Here							rotection ee inst.)	PIN, enter it here	
	Dhone	2010260622		Email address T(	STUDENT		(5	ee msi.)	
		e no. 2019360623 rer's name Pr		signature	AYADEAKSHIT28@Y	Date	PTIN		Check if:
Paid	•		•	•				00700	Self-employed
Preparer				IA KAM SAGAR	. GUPTA TALLAM	02/14/2024		82703	
Use Only		address 245 ROONEY CT			T 0001C		Phone Firm's	1.2	<u>78)965-9522</u> 34-3171965
Go to unucuite					010010				
GO 10 WWW.Irs.	yov/F0I	m1040NR for instructions and the lates	si iniorma	auon.	BAA	REV 02/05/24 PR	5	F	form <b>1040-NR</b> (2023)

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

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

OMB No. 1545-0074

Sequence No. 7B

23

Attach to Form 1040-NR.

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

Internal Revenue Service Name shown on Form 1040-NR

Your identifying number

2

Attachment

673-74-8547

AKSHIT RAJESH TAYADE

Enter	amount of income und	er the appropriate rate of tax. See instructions.							
		Nature of Income			<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	r (specify)
		Nature of meenie		_	(a) 1070	(b) 1370	(0) 50 / 0	%	%
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	payments received with respect to section 871(m) to	ransactions	1c					
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corp	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		e and natural resources royalties		6					
7	Pensions and annuit	ies		7					
8	Social security benef	fits	8						
9	Capital gain from line	9							
10	Gambling-Resident	ts of Canada only. Enter net income in column (c)	).						
а	Winnings								
b	Losses			10c					
11	Gambling-Resident	ts of countries other than Canada.		11					
12	Other (specify):	s only. Losses aren't allowed		11					
12				12					
10		1 12 in columns (a) through (d)		13					
13	-	rate of tax at top of each column		13					
14 15		ffectively connected with a U.S. trade or busines			through (d) of line 1	/ Enter the total her	and on Form 1040	-NR, line 23a <b>15</b>	
15	Tax on income not e	Capital Gains and							
	only the capital gains and			TOIL				(1) 1 000	() 0411
losses exchan	from property sales or ges that are from sources the United States and not	16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yyy		(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).
	vely connected with a U.S. ss. Do not include a gain								
or loss on disposing of a U.S. real									
gains a	ty interest; report these and losses on Schedule D								
(Form 1	•								
	property sales or ges that are effectively								
connec	cted with a U.S. business edule D (Form 1040),								
	4797, or both.	18 Capital gain. Combine columns (f) and (	(g) of line 17	7. Ente	er the net gain her	re and on line 9 ab	ove. If a loss, ente	er-0 <b>18</b>	

### SCHEDULE OI (Form 1040-NR)

Department of the Treasury

# **Other Information**

OMB No. 1545-0074

Attach to Form 1040-NR.

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

20 3 Attachment Sequence No. 7C

lame	shown	on	Form	1040	

Internal F	Revenue Service		Ans	wer all questions.			Sequence No	o. 7C	
Name sh	nown on Form 1040	D-NR				Your identifyir	ng number		
AKSH	IT RAJESH					673-74-			
Α			vere you a citizen or nationa						
в			residence for tax purposes				<u></u>	<u></u>	
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						<b>—</b>	🛛 No	
2.	•	• •	rmanent resident) of the Un					🔀 No	
-	-		), see Pub. 519, chapter 4,	-					
E			day of the tax year, enter y day of the tax year. <u>F1</u>		didn't nave a visa, ent	-			
F	Have you ever If you answere	changed your v d "Yes," indicate	isa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigratio e change:	n status?		🗌 Yes	🗙 No	
G	List all dates ye	ou entered and I	left the United States durin	g 2023. See instruction	ns.				
			anada or Mexico AND cor			ent intervals,			
	check the box	for Canada or	Mexico and skip to item H	<u>1.</u> <u></u>	🗌 Canada	Mexico			
		United States	Date departed United State	es Da	te entered United States	Date de	parted United	d States	
	mm/	dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy		
н	Give number of	davs (including	vacation, nonworkdays, and	h nartial days) you were	present in the United S	tates during:			
			, 2022 <u>1</u> 4		•	•			
I	Did you file a L	J.S. income tax	return for any prior year? .				X Yes	🗌 No	
J	Are you filing a	return for a trus	nd form number you filed:	104	UNK		Yes	🗙 No	
Ū	If "Yes," did th	e trust have a l	J.S. or foreign owner unde ribution from a U.S. person	r the grantor trust rule	es, make a distribution	or loan to a			
к	-		ation of \$250,000 or more					X No	
	-		ative method to determine t					🗌 No	
L			you are claiming exemption			ax treaty wi	th a foreign	country,	
1.			<ol> <li>See Pub. 901 for more int the applicable tax treaty art</li> </ol>			olaimad tha t	rooty bonofi	t and the	
			e columns below. Attach Fo				leaty benefi	i, and the	
		(a) Cou		(b) Tax treaty article	(c) Number of months	s <b>(d)</b> A	mount of exe	empt	
		.,	,	., ,	claimed in prior tax yea		e in current ta	ax year	
	(e) Total. Enter	r this amount or	n Form 1040-NR, line 1k. D	o not enter it anvwher	e else on line 1				
2.	• •		reign country on any of the	•			<b>Yes</b>	No	
			s pursuant to a Competent	• •			☐ Yes	X No	
	-	• •	Competent Authority detern	•					
М	Check the app	licable box if:							
1.			aking an election to treat in		-		-	onnected	
_			under section 871(d). See ir					· · □	
2.			n a previous year that has d with a U.S. trade or busin						
For Par			see the Instructions for Fo	1040 NB			OI (Form 1040		
				B	AA REV 02/05/24 PRO			, 2020	