IRS e-file Signature Authorization

OMB No. 1545-0074

rtment of the Treasury
al Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Interr

Taxpayer	sname	Social secur	rity number	
SAIK	RISHNA KORE	786-09	9-1621	
Spouse's	name	Spouse's so	ocial security number	
Part I	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	are authorizing.)	
Enter w	hole dollars only on lines 1 through 5.			
Note: F	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 /	Adjusted gross income		1 7,	560.
2	Total tax		2	Ο.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	437.
4	Amount you want refunded to you		4	437.
5			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		Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	<u> </u>
						19

9 Ent	1 er fiv	6 ve di	2 aits.	1 but	as my
don	er fiv i't en	ter a	all ze	ros	

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 mv Enter five digits, but don't enter all zeros

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 Method Returns Only—conti	nue be	elov	v					
Part III Certification and Authentication – Practitioner PIN Method On	у							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	2	2	2		6 (_	7	1

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							
Don't	ERO Must Retain This Form — See Submit This Form to the IRS Unless						
For Denominarily Deduction Act Nation	a very tev veture instructions		Earm 8879 (Bay, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/22/24 PRO

1040)-	VR Department of the Treasury-Inter U.S. Nonresident Ali	nal Revenue Service en Income 1	ax Return	2023	OMB No.	1545-0074	or stap	Only—Do not write ple in this space.
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 2							, 20		ee separate nstructions.
Your first name			Last name Your identifying number (see instructions)						
SAIKRISHN	A		KORE				786	-09-1	
		ber and street). If you have a P.O. box					/00	051	Apt. no.
		LLWAY EDISON	,						
		ffice. If you have a foreign address, als	o complete space	es below.		State		ZIP cc	⊥ ode
EDISON						NJ		0881	17
Foreign country	nan	ne	Foreign province	/state/county		Foreigr	n postal c	ode	
Filing	_								
Filing Status	Þ	Single 🛛 Married filing sepa	rately (MFS)	Qualifyin	g surviving spous	e (QSS)	🗌 E	state	Trust
Check only one box.	If 	you checked the QSS box, enter the c				•		-	
Digital Assets	At a oth	ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f	ve (as a reward, av inancial interest in	ward, or payme a digital asset)	nt for property or ? (See instruction	services); s.)	or (b) sell 	, exchar	nge, or Yes 🔀 No
Dependents						(4) (heck the b	ox if quali	ifies for (see inst.):
(see instructions):		(1) First name Last name		ependent's ying number	(3) Relationship to	C	nild tax cre	dit C	Credit for other dependents
		(i) i ist hame Last hame		ying number		you			
If more than four									<u>_</u>
dependents, see instructions and									
check here									
Income	1a	Total amount from Form(s) W-2, box	1 (see instruction	s)			. 1	a	7,560.
Effectively	b	Household employee wages not rep	orted on Form(s) V	N-2			. 1	b	
Connected	С	Tip income not reported on line 1a (s						>	
With U.S.	d	Medicaid waiver payments not report					. 10	d L	
Trade or	е	Taxable dependent care benefits fro					. 10		
Business	f	Employer-provided adoption benefit					. 1		
Attach	g	Wages from Form 8919, line 6					. 19		
Form(s) W-2,	h i	Other earned income (see instruction Reserved for future use					. 1	1	
1042-S, SSA-1042-S,	;	Reserved for future use					. 1		
RRB-1042-S,	J k	Total income exempt by a treaty from			1 1		· •		
and 8288-A here. Also	N	line 1(e)							
attach	z	Add lines 1a through 1h					. 1:	z	7,560.
Form(s) 1099-R if	2a	Tax-exempt interest 2a		b Taxa	able interest		. 2	b	
tax was	3a	Qualified dividends 3a		b Ordi	nary dividends .		. 3	b	
withheld.	4a	IRA distributions 4a		b Taxa	able amount		. 4	b	
lf you did not get a Form	5a	Pensions and annuities 5a			able amount				
W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Schedu							
	8 9	Additional income from Schedule 1 (Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8							7,560.
			-					<u> </u>	7,300.
	10	Adjustments to income from Sched	. ,			-		b	
	11	Subtract line 10 from line 9. This is y							7,560.
	12	Itemized deductions (from Schedu							
		deduction (see instructions)						2	13,850.
	13a	Qualified business income deduction							
	b	Exemptions for estates and trusts or		,					
	С	Add lines 13a and 13b					. 13	c	
	14								13,850.
	15	Subtract line 14 from line 11. If zero		This is your tax	able income		. 1		0.

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

Form **1040-NR** (2023)

orm 1040-NR (2023)								Page 2
Fax and	16	Tax (see instructions). Check if an	y from Fo	rm(s): 1 🗌 88	814 2 🗌 497	2 3 🗌		16	0.
redits	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 othe	r depende	ents from Sched	ule 8812 (Form 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 z						22	0.
	23a	Tax on income not effectively co	nnected v	vith a U.S. trade	or business from				
		Schedule NEC (Form 1040-NR),				23a			
	b	Other taxes, including self-emplo							
		line 21	2		().	23b			
	с	Transportation tax (see instruction				23c			
	d	Add lines 23a through 23c						23d	1
	24	Add lines 22 and 23d. This is you							0.
ayments	25	Federal income tax withheld from							
aymento	а	Form(s) W-2				25a	43	7.	
	b	Form(s) 1099				25b	10	· •	
	c	Other forms (see instructions)				25c		_	
	d	Add lines 25a through 25c						25d	437.
	e	Form(s) 8805						25e	1071
	f	Form(s) 8288-A						25f	
		Form(s) 1042-S						25g	
	g 26	2023 estimated tax payments an						209	
	20 27	Reserved for future use				27		20	
	27							-	
		Additional child tax credit from S		,	,	28		-	
	29 00	Credit for amount paid with Forn				29		_	
	30	Reserved for future use				30		_	
	31	Amount from Schedule 3 (Form	,.			31			-
	32	Add lines 28, 29, and 31. These	-						107
	33	Add lines 25d, 25e, 25f, 25g, 26,		-					437.
efund	34	If line 33 is more than line 24, su				•			437.
	35a	Amount of line 34 you want refu							437.
rect deposit? e instructions.	b	Routing number 0 1 1 9			c Type:		Saving	S	
	d	Account number 3 8 5 0							
	е	If you want your refund check m	ailed to a	n address outsic	de the United State	es not shown on	page	1,	
		enter it here.				1			
	36	Amount of line 34 you want appl				36			
mount	37	Subtract line 33 from line 24. Thi							
ou Owe	• •	For details on how to pay, go to				· · · · ·		37	
	38	Estimated tax penalty (see instru				38			
hird	•	u want to allow another person to	discuss t					nplete be	
arty	Desig	nee's		Phone				ntification	1
esignee	name						er (PIN)		
		penalties of perjury, I declare that I hav they are true, correct, and complete. D							
ign			colaradon						, ,
-	Yours	signature		Date	Your occupation				sent you an Identity PIN, enter it here
ere					SOFTWARE E	NGINEER		ee inst.)	
	Phone	no		Email address					
		rer's name	Preparer	's signature		Date	PTIN		Check if:
aid	•	PRIYA RAM SAGAR GUPTA TALLAM	•	0	R GUPTA TALLAM			82703	Self-employed
				TITI IVULI DAGAI	MALLAI ALIOL I.	00/02/2024	Phone		78)965-9522
•	- Lirm'r		ilit.					unu. (6	101303-3322
reparer se Only	Firm's	address 245 ROONEY C			T 0001C		Firm's		34-3171965

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

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 2023 Attachment Sequence No. 7B

Your identifying number

786-09-1621

SAIKRISHNA KORE

Enter a	amount of income und	er the a	appropriate rate of tax. See instructions.							
Nature of Income					(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)	
						(a) 1078	(b) 1378	(c) 30 %	%	%
1	Dividends and divide									
а	Dividends paid by U	S. cor	porations		1a					
b	Dividends paid by fo	reign o	corporations		1b					
с	Dividend equivalent p	aymer	ts received with respect to section 871(m) tra	Insactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corp	oratior	IS		2b					
с	Other				2c					
3	Industrial royalties (p	atents	, trademarks, etc.)		3					
4	Motion picture or TV	copyr	ight royalties		4					
5	Other royalties (copy	rights,	recording, publishing, etc.)		5					
6	Real property incom	e and	natural resources royalties		6					
7	Pensions and annuit	ies.			7					
8	Social security bene	fits .			8					
9			elow		9					
10	Gambling-Resident	is of C r -0	anada only. Enter net income in column (c).							
а	Winnings									
b					10c					
11	Gambling-Resident	s of co only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or business	. Add colum	nns (a) t	through (d) of line 1	4. Enter the total her	e and on Form 104	0-NR, line 23a 15	
			Capital Gains and	Losses F	rom	Sales or Excha	anges of Proper	ty		
losses f exchan	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 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).
busines	ely connected with a U.S. ss. Do not include a gain on disposing of a U.S. real									

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

(Form 1040).

property interest; report these gains and losses on Schedule D

For Paperwork Reduction Act Notice	see the Instructions for Form 1040-NR.
For Paperwork Reduction Activolice,	see the instructions for Form 1040-NR.

17 Add columns (f) and (g) of line 16

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

18

. .

17 (

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

2

OMB No. 1545-0074

		<i>IR</i> for instructions and the latest information. swer all questions.			Attachment Sequence No. 7C			
Name sl	nown on Form 1040-NR				Your identify	ring number		
SAIKRISHNA KORE					786-09-			
Α	Of what country or countries were you a citizen or national during the tax year? INDIA							
В	In what country did you claim residence for tax purposes during the tax year? United States							
С	Have you ever applied to be a	ι green card holder (lawful p	permanent resident) of	the United States? .		. 🗌 Yes	🛛 No	
D	Were you ever:							
1.	A U.S. citizen?							
2.	A green card holder (lawful permanent resident) of the United States?							
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.							
Е	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.							
	immigration status on the last day of the tax yearF1							
F	Have you ever changed your	visa type (nonimmigrant sta	atus) or U.S. immigratio	n status?		. Yes	🛛 No	
	If you answered "Yes," indicate the date and nature of the change:							
G	List all dates you entered and left the United States during 2023. See instructions.							
	Note: If you're a resident of C							
	check the box for Canada o	r Mexico and skip to item I	H.,	· · 🗌 Canada	Mexic	0		
	Date entered United States	Date departed United Stat	tes Da	te entered United State	s Date d	eparted Unite	d States	
	mm/dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy		
Н	Give number of days (including			•		j :		
	2021 Did you file a U.S. income tax	, 2022	, and 202	3 365	······································	. 🗌 Yes	🛛 No	
I	If "Yes " give the latest year a	nd form number you filed:				\Box res		
J	If "Yes," give the latest year an					. 🗌 Yes	🔀 No	
J	Are you filing a return for a trust?							
к	Did you receive total compens					_	No	
i v			• •					
L	If "Yes," did you use an alternative method to determine the source of this compensation?							
-	complete (1) through (3) below				last to out y	initia terengi		
1.	Enter the name of the country,				claimed the	treaty benef	it, and the	
	amount of exempt income in th					,	,	
	(a) Cou	untry	(b) Tax treaty article	(c) Number of month	ns (d)	(d) Amount of exempt		
				claimed in prior tax ye		income in current tax year		
) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1						
	Were you subject to tax in a foreign country on any of the income shown in 1(d) above?							
3.	Are you claiming treaty benefi		•			. 🗌 Yes	🗙 No	
_	If "Yes," attach a copy of the	Competent Authority deterr	mination letter to your r	eturn.				
M	Check the applicable box if:		,					
1.	This is the first year you are m							
~		with a U.S. trade or business under section 871(d). See instructions						
2.	TOU Have made an election I	IT a previous year that has	s not been revoked, to	treat income from re	al property	located in th	he United	

States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

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