## 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

|   | 5.6.1.05   |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| Submis  | ssion Identification Number (SID)  |   |  |   |  |  |  |
| Taxpayer  | r's name   | Social securi   | ty numi  | per   |  |  |  |
| SAI   | SRIHAAS REDDY BURRAMUKKU   | 796-40-3569   |  |   |  |  |  |
| Spouse's  | sname  | Spouse's social security number   |  |   |  |  |  |
| Part  | Tax Return Information — Tax Year Ending December 31, 2023 (Enter  | Vear voll a   | re au  | thorizina   | <u> </u>   |  |  |
|   | whole dollars only on lines 1 through 5.   | year you a  | ie au  | uionzing.   | )  |  |  |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |   |  |   |  |  |  |
|   | Adjusted gross income  |   | 1  | 11  | ,197.  |  |  |
|   | Total tax  |   | 2  |   | 0.   |  |  |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |   | 3  |   | 510.   |  |  |
| 4   | Amount you want refunded to you  |   | 4  |   | 510.   |  |  |
|   | Amount you owe   |   | 5  |   |  |  |  |
| Part  | Taxpayer Declaration and Signature Authorization (Be sure you get and kennelties of perjury, I declare that I have examined a copy of the income tax return (original or amended)  |   |  |   |  |  |  |
| return (of to send for any of Agent to payment authorize payment business taxes to personal | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my 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 indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment in the payment (settlement) date. I also authorize the financial institutions involved in the payment (settlement) below is my signature for the income tax return (original or amended) I and the force with the payment (PIN) below is my signature for the income tax return (original or amended) I and the force with the payment (settlement). | ter, or electro-<br>ction of the transport of transport of the transport of the transport of the transport of transport of the transport of transp | onic refansmis and its of ax prepentry entry ent | turn origina: ssion, (b) the designated paration soft to this according to revoke (eved no late ectronic packnowledge | tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 yment of that the |  |  |
|   | iic Funds Withdrawal Consent.<br>yer's PIN: check one box only   |   |  |   |  |  |  |
| X   | •  | ov PIN 0  | 3 !  | 5 6 9   | as my  |  |  |
|   | ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | En  |  | digits, but<br>er all zeros   | as my  |  |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.   |   |  |   |  |  |  |
| Your si   | gnature ▶ Date ▶   |   |  |   |  |  |  |
| Snous   | e's PIN: check one box only  |   |  |   |  |  |  |
|   | I authorize to enter or generate r   | nv PIN  |  |   | as my  |  |  |
|   | ERO firm name  | En  |  | digits, but   | ao my  |  |  |
|   | signature on the income tax return (original or amended) I am now authorizing.   | do  | n't ente   | er all zeros  |  |  |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.   |   |  |   |  |  |  |
| 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  | 2 4 9 Don't ent   | 6 0<br>er all <i>ze</i>  | 8 2 7   | 1  |  |  |
|   |  | 20 ( 0.110  | un 20  |   |  |  |  |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual income ta-<br>ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit<br>nents of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of In-   | tting this retu   | ırn 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  |  |   |  |  |  |

# 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 beginni                   |   |  | ning, 2023, ending, 20 |                                    |                         |           | 20            | See separate instructions.                       |
|--|---|--|------------------------|------------------------------------|-------------------------|-----------|---------------|--|
| Your first name and middle initial   |   | niddle initial   | Last name              |                                    |                         |           | Your iden     | tifying number                                   |
|  |   |  |                        |                                    |                         |           |               | ctions)  |
| SAI SRIHAAS REDDY  |   |  | BURRAMUKKU             |                                    |                         |           |               | 0-3569   |
| Home address (number and street). If you have a P.O. box, see instr            |   |  |                        | tructions.                         |                         | Apt. no.  |               |  |
| 333 TROY   | RD  |  |                        |                                    |                         |           |               |  |
| City, town, or p   | ost of  | fice. If you have a foreign address, al  | so comp                | lete spaces below.                 |                         | State     | ZI            | P code   |
| PARSIPPAN  | ΙΥ  |  |                        |                                    |                         | NJ        | 0             | 7054   |
| Foreign country  | nam   | e  | Foreigr                | n province/state/county            |                         | Foreign p | ostal code    |  |
|  |   |  |                        |                                    |                         |           |               |  |
| Filing   | ⊠ Single  |  |                        |                                    |                         |           | ☐ Estat       | e 🔲 Trust  |
| Status   |   |  |                        |                                    |                         |           |               | c mast   |
| Check only   | ck only   |  |                        |                                    |                         |           |               |  |
| one box.   |   |  |                        |                                    |                         |           |               |  |
| Digital Assets   |   | ny time during 2023, did you: (a) rece<br>rwise dispose of a digital asset (or a f |                        |                                    |                         |           | (b) sell, ex  |  |
| Dependents   |   |  |                        |                                    |                         | (4) Che   | ck the box if | qualifies for (see inst.):                       |
| (see instructions):  |   | (1) First name Last name   |                        | (2) Dependent's identifying number | (3) Relationship to you | Child     | tax credit    | Credit for other dependents                      |
|  |   | (i) i i st riame   |                        | identifying number                 | (3) Neiationship to you | '         |               | dependents                                       |
| If more than four  |   |  |                        |                                    |                         |           |               |  |
| dependents, see instructions and   |   |  |                        |                                    |                         |           | H             |  |
| check here   |   |  |                        |                                    |                         |           | H             | <del>                                     </del> |
| Income   | 1a  | Total amount from Form(s) W-2, box   | c 1 (see i             | nstructions)                       |                         |           | 1a            | 11,197.  |
| Effectively  | b   | `,'  | •                      | •                                  |                         |           | 1b            |  |
| Connected  |   |  |                        |                                    |                         |           |               |  |
| With U.S.  | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) |  |                        |                                    |                         |           |               |  |
| Trade or   | е   | 1e   |                        |                                    |                         |           |               |  |
| Frade or       e       Taxable dependent care benefits from Form 2441, line 26 |   |  |                        |                                    |                         | 1f        |               |  |
|  | g   | Wages from Form 8919, line 6   | 1g                     |                                    |                         |           |               |  |
| Attach<br>Form(s) W-2,   | h   | Other earned income (see instruction   | 1h                     |                                    |                         |           |               |  |
| 1042-S,  | i   | Reserved for future use  |                        |                                    |                         |           |               |  |
| 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)                                     |                        |                                    |                         |           |               |  |
| attach   | z   | Add lines 1a through 1h  | , .                    |                                    |                         |           | 1z            | 11,197.  |
| Form(s)<br>1099-R if   | 2a  | Tax-exempt interest 2a   | а                      | <b>b</b> Tax                       | able interest           |           | 2b            |  |
| tax was  | 3a  | Qualified dividends 3  | a                      | <b>b</b> Ord                       | dinary dividends        |           | 3b            |  |
| withheld.  | 4a  | IRA distributions 4a   | а                      | <b>b</b> Tax                       | able amount             |           | 4b            |  |
| If you did not   | 5a  | Pensions and annuities 5   | а                      | <b>b</b> Tax                       | cable amount            |           | 5b            |  |
| get a Form<br>W-2, see   | 6   | Reserved for future use  | 6                      |                                    |                         |           |               |  |
| instructions.  | 7   | Capital gain or (loss). Attach Schedu  |                        |                                    |                         |           |               |  |
|  | 8   | Additional income from Schedule 1  |                        |                                    |                         |           |               |  |
|  | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and   |                        | 11,197.                            |                         |           |               |  |
|  | 10  | Adjustments to income from Sched income  | 10                     |                                    |                         |           |               |  |
|  | 11  | Subtract line 10 from line 9. This is y  | 11                     | 11,197.                            |                         |           |               |  |
|  | 12  | <b>Itemized deductions</b> (from Schedudeduction (see instructions)                |                        | 13,850.                            |                         |           |               |  |
|  | 13a   | Qualified business income deductio   |                        |                                    |                         |           |               |  |
|  | b   | Exemptions for estates and trusts o  |                        |                                    |                         |           |               |  |
|  | 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 <b>ta</b>    | xable income            |           | 15            | 0.   |

| Form 1040-NR (2   | 2023)  |  |                     |                |                 |          |                |                                     |          | Page <b>2</b>       |
|-------------------|--|--|---------------------|----------------|-----------------|----------|----------------|-------------------------------------|----------|---------------------|
| Tax and           | 16   | Tax (see instructions). Check if any from F                                  | orm(s): <b>1</b> 88 | 314 <b>2</b>   | 4972            | ! ;      | 3 🗌            |                                     | 16       | 0.                  |
| Credits           | 17   | Amount from Schedule 2 (Form 1040), li                                       | ne3                 |                |                 |          |                |                                     | 17       | 0.                  |
|                   | 18   | Add lines 16 and 17  |                     |                |                 |          |                |                                     | 18       | 0.                  |
|                   | 19   | Child tax credit or credit for other depen                                   | dents from Sched    | ule 8812 (Fo   | rm 104          | 0) .     |                |                                     | 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 le                                 | ess, enter -0       |                |                 |          |                |                                     | 22       | 0.                  |
|                   | 23a  | Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15 | with a U.S. trade o |                |                 | 23a      |                |                                     |          |                     |
|                   | b  | Other taxes, including self-employment line 21                               | tax, from Schedule  | e 2 (Form 10   | )40),           | 23b      |                |                                     |          |                     |
|                   | С  | Transportation tax (see instructions) .                                      |                     |                |                 | 23c      |                |                                     |          |                     |
|                   | d  | Add lines 23a through 23c  |                     |                | _               |          |                |                                     | 23d      |                     |
|                   | 24   | Add lines 22 and 23d. This is your <b>total</b>                              | tax                 |                |                 |          |                |                                     | 24       | 0.                  |
| Payments          | 25   | Federal income tax withheld from:  |                     |                |                 |          |                |                                     |          |                     |
| ,                 | а  | Form(s) W-2  |                     |                | .               | 25a      |                | 510.                                |          |                     |
|                   | b  | Form(s) 1099   |                     |                | . [             | 25b      |                |                                     |          |                     |
|                   | С  | Other forms (see instructions)   |                     |                | . [             | 25c      |                |                                     |          |                     |
|                   | d  | Add lines 25a through 25c  |                     |                |                 |          |                |                                     | 25d      | 510.                |
|                   | е  | Form(s) 8805   |                     |                |                 |          |                |                                     | 25e      |                     |
|                   | f  | Form(s) 8288-A   |                     |                |                 |          |                |                                     | 25f      |                     |
|                   | g  | Form(s) 1042-S   |                     |                |                 |          |                |                                     | 25g      |                     |
|                   | 26   | 2023 estimated tax payments and amou   | nt applied from 20  | 22 return .    |                 |          |                |                                     | 26       |                     |
|                   | 27   | Reserved for future use  |                     |                |                 | 27       |                |                                     |          |                     |
|                   | 28   | Additional child tax credit from Schedule                                    |                     |                |                 | 28       |                |                                     |          |                     |
|                   | 29   | Credit for amount paid with Form 1040-                                       |                     |                |                 | 29       |                |                                     |          |                     |
|                   | 30   | Reserved for future use  |                     |                |                 | 30       |                |                                     |          |                     |
|                   | 31   | Amount from Schedule 3 (Form 1040), li                                       |                     |                |                 | 31       |                |                                     |          |                     |
|                   | 32   | Add lines 28, 29, and 31. These are your                                     |                     |                |                 | ole cr   | edits .        |                                     | 32       |                     |
|                   | 33   | Add lines 25d, 25e, 25f, 25g, 26, and 32                                     |                     |                |                 |          |                |                                     | 33       | 510.                |
| Refund            | 34   | If line 33 is more than line 24, subtract line                               |                     |                |                 |          |                |                                     | 34       | 510.                |
| riciana           | 35a  | Amount of line 34 you want <b>refunded to</b>                                |                     |                |                 | -        | =              | _                                   | 35a      | 510.                |
| Direct deposit?   | b  | Routing number 0 2 1 2 0 0   |                     | <b>c</b> Type: | _               | Check    |                | Savings                             |          |                     |
| See instructions. | d  | Account number 3 8 1 0 6 !   |                     |                |                 |          |                | ourgo                               |          |                     |
|                   | e  | If you want your refund check mailed to                                      |                     |                | l State         | s not    | ii<br>shown on | nage 1                              |          |                     |
|                   | Ŭ  | enter it here.   | ar address sators   |                | a Olulo         | 3 1101   | 0110 1111 011  | pago i,                             |          |                     |
|                   | 36   | Amount of line 34 you want applied to y                                      |                     |                |                 | 36       |                |                                     |          |                     |
| Amount            | 37   | Subtract line 33 from line 24. This is the                                   |                     |                | •               |          |                |                                     |          |                     |
| You Owe           | •-   | For details on how to pay, go to www.irs                                     | •                   |                | ions .          |          |                |                                     | 37       |                     |
| rou owe           | 38   | Estimated tax penalty (see instructions)                                     |                     |                | . 1             | 38       |                |                                     | 0.       |                     |
| Third             | Do you want to allow another person to discuss this return with the IRS? See instructions.   |  |                     |                |                 |          |                | lete bel                            | ow. 🗵 No |                     |
| Party             | ,  |  |                     |                |                 |          |                |                                     |          |                     |
| Designee          | Designee's Phone Personal name no. number  |  |                     |                |                 | lication |                |                                     |          |                     |
|                   | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |                     |                |                 |          |                |                                     |          |                     |
| Sign              | Your   | signature  | Date                | Your occur     | nation          |          |                | If th                               | e IRS s  | ent you an Identity |
| Here              |  | orginatur o  | Juis                | STUDENT        |                 |          |                | Prof                                |          | PIN, enter it here  |
| t                 | Phon   | e no.  | Email address       |                |                 |          |                | 1 (                                 |          |                     |
| Daid              |  |  | er's signature      |                |                 | Date     |                | PTIN                                |          | Check if:           |
| Paid              | •  | · .  | PRIYA RAM SAGAF     | R GUPTA TA     | <sub>LLAM</sub> | 02/3     | 23/2024        | P0208                               | 2703     | Self-employed       |
| Preparer          | Firm's name CIODAT TAVES LIC   |  |                     |                |                 |          | 78)965-9522    |                                     |          |                     |
| Use Only          | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E   |  |                     |                |                 |          |                | <del>76,903-9522</del><br>4-3171965 |          |                     |

BAA

#### **SCHEDULE NEC** (Form 1040-NR)

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

Attachment

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

OMB No. 1545-0074

SAI SRIHAAS REDDY 796-40-3569 BURRAMUKKU Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties . . . . . . . . . . . . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 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 Form 4797, or both.

#### SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number 796-40-3569 SAI SRIHAAS REDDY BURRAMUKKU Of what country or countries were you a citizen or national during the tax year? \_INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . . . X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . . . . . . . . . Yes 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 Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date departed United States **Date entered United States Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 \_\_\_\_\_\_, 2022 \_\_\_\_\_\_, and 2023 \_\_\_\_\_\_365 \_\_\_. ⊠ No ☐ Yes ı If "Yes," give the latest year and form number you filed: X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . . Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United