Department of the Treasury Internal Revenue Service

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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)

Taxpay	yer's name	:	Social security number							
PRA	AVALIKA SRIBHASHYAM		043-85-4180							
Spouse	e's name	:	Spouse's social security number							
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (En	nter y	/eai	r you	are au	thorizing.)				
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	4,000.				
2	Total tax				2	0.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3					
4	Amount you want refunded to you				4					
5	Amount you owe					0.				
Par	Taxpayer Declaration and Signature Authorization (Be sure you get an	nd ke	en	a co	py of v	/our return)				

Under penalties of perjury, 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: che	eck one box only		5	4	1	8 0	
X I authorize	GLOBAL TAXES LLC	to enter or generate my PI	ע ∟			0 0	as my
signature or		ter fiv n't er	,				
	my PIN as my signature on the income tax intering your own PIN and your return is fi	iled using the Practitioner PIN method. The	ne ERC) mi	ust co	omple	te Part III
Your signature		Date ▶02	12:	57	20	22	}
Spouse's PIN: chec	k one box only						1
I authorize		to enter or generate my PI	N				as my
signature or	ERO firm name n the income tax return (original or amende	ed) I am now authorizing.				ts, but zeros	
	my PIN as my signature on the income tax entering your own PIN and your return is fi						

Spouse's signature >	Date ►						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practitioner PIN	N Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit set	If-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 >			
ERO Must Retain This Fo Don't Submit This Form to the II			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)

1040	—	VR Department of the Treasury-Intern U.S. Nonresident Alio	al Revenue Service en Income Tax Retu	ırn	2023	OMB I	No. 15	45-0074		le in this			
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending,								20		e sepa structi			
Your first name	and	middle initial	Last name Y						lentifyir	ng nur			
									(see instructions)				
PRAVALIKA			SRIBHASHYAM					043.	-85-4	180			
•		ber and street). If you have a P.O. box,	see instructions.							Apt.	no.		
9989 BURB													
		ffice. If you have a foreign address, als	o complete spaces below.			Sta			ZIP co				
BATON ROU			Foreign province/state/coun	±.,		LA			7081	0			
Foreign country	nar	le	Foreign province/state/coun	ιy		For	eign p	oostal co	de				
Filing Status		Single 🛛 Married filing separ	rately (MFS) 🛛 🗌 Quali	fying	surviving spous	e (QSS	5)	🗌 Es	state		Trust		
Check only	l II	you checked the QSS box, enter the cl	hild's name if the qualifying p	ersor	n is a child but n	ot you	depe	endent:					
one box.	-												
Digital Assets	At	any time during 2023, did you: (a) receiv											
	oth	erwise dispose of a digital asset (or a fi	nancial interest in a digital as	set)?	(See instruction	s.) .	•			Yes	🗙 No		
Dependents							(4) Che	eck the bo		•	see inst.):		
(see instructions):		(1) First name Last name	(2) Dependent's identifying number		(3) Relationship to	to you Child		d tax crea	11T I -	redit fo depend			
]]		
If more than four dependents, see]		
instructions and]		
check here]		
Income	1a	Total amount from Form(s) W-2, box	1 (see instructions)	•				. 1a		4,	000.		
Effectively	b	Household employee wages not repo							-				
Connected	c	Tip income not reported on line 1a (s							-				
With U.S.	d	Medicaid waiver payments not report			,				-				
Trade or	e f	Taxable dependent care benefits from Employer-provided adoption benefits							-				
Business	f	Wages from Form 8919, line 6											
Attach	9 h	Other earned income (see instruction											
Form(s) W-2, 1042-S,	i	Reserved for future use	,										
SSA-1042-S,	j	Reserved for future use											
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	Schedule OI (Form 1040-NF	R), itei	m L,								
here. Also		line 1(e)			. 1k								
attach Form(s)	z	Add lines 1a through 1h		•				. 1z		4,	000.		
1099-R if	2a	Tax-exempt interest 2a			ole interest				-				
tax was	3a	Qualified dividends 3a			ary dividends .				-				
withheld. If you did not	4a	IRA distributions 4a Pensions and annuities 5a			ble amount				-				
get a Form	5a 6	Reserved for future use							,				
W-2, see	7	Capital gain or (loss). Attach Schedul						-					
instructions.	8	Additional income from Schedule 1 (F	(<i>)</i> 1				_	_	-				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	. This is your total effectivel	y cor	nected income			. 9		4,	000.		
	10	Adjustments to income from Schedu	le 1 (Form 1040), line 26. Th	ese a	are your total ac	ljustm	ents	to					
		-			•	-							
	11	Subtract line 10 from line 9. This is yo	our adjusted gross income					. 11		4,	000.		
	12	Itemized deductions (from Schedul											
		deduction (see instructions)			1 1	/India	a Ţrea	aty 12	:	13,	850.		
	13a	Qualified business income deduction						_					
	b	Exemptions for estates and trusts on						- 10					
	с 14	Add lines 13a and 13b .								1 2	850		
	15	Subtract line 14 from line 11. If zero d							14 13,85				
						• •	•				0.		

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

orm 1040-NR (2023)								Page 2		
Tax and	16	Tax (see instructions). Check if an	y from Fo	rm(s): 1 🗌 88	814 2 🗌 497	2 3		16	0.		
Credits	17	Amount from Schedule 2 (Form	1040), line	93				17	0.		
	18	Add lines 16 and 17						18	0.		
	19	Child tax credit or credit for othe	r depend	ents from Sched	ule 8812 (Form 10	40)		19			
	20	Amount from Schedule 3 (Form	1040), line					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. If z	ero or les	s, enter -0				22	0.		
	23a	Tax on income not effectively co	nnected v	vith a U.S. trade	or business from						
		Schedule NEC (Form 1040-NR),	ine 15			23a					
	b	Other taxes, including self-emplo	oyment ta	x, from Schedul	e 2 (Form 1040),						
		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 you						24	0.		
ayments	25	Federal income tax withheld from									
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c						25d			
	е	Form(s) 8805						25e			
	f	Form(s) 8288-A						25f			
	g	Form(s) 1042-S						25g			
	26	2023 estimated tax payments an						26			
	27	Reserved for future use		••		27					
	28	Additional child tax credit from S				28					
	29	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	,.					32			
	33	Add lines 25d, 25e, 25f, 25g, 26,	-								
efund	34	If line 33 is more than line 24, su									
orana	35a	Amount of line 34 you want refu				•		_			
rect deposit?	b	Routing number X X X X	s								
e instructions.	d	Account number X X X X									
	e	If you want your refund check m					nage 1				
	Ũ										
	36	Amount of line 34 you want app	ied to vo	ur 2024 estimat	ed tax	36					
mount	37	Subtract line 33 from line 24. Thi									
ou Owe		For details on how to pay, go to		-				37	0.		
	38	Estimated tax penalty (see instru	-	-		38					
hird		u want to allow another person to	,				es. Con	nplete be	low. 🛛 No		
Party	Desig			Phone				tification			
esignee	name						er (PIN)	anouton			
-	Under	penalties of perjury, I declare that I have			ccompanying schedu	ules and statement	s, and to	the best c	of my knowledge and		
		they are true, correct, and complete. D									
Sign	Yours	signature		Date	Your occupation		If	the IRS s	ent you an Identity		
lere									PIN, enter it here		
							ee inst.)				
	Phone			Email address							
aid	Prepa	rer's name	•	's signature		Date	PTIN		Check if:		
reparer	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/26/2024 P0208					82703	Self-employed			
	Firm's name GLOBAL TAXES LLC Phone r Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E							eno. (6	(***,********		
Jse Only	Firm's		<u> </u>						4-3171965		

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

Sequence No. 7B

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Your identifying number

2

Attachment

043-85-4180

PRAVALIKA SRIBHASHYAM

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: 1 Dividends paid by U.S. corporations а 1a h 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c С 2 Interest: 2a а Paid by foreign corporations 2b h 2c С Industrial royalties (patents, trademarks, etc.) 3 3 4 4 5 Other royalties (copyrights, recording, publishing, etc.) 5 Real property income and natural resources royalties . . 6 6 7 7 8 8 9 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings а 10c h Losses Gambling-Residents of countries other than Canada. 11 Note: Enter winnings only. Losses aren't allowed 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 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (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 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

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).

Form 4797, or both.

or loss on disposing of a U.S. real

17	Add columns (f) and (g) of line 16 .																		
10	Capital gain Combine columns (f) an	d (a) of	lino	17	Ento	r tha	not	anin	hor	·~ ~	nd	on	lind	<u>_ 0</u>	ah	~~~~	, If	<u>a</u> 1

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- . .

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

18

17

SCHE	DULE	E OI
(Form	1040-	NR)

Other Information

OMB No. 1545-0074 - \sim _

	10 4 0-Mh)		Attach	to Form 1040-NR.			2(0)	73				
	ent of the Treasury	Go t	o www.irs.gov/Form1040NF		Attachment							
	Revenue Service		Ansv	ver all questions.			Sequence N	o. 7C				
	own on Form 1040					-	ing number					
	ALIKA SRIB					43-85-						
4	Of what country	or countries w	vere you a citizen or nationa	I during the tax year	/ INDIA							
В	In what country	did you claim	residence for tax purposes	during the tax year'	United States							
	-	applied to be a	green card holder (lawful pe	ermanent resident) of	the United States?			X No				
	Were you ever:											
	A U.S. citizen?							X No				
			manent resident) of the Uni				Yes	🔀 No				
), see Pub. 519, chapter 4, i									
	immigration sta	tus on the last c	day of the tax year, enter y lay of the tax year <u>F1</u>				-	_				
			isa type (nonimmigrant stat e the date and nature of the		on status?			🔀 No				
	•		eft the United States during									
			anada or Mexico AND com Mexico and skip to item H			t intervals						
	Date entered mm/c	United States dd/yy	Date departed United State mm/dd/yy	es Da	ate entered United States mm/dd/yy	Date de	eparted Unite mm/dd/yy	d States				
			vacation, nonworkdays, and				:					
	2021		, 2022	, and 20	365	··						
	If "Yes," give th	e latest year an	return for any prior year? . Id form number you filed:					🛛 No				
J	Are you filing a	return for a trus	st?			• •	. 🗌 Yes	🗙 No				
			J.S. or foreign owner under ibution from a U.S. person?					🗌 No				
(Did you receive	total compens	ation of \$250,000 or more o	luring the tax year? .			. 🗌 Yes	🛛 No				
			ative method to determine t		•			🗌 No				
			you are claiming exemption. See Pub. 901 for more info			treaty w	ith a foreigr	i country,				
	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) Cou	ntry	(b) Tax treaty article	(c) Number of months		Amount of ex					
					claimed in prior tax years	incom	e in current t	ax year				
						ļ						
			1									

2.	Were you subject to tax in a foreign country on any of the income shown in 1(d) above?				Yes	🗌 No
3.	Are you claiming treaty benefits pursuant to a Competent Authority determination?				Yes	🔀 No
	If "Yes," attach a copy of the Competent Authority determination letter to your return.					
Μ	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 States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

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REV 02/16/24 PRO Schedule OI (Form 1040-NR) 2023