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

	1				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
LEEI	A KRISHNA DUDDUKURI	309-93	-148	2	
Spouse'		Spouse's soo			
Part	, , ,	year you a	re au	thorizing.)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	27	752
1 2	Adjusted gross income		2		,753. ,651.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		, 103. 452
5	Amount you owe		5		<u>,452.</u>
Part		eep a cop		our retu	rn)
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona Electron	ERO firm name	e are the am tter, or electrication of the tr S. Treasury a cated in the tr in to debit the the authoriz tests must be processing o ayment. I fur n now author my PIN The area of the am and the area of the authoriz tests must be processing o ayment. I fur n now author	ounts for our counts for our counts for our counts for	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (oved no late ectronic pa	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
	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 n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.	ow authorizi	ng. Cl	neck this b	
Your s	ignature ► Date ►				
Spous	e's PIN: check one box only				
	I authorize to enter or generate	_			as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all ze	8 2 7 eros	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	urn 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 Ja	n. 1–D	ec. 31, 2023, or other tax year beginnir	ng	!	, 2023,	ending		, 20		ructions.	
Your first name and middle initial									Your identifying number (see instructions)		
LEELA KRISHNA			DUDD	UKURI	309-	309-93-1482					
Home address	(numl	per and street). If you have a P.O. box,	see ins	tructions.				•	A	Apt. no.	
		E BLVD UNIT 206									
City, town, or p	ost of	fice. If you have a foreign address, also	o comp	lete spaces belov	٧.		State		ZIP code	;	
HOUSTON							TX		77036		
Foreign country	/ nam	е	Foreig	n province/state/o	county		Foreign	postal coo	de		
Filing Status		Single				g surviving spouse (0		☐ Est	ate	☐ Trust	
Check only one box.	If :	ou checked the QSS box, enter the ch	nild's na	ame if the qualifyi	ng pers	on is a child but not y	our dep	endent:			
Digital Assets	At a other	ny time during 2023, did you: (a) receiv rwise dispose of a digital asset (or a fir								e, or es 🔀 No	
Dependents	3						(4) C	neck the box	if qualifies	for (see inst.):	
(see instructions)	:	(1) First name Last name		(2) Dependen identifying num		(3) Relationship to you	Ch	ild tax credi		dit for other pendents	
		(1) The Hame		,g		(C) Holadonomp to you			- 40	П	
If more than four										Ħ	
dependents, see instructions and	•										
check here											
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions) .				. 1a	Τ΄ .	42,850.	
Effectively	b	Household employee wages not repo	rted or	Form(s) W-2.				. 1b			
Connected	С	Tip income not reported on line 1a (se	ee instr	ructions)				. 1c			
With U.S.	d	Medicaid waiver payments not report	ed on F	Form(s) W-2 (see	nstruct	ions)		. 1d			
Trade or	е	Taxable dependent care benefits from	n Form	2441, line 26 .				. 1e			
Business	f	Employer-provided adoption benefits		•				. 1f			
Attach	g	Wages from Form 8919, line 6						. 1g			
Form(s) W-2,	h	Other earned income (see instructions	. 1h								
1042-S, SSA-1042-S,	i :	Reserved for future use	. 1j								
RRB-1042-S,	j Reserved for future use										
and 8288-A	K	line 1(e)			J-NH), IT	1k					
here. Also attach	z	Add lines 1a through 1h				. IK		. 1z	1 ,	42,850.	
Form(s)	2a	Tax-exempt interest 2a	į .		b Tax	able interest		. 2b		12,000.	
1099-R if tax was	3a	Qualified dividends 3a				inary dividends					
withheld.	4a	IRA distributions 4a				able amount					
If you did not	5a	Pensions and annuities 5a			b Tax	able amount		. 5b			
get a Form	6	Reserved for future use						. 6			
W-2, see instructions.	7	Capital gain or (loss). Attach Schedule	e D (Fo	rm 1040) if require	ed. If no	ot required, check her	e	□ 7			
	8	Additional income from Schedule 1 (F	orm 10	040), line 10 .				. 8		-5,097.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8.	. This is	s your total effec t	ively c	onnected income .		. 9		37 , 753.	
	10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income									
	11	Subtract line 10 from line 9. This is yo	our adju	usted gross inco	me .			. 11		37 , 753.	
	12	Itemized deductions (from Schedule	,	,, ,			•	I			
		deduction (see instructions)					dia Tr	eaty 12		13,850.	
	13a	Qualified business income deduction									
	b	Exemptions for estates and trusts onl	• .	•							
	C	Add lines 13a and 13b								10.050	
	14									13 , 850.	
	15	Subtract line 14 from line 11. If zero of	or iess,	eriter -U This is y	our ta	table income		. 15	1 4	23,903.	

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): 1 88	314 2 [497	2 3			16	2,651.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	2,651.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Fo	orm 104	40) .			19	
	20	Amount from Schedule 3 (Form	1040), line	8						20	
	21	Add lines 19 and 20									
	22	Subtract line 21 from line 18. If zero or less, enter -0									2,651.
	23a	Tax on income not effectively co	nnected w	ith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .				23a				
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 1	040),					
		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	ur total ta	x						24	2,651.
Payments	25	Federal income tax withheld from	n:								
	а	Form(s) W-2					25a		5 , 103.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	5,103.
	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					27				
	28	Additional child tax credit from S		•	•		28				
	29	Credit for amount paid with Forr					29				
	30	Reserved for future use									
	31	Amount from Schedule 3 (Form 1040), line 15									
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits								32	
	33									33	5,103.
Refund	34	If line 33 is more than line 24, su					•	-		34	2,452.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								35a	2,452.
Direct deposit? See instructions.	b	Routing number 0 6 2 0 0 0 0 1 9 c Type: 🗵 Checking 🗆 Savings									
	d	Account number 0 3 0 9 5 7 2 8 8 0									
	е	If you want your refund check mailed to an address outside the United States not shown on page enter it here.									
	00									-	
A	36 37	Amount of line 34 you want app				•	36				
Amount You Owe	31	Subtract line 33 from line 24. The For details on how to pay, go to		-		tions				37	
rou Owe	38	Estimated tax penalty (see instru	_	-			38			37	
Third		u want to allow another person to							es. Compl	lete he	low. 🗵 No
Party	,	•	, alboass t			, iiioti ut	otionio.				
Designee	name	signee's Phone Personal identifie no. number (PIN)								Callon	
	Under	penalties of perjury, I declare that I hat they are true, correct, and complete. I		d this return and a				statement	s, and to th		
Sign			eciai ation (,	u on an	iiiioiiiiatic			, ,
_	Your signature			Date Your occupation						ent you an Identity PIN, enter it here	
Here					SOFTWA	RE D	EVEL(OPER		inst.)	r ir t, oritor it rioro
	Phone	e no.		Email address					(,	
Doid		rer's name	Preparer	's signature			Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	RIYA RAM SAGAI	R GUPTA TA	ALLAM	02/22	2/2024	P02082	2703	Self-employed
Preparer	Firm's name CIODAI TAVES IIC						. , 20		Phone n		78) 965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E								4-3171965		
		210 1001,21	<u> </u>								

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

LEELA KRISHNA DUDDUKURI

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

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

Your social security number 309-93-1482

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-5,097.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	_		
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-5,097.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	🗀	17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	:	26	

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

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

Your identifying number

309-93-1482 LEELA KRISHNA DUDDUKURI 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 C 3 4 5 Real property income and natural resources royalties . . . 6 7 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 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 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 17 Add columns (f) and (g) of line 16 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)

Other Information

Attach to Form 1040-NR.

Department of the Treasury
Internal Revenue Service

Name shown on 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

Your identifying number

309-93-1482 LEELA KRISHNA DUDDUKURI 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: ⊠ No Yes 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: List all dates you entered and left the United States during 2023. See instructions. G 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 entered United States Date departed 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 $2021 \underline{\hspace{1.5cm}}, 2022 \underline{\hspace{1.5cm}} 365 \underline{\hspace{1.5cm}}, \text{ and } 2023 \underline{\hspace{1.5cm}} 365 \underline{\hspace{1.5cm}}.$ X Yes □ No ı If "Yes," give the latest year and form number you filed: 1040NR 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 Κ Yes ⊠ No If "Yes," did you use an alternative method to determine the source of this compensation? ☐ No 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 . . . 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No 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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

LEEI	A KRISHNA DUDDUKURI						309-9	3-1482	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule						
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII								
Α	FLAT NO.505VSS SHREE HOMES SUHA APARTI		<u> </u>	KONDA	, HYI	DERABAD :	IN 5000	089	
В			, , , , , , , , , , , , , , , , , , , ,	.01,211	,				
С									
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair	rental	and	Fair Rental Days			Persor Da	QJV	
Α	personal use days. Check the Q if you meet the requirements to			Α		365		0	
В	qualified joint venture. See instru	uctions	a 5.	В					
				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya		-	Self-Rental Other (desc			
lnoon	201			Α		Propert B	ies:		С
Incon 3	Rents received	3			10.				<u> </u>
4	Royalties received	4		- 4	10.				
Exper		1							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		4	80.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		7	60.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,4					
15	Supplies	15		1,8	45.				
16	Taxes	16		1 0	0.2				
17 18	Utilities	17 18		1,0	02.				
19	Depreciation expense or depletion	19							
20	Total expenses. Add lines 5 through 19	20		5,5	0.7				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			- 0,0	<u> </u>				
	result is a (loss), see instructions to find out if you must file Form 6198	21		-5,0	97.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5 , 09	7.)()	(
23 a	Total of all amounts reported on line 3 for all rental proper	erties			23a		410.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e		5,507.		
24	Income. Add positive amounts shown on line 21. Do no		•				. 24	/	- 00F
25	Losses. Add royalty losses from line 21 and rental real estat							(5,097.
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no								

26

-5,097.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2