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

Subm	nission Identification Number (SID)						
Taxpay	ver's name	Social securit	Social security number				
SWA	ATHI SURIKANTI	615-93-	615-93-1595				
Spouse	e's name	Spouse's soc	Spouse's social security number				
Par	Tax Return Information — Tax Year Ending December 31, 2023 (En	iter year you a	re authori	izing.)			
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	7,680.			
2	Total tax		2	0.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	451.			
4	Amount you want refunded to you		4	451.			
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get an epocalties of perjury, I declare that I have examined a copy of the income tax return (original or amend						
return to sen for any Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans in my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is east days prior to the payment (settlement) date. I also authorize the financial institutions involved in to receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) onic Funds Withdrawal Consent.	ismitter, or electrorejection of the tree U.S. Treasury are indicated in the taxution to debit the nate the authorizarequests must be the processing of e payment. I furt	nic return cansmission of its design ax preparation entry to this tion. To reversely entry to the electroher acknow	originator (ERO), (b) the reason nated Financial on software for socount. This voke (cancel) and later than 2 nic payment of vledge that the			
	ayer's PIN: check one box only						
-	▼ I authorize GLOBAL TAXES LLC to enter or general	ite my PIN	1 5 9	5 as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits n't enter all z	s, but			
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN melow.						
Your	signature ▶ Date ▶	•					
Snou	se's PIN: check one box only						
Г	☐ I authorize to enter or genera	ite my PIN		as my			
	ERO firm name		er five digits				
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all z				
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN melow.						
Spou	se's signature ▶ Date ▶	•					
	Practitioner PIN Method Returns Only—continue belo	ow					
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		6 0 8 er all zeros	2 7 1			
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual incom- rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su- ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	ıbmitting this retu	rn in accor	dance with the			
FR∩'	s signature ▶ Date ▶	•					
LINU	ERO Must Retain This Form — See Instructions						
	LIV WUSE NEGATI THIS FULLE — SEC HISHAUGHOIS	1					

Don't Submit This Form to the IRS Unless Requested To Do 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 beginning, 2023, ending					ending	, ;	20	See separate instructions.		
Your first name	our first name and middle initial			ame	Your identifying number					
					(see inst	see instructions)				
SWATHI				KANTI			615-	615-93-1595		
		per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
5750 CLAU										
City, town, or po	ost of	fice. If you have a foreign address, al	so comp	lete spaces below.		State		ZIP code		
PLANO						TX		75074		
Foreign country	nam	9	Foreigr	n province/state/county		Foreign p	ostal cod	е		
Filing Status	X	Single	arately (N	MFS) Qualifyir	ng surviving spouse ((QSS)	☐ Esta	ate 🗌 Trust		
	lf y	you checked the QSS box, enter the	child's na	ame if the qualifying pers	son is a child but not	your depe	endent:			
Check only one box.										
Digital Assets	At a	ny time during 2023, did you: (a) rece	ive (as a	reward, award, or paym	ent for property or se	ervices): or	(b) sell. e	xchange, or		
Digital 7100010		rwise dispose of a digital asset (or a								
Dependents						(4) Che	eck the box	if qualifies for (see inst.):		
(see instructions):	1	(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Chile	d tax credit	Credit for other		
		(i) i i st name	identifying number		(3) Relationship to yo	ou		dependents		
If more than four							$\overline{\Box}$	+		
dependents, see instructions and							H			
check here							$\overline{\Box}$			
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)			. 1a	7,680.		
Effectively	b	Household employee wages not rep	orted on	Form(s) W-2			. 1b			
Connected	С	. 1c								
With U.S.	d	Medicaid waiver payments not repo	d employee wages not reported on Form(s) W-2							
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			. 1e			
Business	f	. , .		•			. 1f			
Attach	g	•								
Form(s) W-2,	h						. 1h			
1042-S, SSA-1042-S,	i						4.			
RRB-1042-S,	J				1 1		. 11			
and 8288-A	k	Total income exempt by a treaty from line 1(e)								
here. Also attach	z	Add lines 1a through 1h			<u> IK </u>		. 1z	7,680.		
Form(s)	- 2а	Tax-exempt interest 2	- 1		able interest		. 2b	.,,,,,		
1099-R if tax was	3a	· —			linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a	a	b Tax	able amount		. 4b			
If you did not	5a	Pensions and annuities 5a	a	b Tax	able amount		. 5b			
get a Form W-2, see	6	Reserved for future use					. 6			
instructions.	7	Capital gain or (loss). Attach Schedu			•		<u> </u>			
	8	Additional income from Schedule 1								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		•				7,680.		
	10	Adjustments to income from Schedincome	•	,·	,					
	11	Subtract line 10 from line 9. This is y	our adju	usted gross income			. 11	7,680.		
,	12	Itemized deductions (from Schedu						12 25		
		deduction (see instructions)	aty 12	13,850.						
	13a	Qualified business income deductio								
b Exemptions for estates and trusts only (see instructions)							10-			
	с 14							13,850.		
	15						_	0.		
15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										

Form 1040-NR (2023)									Page 2
Tax and	16	Tax (see instructions). Check if any from I	orm(s): 1 8	314 2	4972	: 3	3 		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), li	ne 3						17	0.
	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for other deper	dents from Sched	ule 8812 (Foi	rm 104	0) .			19	
	20	Amount from Schedule 3 (Form 1040), li	ne 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	I with a U.S. trade			23a				
	b	Other taxes, including self-employment line 21	tax, from Schedul	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 total	tax						24	0.
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2			.	25a		451.		
	b	Form(s) 1099			. [25b				
	С	Other forms (see instructions)			. [25c				
	d	Add lines 25a through 25c							25d	451.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and amou	unt applied from 20)22 return .					26	
	27	Reserved for future use			- 1	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 you	r total other paym	ents and re	fundab	ole cr	edits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32							33	451.
Refund	34	If line 33 is more than line 24, subtract li							34	451.
	35a	Amount of line 34 you want refunded to				-	=	_	35a	451.
Direct deposit?	b	Routing number 1 1 1 0 0		c Type:	_	Check		Savings		
See instructions.	d	Account number 4 8 8 1 1		5 1				Ü		
	е	If you want your refund check mailed to			l States	s not	 shown on	page 1,		
	enter it here.							, ,		
	36	Amount of line 34 you want applied to				36				
Amount	37	Subtract line 33 from line 24. This is the	amount you owe							
You Owe		For details on how to pay, go to www.ir.	s.gov/Payments or	see instructi	ons .				37	
	38	Estimated tax penalty (see instructions)			.	38				
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.								olete be	low. X No
Party Designee	Designee's Phone Personal ident name no. number (PIN)						fication			
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Sign	Your signature Date Your occupation					If th	e IRS s	ent you an Identity		
Here	SOFTWARE DEVELOPER					Pro		PIN, enter it here		
	Phon	e no.	Email address							
Doid			er's signature			Date		PTIN		Check if:
Paid	SYAM		PRIYA RAM SAGA	R GUPTA TAI	LLAM	02/2	8/2024	P0208	2703	☐ Self-employed
Preparer		s name GLOBAL TAXES LLC					<u> </u>	Phone		78)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El									4-3171965

BAA

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number SWATHI SURIKANTI 615-93-1595 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income				(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)			
					(a) 10%	(b) 1370	(6) 30 %	%	%	
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a				1	
b	Dividends paid by fo	reign o	corporations		1b					
С		_	its received with respect to section 871(m) tr		1c					
2	Interest:	•								
а	Mortgage				2a					
b	b Paid by foreign corporations									
С					2c					
3			, trademarks, etc.)		3					
4			ight royalties		4					
5			recording, publishing, etc.)		5					
6		-	natural resources royalties		6					
7					7					
8	Social security benefits									
9	Capital gain from line 18 below									
10										
а	Winnings				1				!	
b									,	
11	1 Gambling—Residents of countries other than Canada.				11					
12	Other (specify):									
					12					
13			columns (a) through (d)		13					
14	Multiply line 13 by r	ate of	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines	s. Add colum	nns (a)	through (d) of line 14	4. Enter the total her	e and on Form 1040	-NR, line 23a 15	
			Capital Gains and	d Losses F	rom	Sales or Excha	inges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy		(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).
	effectively connected with a U.S.									
business. Do not include a gain or loss on disposing of a U.S. real										
gains a	property interest; report these gains and losses on Schedule D									
(Form 1	•									
	property sales or ges that are effectively									
connec	ted with a U.S. business		Add columns (f) and (g) of line 16					17		
on Schedule D (Form 1040), Form 4797, or both.		18	Capital gain. Combine columns (f) and ((g) of line 17	'. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	er -0 18	

SCHEDULE OI (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service

Name sh	nown on Form 1040-NR				Your identifying	number					
SWAT	HI SURIKANTI				615-93-15	95					
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		☐ Yes	⊠ No							
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful per	rmanent resident) of the Ur	ited States? .			☐ Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.										
E	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										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	left the United States durin									
	Note: If you're a resident of C				ient intervals,						
	check the box for Canada or	Mexico and skip to item I	<u> </u>	🗌 Canada	Mexico						
	Date entered United States	Date departed United Stat	es	Date entered United State			d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy					
Н	Give number of days (including										
	2021	, 2022	, an	d 2023365	··	□ v	⊠ N -				
ı	Did you file a U.S. income tax If "Yes," give the latest year ar	nd form number you filed:				∐ Yes	⊠ No				
J	Are you filing a return for a trus	st?				☐ Yes	X No				
	If "Yes," did the trust have a l					_	_				
	U.S. person, or receive a contr					∐ Yes	☐ No				
K	Did you receive total compens					∐ Yes	⊠ No				
_	If "Yes," did you use an alterna			•		∐ Yes	☐ No				
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,				
4	Enter the name of the country,				claimed the tre	atv hanafi	t and the				
	amount of exempt income in th				ciairied the tre	aty Defici	i, and the				
	(a) Cou		(b) Tax treaty an		ns (d) Ame	ount of exe	mnt				
	(a) 00a	iiti y	(b) Tax treaty an	claimed in prior tax ye	, ,	current ta					
							-				
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it any	where else on line 1							
	2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?										
3.	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?										
	If "Yes," attach a copy of the C	Competent Authority deterr	nination letter to y	our return.							
М	Check the applicable box if:										
1.	This is the first year you are may with a U.S. trade or business u						onnected				
2.	You have made an election in States as effectively connected										
	and the succession connected			. (-). 300	· · · ·		<u> </u>				