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

IIILEITIAIT	levelide Service					
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social sec	urity num	oer		
SWAT	THI SURIKANTI	615-9	3-159	5		
Spouse'		Spouse's	social sec	urity num	ber	
Part		er year you	are au	thorizir	ng.)	
	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	ı	7 (- 0 0
1	Adjusted gross income		1		7,6	580.
2	Total tax					0.
3 4						151.
4 5	Amount you want refunded to you					<u> 151.</u>
Part			_	OUR re	turn	<u>, </u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend					
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transituding return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the original transituding and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) in the Institution of the Institution of the Institution or the Institution of the Institution or the Institution or the Institution or amended) in the Institution of the Institution or amended) in the Institution of the In	ejection of the U.S. Treasury adicated in the attempt to debit the attempt to the	e transmin y and its e tax preposition entry rization. be received of the electric	ssion, (b) designation to this ac To revok ved no ectronic cknowled	the led Fir softwood course (car later led)	reason nancial are for the thick this need are than 2 nent of the
	nic Funds Withdrawal Consent.	_			_	
	yer's PIN: check one box only		3 1 !	5 9 5	5	
×	I authorize GLOBAL TAXES LLC to enter or generat	•	Enter five		ıt	as my
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	er all zero	S	
	I will enter my PIN as my signature on the income tax return (original or amended) I amif you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your s	gnature ► S.Swathi Date ►	02/	27/2024	1		
Spous	e's PIN: check one box only	_			_	
	I authorize to enter or general	e mv PIN				as my
	ERO firm name	, .	Enter five	digits, bu		
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	er all zero	S	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		_			_
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	W				
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 4 9	6 0	8 2	7	1
			enter all ze	-		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sulments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers or	omitting this r	eturn in a	accordar	nće w	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	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	and r	niddle initial						our identifying number		
					(see inst	see instructions)				
SWATHI			SURI	KANTI	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 Check only one box. Digital Assets (see instructions): If more than four dependents, see instructions and check here Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Foreign province/state/ Foreign province/state/ Foreign province/state/ Foreign province/state/ Married filing separately (MFS) If you checked the QSS box, enter the child's name if the qualify one box. At any time during 2023, did you: (a) receive (as a reward, award, a otherwise dispose of a digital asset (or a financial interest in a dig										
	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:			
,										
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										
Dependents						(4) Che	eck the box	if qualifies for (see inst.):		
	1	(1) First name		(2) Dependent's	(3) Relationship to yo	Chile	d tax credit	Credit for other		
		(i) i i st name		identifying number	(3) Relationship to yo	ou		dependents		
							$\overline{\Box}$	+		
							H			
							$\overline{\Box}$			
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)			. 1a	7,680.		
	b	Household employee wages not rep	orted on	Form(s) W-2			. 1b			
Connected	С	Tip income not reported on line 1a (see instr	uctions)			. 1c			
With U.S.	d	Medicaid waiver payments not repo	. 1d							
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption benefit		•			. 1f			
Attach	g	Wages from Form 8919, line 6					. 1g			
Form(s) W-2,	h	Other earned income (see instructio					. 1h			
1042-S, SSA-1042-S,	i	Reserved for future use					4.			
RRB-1042-S,	J	Reserved for future use			1 1		. <u>1j</u>			
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						12 252		
		deduction (see instructions)	aty 12	13,850.						
	13a	Qualified business income deductio								
	b	Exemptions for estates and trusts o	10-							
,	с 14	Add lines 13a and 13b Add lines 12 and 13c						13,850.		
	15	Subtract line 14 from line 11. If zero					_	0.		
			,			<u> </u>				

Form 1040-NR (2	2023)									Page 2
Tax and	16	Tax (see instructions). Check if any from F	Form(s): 1 88	314 2	4972	2 ;	з 🗌		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 depen	dents from Sched	ule 8812 (Fo	rm 104	10) .			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	with a U.S. trade			23a				
	b	Other taxes, including self-employment line 21	tax, from Schedul	e 2 (Form 10	040),	23b				
	С	Transportation tax (see instructions) .				23c				
	d	Add lines 23a through 23c			-				23d	
	24	Add lines 22 and 23d. This is your total							24	0.
Payments	25	Federal income tax withheld from:								
. ayınıdını	а	Form(s) W-2			.	25a		451.		
	b	Form(s) 1099			ı	25b				
	С	Other forms (see instructions)			. 1	25c				
	d	Add lines 25a through 25c							25d	451.
	e	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and amou							26	
	27	Reserved for future use			- 1	27				
	28	Additional child tax credit from Schedule			l l	28				
	29	Credit for amount paid with Form 1040-				29				
	30	Reserved for future use			- t	30				
	31	Amount from Schedule 3 (Form 1040), li				31				
	32	Add lines 28, 29, and 31. These are you					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.
neruna	35a	Amount of line 34 you want refunded to				-	=	_	35a	451.
Direct deposit?	b	Routing number 1 1 1 0 0 0		c Type:		Check		Savings	Jou	131.
See instructions.	d	Account number 4 8 8 1 1						ouvingo		
	e	If you want your refund check mailed to			l State	s not	EHOWN ON	nage 1		
	·	enter it here.	an address outsit	ic the office	Joiaic	3 1101	3110WIT OIT	page 1,		
	36	Amount of line 34 you want applied to y]	36				
Amount	37	Subtract line 33 from line 24. This is the			•					
You Owe	0.	For details on how to pay, go to www.irs	•		ions .				37	
rou Owe	38	Estimated tax penalty (see instructions)				38			0,	
Third		ou want to allow another person to discuss			inetruc			es. Comp	olete hel	ow. 🗵 No
Party	,	'			iiistiuc	, LIOI IS		-		OW. 140
Designee	Designee's Phone Personal identification name no. Personal identification no.								lication	
	Under	penalties of perjury, I declare that I have exami they are true, correct, and complete. Declaration	ned this return and a				statement	s, and to t		
Sign	Your signature Date Your occupation					l If th	e IRS s	ent you an Identity		
Here						EVET	JOPER	Pro		PIN, enter it here
ł	Phon	e no	Email address	JOIIMA		_ ,	-01 111	, (50)		
			er's signature		1	Date		PTIN		Check if:
Paid	•	'	_	איי גיייםווט פ	т.т.лм				2702	Self-employed
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2024 P0208: Firm's name GLOBAL TAXES LLC Phone n									
Use Only		0202112 1111120 220		T 00016				Phone i		78)965-9522 4 2171065
- 1		s address 245 ROONEY CT F	SKUNSWICK N	บ บหหาค				Firm's E	א מווב	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)			
	Tractal of Informo					(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			ns		2b						
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											
10											
а	Winnings				1				!		
b									,		
11	Gambling—Resident Note: Enter winnings	s of cos	ountries other than Canada. Losses aren't allowed		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	y interest; report these nd 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	nt) of the United States? .		☐ Yes	⊠ No						
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful per			☐ 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	eft 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	m	m/dd/yy					
Н	Give number of days (including										
_	2021	, 2022	, an	d 2023365	·		5				
ı	Did you file a U.S. income tax If "Yes," give the latest year ar	d 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,				
	, .,										
1.	Enter the name of the country, amount of exempt income in the				claimed the trea	aty benefi	t, and the				
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		(al) A						
	(a) Cou	ntry	(b) Tax treaty and	ticle (c) Number of month claimed in prior tax ye	, ,	ount of exe					
				J.asa iii piloi tax ye		30011111					
	(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 fo		-			☐ Yes	☐ No				
	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.							
M	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	a previous year that has	not been revoke	d, to treat income from re	eal property loc	ated in th					
	States as effectively connected	d with a U.S. trade or busing	ness under section	n 871(d). See instructions .			. 🗆				