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.

Submission Identification Number (SID)

| Taxpayer's name | Social secur | rity number |
|--|--|--|
| AMIT VERMA | 088-73 | 8-4882 |
| Spouse's name | Spouse's so | cial security number |
| | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (En | nter year you | are authorizing.) |
| 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 1,200. |
| 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 | | 5 0. |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an | id keep a co | by of your return) |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account | bove are the an nsmitter, or elect rejection of the e U.S. Treasury | nounts from the income tax ronic return originator (ERO) transmission, (b) the reason and its designated Financial |
| payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instit | | |

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: check one box only

| | | | FBO firm name | <u> </u> | Er |
|---|-------------|--------------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL TAXES | LLC | to enter or generate my PIN | 5 |

| 3 | 4 | 8 | 8 | 2 | |
|------------|------------------|-----------------|-----------------|-----|-------|
| Ent don | er fiv n't er | /e di iter a | gits, all ze | but | as my |

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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as my Enter five digits, but don't enter all zeros

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's s | ignature D | ate 🖡 | | | | | | | | |
|------------|---|-------|----|---|--|-------------|--|---|-----|---|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | | |
| Part III | Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFII | N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | 2 | | 6 nter a | | 2 | 7 1 | 1 |

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 > | Date 🕨 | |
|--|--|--------------------------|
| _ | lust Retain This Form — See Instructions This Form to the IRS Unless Requested To Do So | |
| For Denominaria Deduction Act Nation and vous to | PEV/02/04/04 PPO | Earm 8879 (Day, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/04/24 PRO

| 1040 | - | Department of the Treasury-Interr U.S. Nonresident Ali | | | x Return | 2023 | OMB No. 15 | 45-0074 | or stapl | Dnly—Do not write le in this space. | |
|--|--|--|--------------|-------------------------|-----------------|----------------------|---------------|-------------------|---|--|--|
| For the year Jan | . 1–0 | Dec. 31, 2023, or other tax year beginni | ing | | , 2023, | ending | , | 20 | See separate instructions. | | |
| Your first name | | | Last name Yo | | | | | Your i | Your identifying number see instructions) | | |
| AMIT | | | VERM | A | | | | 088 | -73-4 | 882 | |
| Home address (| num | ber and street). If you have a P.O. box, | see ins | tructions. | | | | | _ | Apt. no. | |
| | | W BEGONIA DR. | | | | | | | | | |
| City, town, or po | ost o | ffice. If you have a foreign address, als | o comp | lete spaces | below. | | State | | ZIP cod | de | |
| CYPRESS | | | | | | | TX | | 7743 | 3 | |
| Foreign country | nam | e | Foreigr | n province/st | ate/county | | Foreign | postal co | bde | | |
| | | | | | | | | | | | |
| Filing Status Check only one box. | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependence of the only of the second secon | | | | | | - | Trust | | | |
| Digital Assets | | ny time during 2023, did you: (a) receiverwise dispose of a digital asset (or a fi | | | | | | | | | |
| Dependents | | | | | | | (4) Ch | eck the bo | | ies for (see inst.): | |
| (see instructions): | | (1) First name Last name | | (2) Depe identifying | | (3) Relationship to | Chi | ld tax cree | | redit for other dependents | |
| | | (i) i istituite Lastituite | | laoninging | 9 | | you | | | | |
| If more than four | | | | | | | | | | | |
| dependents, see instructions and | | | | | | | | | | | |
| check here | | | | | | | | $\overline{\Box}$ | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see ir | nstructions) | | | | . 1a | a ' | 1,200. | |
| Effectively | b | Household employee wages not repo | | | | | | | , | | |
| Connected | С | Tip income not reported on line 1a (s | | | | | | | ; | | |
| With U.S. | d | Medicaid waiver payments not repor | | | | | | | 1 | | |
| Trade or | е | Taxable dependent care benefits from | | | | | | | • | | |
| Business | f | Employer-provided adoption benefits | s from F | orm 8839, liı | ne 29 | | | . 11 | F | | |
| | g | Wages from Form 8919, line 6 | | | | | | | 3 | | |
| Attach Form(s) W-2, | h | Other earned income (see instruction | ıs) . | | | <u>.</u> . | | . 1ŀ | 1 | | |
| 1042-S, | i | Reserved for future use | | | | 1i | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | | 1 1 | | . 1 j | i | | |
| and 8288-A | k | Total income exempt by a treaty from | n Sched | ule OI (Form | 1040-NR), it | em L, | | | | | |
| here. Also | | line 1(e) | | | | 1k | | | | | |
| attach Form(s) | z | Add lines 1a through 1h | · · | | 1 | | | | | 1,200. | |
| 1099-R if | 2a | Tax-exempt interest 2a | | | - | able interest | | | | | |
| tax was withheld. | 3a | Qualified dividends 3a | | | | inary dividends . | | | | | |
| If you did not | 4a 5a | IRA distributions 4a Pensions and annuities 5a | | | _ | able amount | | | | | |
| get a Form | 5а 6 | Reserved for future use | | | | | | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Schedu | | | | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 (| • | , | • | • | - | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | | | | | | | 1,200. | |
| | 10 | Adjustments to income from Schedu | | | | | | - | | | |
| | | income | • | <i>,</i> | | | | |) | | |
| | 11 | Subtract line 10 from line 9. This is y | | | | | | | | 1,200. | |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) . | le A (Foi | rm 1040-NR |)) or, for cert | tain residents of li | ndia, standa | ard | 2 | 13,850. | |
| | 13a | Qualified business income deduction | | | | | | | | | |
| | b | Exemptions for estates and trusts or | | | | | | | | | |
| | c | Add lines 13a and 13b | | , | | II | | . 13 | c | | |
| | 14 | | | | | | | | | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | | | | | | | | 0. | |
| For Disclosure, | Priva | cy Act, and Paperwork Reduction Act | Notice, | see separate | e instruction | s. | | | Form 1 (| 040-NR (2023) | |

| Form 1040-NR (2 | 2023) | | | | | | | | Page 2 |
|-----------------|---------|--|--------------------|----------------------|-----------------------|----------------------|----------|-------------|---|
| Tax and | 16 | Tax (see instructions). Check if an | y from Fo | rm(s): 1 🗌 88 | 314 2 🗌 497 | 2 3 | | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form 1 | 040), line | 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 0. |
| | 19 | Child tax credit or credit for othe | r depende | ents from Sched | ule 8812 (Form 10 | 40) | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1 | 040), line | 8 | | | | 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 cor | | | | | | | |
| | | Schedule NEC (Form 1040-NR), I | | | | 23a | | | |
| | b | Other taxes, including self-emplo | | | | | | | |
| | - | line 21 | | | | 23b | | | |
| | с | Transportation tax (see instruction | | | | 23c | | | |
| | d | Add lines 23a through 23c | , | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | | | | | | | 0. |
| ayments | 25 | Federal income tax withheld from | | x | <u></u> | | · · · | | 0. |
| ayments | 25 a | Form(s) W-2 | | | | 25a | | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | | Other forms (see instructions) | | | | 250 25c | | | |
| | c d | , , , | | | | | | 254 | |
| | d | Add lines 25a through 25c Form(s) 8805 | | | | | | | |
| | e | | | | | | | 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 Form | | | | 29 | | _ | |
| | 30 | Reserved for future use | | | | 30 | | _ | |
| | 31 | Amount from Schedule 3 (Form 1 | <i>,</i> . | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These a | | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | |
| efund | 34 | If line 33 is more than line 24, sul | | | | | | _ | |
| | 35a | Amount of line 34 you want refu | | | | | | | |
| rect deposit? | b | Routing number X X X X | | | с Туре: | | Saving | js 🛛 | |
| e instructions. | d | Account number X X X X | _ | | | | | | |
| | е | If you want your refund check m | ailed to a | n address outsid | le the United State | es not shown on | page | 1, | |
| | | enter it here. | | | | | | | |
| | 36 | Amount of line 34 you want appl | ied to yo | ur 2024 estimat | ed tax | 36 | | | |
| mount | 37 | Subtract line 33 from line 24. This | s is the aı | nount you owe. | | | | | |
| ou Owe | | For details on how to pay, go to | www.irs.g | ov/Payments or | see instructions . | | | 37 | 0. |
| | 38 | Estimated tax penalty (see instru | ctions) | | | 38 | | | |
| hird | Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See instru | ctions. 🗌 Y | es. Cor | mplete bel | ow. 🛛 No |
| arty | Desig | nee's | | Phone | | Perso | nal idei | ntification | |
| esignee | name | | | no. | | numb | er (PIN) |) | |
| | | penalties of perjury, I declare that I have | | | | | | | |
| | belief, | they are true, correct, and complete. D | eclaration | of preparer (other t | han taxpayer) is base | ed on all informatio | n of wh | ich prepare | r has any knowledge. |
| ign | Your | signature | | Date Your occupation | | | | | ent you an Identity |
| ere | | | | | | | | | PIN, enter it here |
| | | | | | STUDENT | | (5 | see inst.) | |
| | Phone | | | Email address | | | | | |
| aid | Prepa | irer's name | Preparer | 's signature | | Date | PTIN | | Check if: |
| reparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PR | IYA RAM SAGAF | R GUPTA TALLAM | 03/11/2024 | P020 | 82703 | Self-employed |
| se Only | Firm's | name GLOBAL TAXES I | LC | | | | Phon | e no. (6 | 78)965-9522 |
| Se Only | Firm's | address 245 ROONEY C | TEBF | RUNSWICK N | J 08816 | | Firm's | s EIN 8 | 4-3171965 |
| - | | address <u>245 ROONEY C</u> m1040NR for instructions and the la | | | J 08816 BAA | REV 03/04/24 PR | | | <u>4-3171965</u> orm 1040-NR (202 |

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

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2 23 Attachment Sequence No. 7B

Your identifying number

088-73-4882

AMIT VERMA

Enter amount of income under the appropriate rate of tax. See instructions.

| | | Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other | r (specify) |
|---------------------|--|---|---------------------------------|-------------------------------|-----------------|--------------------------------|--|--|
| | | Nature of Income | | (a) 10% | (d) 15% | (c) 30% | % | % |
| 1 | Dividends and divide | end equivalents: | | | | | | |
| а | Dividends paid by U. | S. corporations | 1 | a | | | | |
| b | Dividends paid by fo | reign corporations | 1 | b | | | | |
| с | Dividend equivalent p | ayments received with respect to section 871(m) tra | ansactions 1 | c | | | | |
| 2 | Interest: | | | | | | | |
| а | Mortgage | | 2 | a | | | | |
| b | Paid by foreign corp | orations | 2 | b | | | | |
| с | Other | | 2 | c | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | | 3 | | | | |
| 4 | Motion picture or TV | copyright royalties | 4 | 1 | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | |
| 6 | Real property incom | e and natural resources royalties | | 6 | | | | |
| 7 | Pensions and annuit | ies | 7 | 7 | | | | |
| 8 | Social security benef | fits | 8 | 3 | | | | |
| 9 | Capital gain from line | e 18 below | |) | | | | |
| 10 | Gambling-Resident | ts of Canada only. Enter net income in column (c). r -0 | | | | | | |
| а | Winnings | | | | | | | |
| b | Losses | | 10 |)c | | | | |
| 11 | Gambling-Resident Note: Enter winnings | ts of countries other than Canada. | 1 | 1 | | | | |
| 12 | Other (specify): | | | | | | | |
| | | | | 2 | | | | |
| 13 | Add lines 1a through | 12 in columns (a) through (d) | 1 | 3 | | | | |
| 14 | Multiply line 13 by r | ate of tax at top of each column | 1 | 4 | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or business | | | | | NR, line 23a 15 | |
| | | Capital Gains and | Losses Fro | m Sales or Excha | anges of Proper | ty | | |
| losses f exchang | nly the capital gains and from property sales or ges that are from sources he 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 | d (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). |
| | ely connected with a U.S. s. Do not include a gain | | | | | | | |
| or loss (| on disposing of a U.S. real | | | | | | | |
| | y interest; report these nd losses on Schedule D 040). | | | | | | | |
| | property sales or | | | | | | | |
| | ges that are effectively ted with a U.S. business | 17 Add columns (f) and (g) of line 16 | | | 1 | 17 | () | |
| on Sche | edule D (Form 1040), 797, or both. | 18 Capital gain. Combine columns (f) and (g) | | | | | N / | |
| | | ct Notice, see the Instructions for Form 1040-NB. | | | 03/04/24 PRO | | | (Form 1040-NB) 2023 |

| SCHE | DULE | ΟΙ |
|-------|--------|-----|
| (Form | 1040-N | IR) |

Department of the Treasury

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2 Attachment

| Anewor | əll | questions. |
|--------|-----|------------|
| Answer | an | questions. |

| Internal F | Revenue Service | | Ans | wer all questions. | | | Sequence N | o. 7C |
|------------|------------------|---------------------|--------------------------------|--|----------------------------|-----------------|-----------------|--------------|
| Name sh | nown on Form 104 | 0-NR | | | | Your identifyin | ıg number | |
| AMIT | VERMA | | | | | 088-73-4 | 4882 | |
| Α | Of what count | rv or countries w | vere you a citizen or nation | al during the tax year | ? TNDTA | | | |
| | In what countr | y did you claim | residence for tax purpose | s during the tax year | ? United States | | | |
| c | Have you ever | applied to be a | green card holder (lawful p | o during the tax year permanent resident) c | the United States? | | | XNo |
| - | Were you ever | | green card holder (lawidi p | | | | | |
| | • | | | | | | | 🔀 No |
| | A U.S. citizen? | | | | | | | |
| 2. | - | | rmanent resident) of the Ur | | | | Ves | 🗙 No |
| _ | | () (|), see Pub. 519, chapter 4, | | | | | |
| E | | | day of the tax year, enter | your visa type. If you | u didn't have a visa, en | ter your U.S. | | |
| | | | day of the tax year. <u>F1</u> | | | | _ | _ |
| F | | | visa type (nonimmigrant sta | | ion status? | | Yes | 🗙 No |
| | If you answere | d "Yes," indicat | e the date and nature of th | e change: | | | | |
| G | List all dates y | ou entered and | left the United States durin | g 2023. See instructi | ons. | | | |
| | Note: If you're | a resident of C | anada or Mexico AND cor | mmute to work in the | e United States at frequ | ent intervals, | | |
| | check the box | k for Canada or | Mexico and skip to item I | 4 | 🗌 Canada | 🗌 Mexico | | |
| | Date entered | United States | Date departed United Stat | es D | Date entered United State | s Date der | parted United | d States |
| | mm/ | /dd/yy | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| н | Civo numbor of | f dava (including | vacation, nonworkdays, and | | ro proport in the United (| | | |
| п | | | | | | | | |
| | | | , 2022 | | | | | |
| I | Did you file a C | J.S. Income tax | return for any prior year? . | | | | ∐ Yes | 🔀 No |
| _ | If "Yes," give t | ne latest year ar | nd form number you filed: | | | | | 1 |
| J | Are you filing a | a return for a true | st? | | | | ∐ Yes | 🗙 No |
| | | | J.S. or foreign owner unde | | | | | _ |
| | | | ribution from a U.S. person | | | | | ∐ No |
| κ | • | • | ation of \$250,000 or more | • • | | | | ⊠ No |
| | If "Yes," did yo | ou use an alterna | ative method to determine | the source of this co | mpensation? | | Yes | 🗌 No |
| L | Income Exemp | ot From Tax-If | you are claiming exempt | ion from income tax | under a U.S. income | tax treaty wit | th a foreign | country |
| | complete (1) th | nrough (3) below | v. See Pub. 901 for more in | formation on tax trea | ties. | | | |
| 1. | Enter the name | e of the country, | the applicable tax treaty art | icle, the number of m | onths in prior years you | claimed the t | reaty benefi | it, and the |
| | amount of exer | mpt income in th | e columns below. Attach Fo | orm 8833 if required. | See instructions. | | | |
| | | (a) Cou | ntry | (b) Tax treaty article | e (c) Number of month | ns (d) A | mount of exe | empt |
| | | | | | claimed in prior tax ye | ars income | e in current ta | ax year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Total Ente | er this amount o | n Form 1040-NR, line 1k. D | o not enter it anvwh | ere else on line 1 | | | |
| 2. | | | preign country on any of the | | | | Yes | No |
| | | | | | | | = | |
| J. | - | | ts pursuant to a Competen | - | | | | |
| | | | Competent Authority deterr | mination letter to you | rielum. | | | |
| M | Check the app | | | , . | | | <i></i> | |
| 1. | | | aking an election to treat in | | | | | onnected |
| | | | under section 871(d). See ir | | | | | · · 🗆 |
| 2 | You have mad | te an election in | h a previous year that has | not been revoked | to treat income from re | al property l | ocated in th | ne I Inited |

You have made an election in a previous year that has not been revoked, to treat income from real property located in the z. United

BAA

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

REV 03/04/24 PRO Schedule OI (Form 1040-NR) 2023