## 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

	10.10.100 00.11.00						
Submis	ssion Identification Number (SID)						
Taxpaye	r's name	Social securit	y numb	per			
RAMA	A CHANDRA KAUSHIK PRAYAGA	012-45-	012-45-6914				
Spouse's	s name	Spouse's soc	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023	 (Enter year you a	ro au	thorizina '	<u> </u>		
	whole dollars only on lines 1 through 5.	(Litter year you a	i e au	unonzing.	)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1	1	,330.		
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				
	Amount you owe		5		0.		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a cop	y of y	our retu	rn)		
return (of to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial intention is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amendation).	transmitter, or electro for rejection of the tre to the U.S. Treasury as unt indicated in the te nestitution to debit the rminate the authoriza on requests must be in the processing of the payment. I furt	onic refansmished its of ax prepartition. The receive the element of the element	turn originatession, (b) the designated paration soft to this according revoke (oved no late ectronic pasknowledge	tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
X	-	erate my PIN	6	9 1 4	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but er all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.						
Your si	ignature ▶ Dat	03/28/2024					
Spous	e's PIN: check one box only						
	I authorize to enter or gen	erate mv PIN			as my		
	ERO firm name	Ent		digits, but	,		
	signature on the income tax return (original or amended) I am now authorizing.	doi	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.						
Spouse	e's signature ▶ Dat	te ▶					
	Practitioner PIN Method Returns Only—continue I	oelow					
Part I	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ente	6 0	8 2 7	1		
		Don't ent	or all 26				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incred to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provide	n submitting this retu	ırn in a	accordance			
ERO's	signature ▶ Dat	te ▶					
	ERO Must Retain This Form — See Instruction						
	Don't Submit This Form to the IRS Unless Requested						

# 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 beginn				ning, 2023, ending, 2			20	See separate instructions.
Your first name and middle initial			Last name			Your identifying number		
							(see instructions)	
RAMA CHANDRA KAUSHIK				AGA			012-	45-6914
Home address (number and street). If you have a P.O. box, see instructions.							Apt. no.	
4313 RAMC								E
City, town, or post office. If you have a foreign address, also complete spaces below.							ZIP code	
FAIRFAX						VA		22030
Foreign country	nam	e	Foreigi	n province/state/county		Foreign	oostal coc	le
Filing	×	Single Married filing sepa	arately (N	MFS) Qualifyii	ng surviving spouse (	(QSS)	☐ Est	ate 🗌 Trust
Status	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent							
Check only one box.								
	Δta	ny time during 2023, did you: (a) recei	ve (as a	reward award or navm	ent for property or se	rvices). v	r (h) sell e	exchange or
Digital Assets		erwise dispose of a digital asset (or a f						
Dependents						(4) Ch	eck the box	if qualifies for (see inst.):
(see instructions):		(4) First many		(2) Dependent's	(A) Deletienelie te con		d tax credit	Credit for other
		(1) First name Last name		identifying number	(3) Relationship to yo	ou		dependents
If more than four								
dependents, see							$\Box$	
instructions and check here								
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)			. 1a	1,330.
Effectively	b	Household employee wages not rep	,	,				,
Connected	С	Tip income not reported on line 1a (						
With U.S.	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 26			. 1e	
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29 .			. 1f	
Attach	g	Wages from Form 8919, line 6						
Form(s) W-2,	h	Other earned income (see instruction	ns) .				. 1h	
1042-S,	i	Reserved for future use						
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			1 1		. <u>1j</u>	
and 8288-A	k	Total income exempt by a treaty from						
here. Also attach	_	line 1(e)			1k		. 1z	1,330.
Form(s)	z Add lines 1a through 1h				. 2b	1,330.		
1099-R if		Qualified dividends 3a	_		dinary dividends .		. 3b	
tax was withheld.	4a	IRA distributions 4a			cable amount			
If you did not	5a	Pensions and annuities 5a	_		able amount			
get a Form	6	Reserved for future use						
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	7					
	8	Additional income from Schedule 1 (Form 1040), line 10						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>						1,330.
	10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>						
	11	Subtract line 10 from line 9. This is y	. 11	1,330.				
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard							
		deduction (see instructions)				ndia Tre	aty <b>12</b>	13,850.
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts of						
<b>c</b> Add lines 13a and 13b							<b>—</b>	10.050
	14							13,850.
	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							0.

Form 1040-NR (2	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	Form(s): <b>1</b> 88	314 <b>2</b> 🗌	4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040),	line 3					17	0.
	18								0.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)							
	20	Amount from Schedule 3 (Form 1040), line 8							
	21	Add lines 19 and 20							
	22	Subtract line 21 from line 18. If zero or	less, enter -0					22	0.
	23a	Tax on income not effectively connected	d with a U.S. trade	or business fr	rom				
		Schedule NEC (Form 1040-NR), line 15			. 23	a			
	b	Other taxes, including self-employmen	t tax, from Schedul	e 2 (Form 104	40),				
		line 21			. 23	<b>b</b>			
	С	Transportation tax (see instructions)			. 23	c			
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is your total	l tax					24	0.
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			. 25	a			
	b	Form(s) 1099			. 25	0			
	С	Other forms (see instructions)			. 25	c			
	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 and amo	unt applied from 20	22 return .				26	
	27	Reserved for future use			. 27	•			
	28	Additional child tax credit from Schedu	le 8812 (Form 1040	)	. 28	3			
	29	Credit for amount paid with Form 1040	-C		. 29	)			
	30	Reserved for future use			. 30				
	31	Amount from Schedule 3 (Form 1040),	line 15		. 31				
	32	Add lines 28, 29, and 31. These are you	32						
	<b>33</b> Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b>								
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33.	This is the ar	mount yo	u <b>overpaid</b>		34	
	35a	Amount of line 34 you want refunded to	o <b>you</b> . If Form 8888	is attached,	check he	re		35a	
Direct deposit?	b	Routing number X X X X X	X X X X	<b>c</b> Type:	☐ Che	cking	Savings		
See instructions.	d	Account number X X X X X	X X X X X	X X X	X X X	X			
	е	If you want your refund check mailed t	o an address outsic	le the United	States no	ot shown on	page 1,		
		enter it here.							
	36	Amount of line 34 you want applied to	your 2024 estimat	ed tax .	. 36				
Amount	37	Subtract line 33 from line 24. This is the	e amount you owe.						
You Owe		For details on how to pay, go to www.i	rs.gov/Payments or	see instructio	ons			37	0.
	38	Estimated tax penalty (see instructions	)		. 38	}			
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.						es. Comple	ete belo	ow. 🗵 No
Party	Designee's Phone Personal identi					nal identific	cation		
Designee	name nonumber (PIN)						er (PIN)		
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Sign		signature	Date	Your occupa				•	nt you an Identity
Here	Tour	signature	Date	Tour occupa	alion		I		IN, enter it here
TICIC						(see		•	
	Phone	e no.	Email address					-	
Paid	Prepa	rer's name Prepa	arer's signature		Da	te	PTIN		Check if:
	SYAM PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA RAM SAGAR GUPTA TALLAM   03/06/2024   P020				P02082	703	Self-employed		
Preparer	Firm's name CIODAI TAVES TIC					Phone no			
Use Only	Firm's address 245 ROONEY CT F. BRIJNSWICK N.J. 08816 Firm's E								1-3171965

BAA

#### **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

RAMA CHANDRA KAUSHIK PRAYAGA 012-45-6914 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 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.

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	shown on Form 1040-NR				Your identifying	number				
RAM	MA CHANDRA KAUSHIK PRAYAGA					914				
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 green card holder (lawful permanent resident) of the United States?						⊠ No			
D	Were you ever:	3 (		,						
_	_					Yes	⊠ No			
	. A green card holder (lawful per						⊠ No			
_	If you answer "Yes" to (1) or (2						<u>-                                    </u>			
Е	If you had a visa on the last of				ter vour IIS					
-	immigration status on the last of				•					
F	Have you ever changed your v			rection status?		□ Voc	⊠ No			
	If you answered "Yes," indicate		-			□ 163				
G	List all dates you entered and									
G	Note: If you're a resident of C		-		iont intonvals					
	check the box for Canada or				Mexico					
	Date entered United States			Date entered United State			-1 01-1			
	mm/dd/yy	Date departed United State mm/dd/yy	es	mm/dd/yy		arted Unite nm/dd/yy	d States			
	Tillin den yy	ттти аал у у		ттт, аа, уу	'	тити аал уу				
			<del> </del>							
Н	Give number of days (including									
	2021	, 2022	, an	d 2023365	·		<b>.</b>			
ı	Did you file a U.S. income tax	return for any prior year? .				<b>∐</b> Yes	⊠ No			
_	If "Yes," give the latest year an	ia form number you filea:								
J	Are you filing a return for a trus					Yes	⊠ No			
	If "Yes," did the trust have a U									
	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				tax treaty with	a foreign	country,			
	complete (1) through (3) below									
1					claimed the tre	eaty benefi	t, and the			
	<u> </u>	amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.								
	<b>(a)</b> Cou	ntry	(b) Tax treaty art	1	-   \	(d) Amount of exempt income in current tax year				
				claimed in prior tax ye	ars income i	n current to	ax year			
	(e) Total. Enter this amount or		-							
2	, , , , , , , , , , , , , , , , , , , ,									
3	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?									
	If "Yes," attach a copy of the Competent Authority determination letter to your return.									
M	Check the applicable box if:									
1	, , , , , , , , , , , , , , , , , , , ,									
	with a U.S. trade or business under section 871(d). See instructions									
2	You have made an election in									
	States as effectively connected	d with a U.S. trade or busin	ess under sectior	n 8/1(d). See instructions .			<u> Ц</u>			