| <b>1040</b>   | -   | <b>IR</b> Department of the Treasury-Inter<br>U.S. Nonresident Ali   | nal Rever<br><b>en In</b>   | nue Service<br>come Tax Returi     | n 20 <b>23</b>      | OMB No. 15     | 545-0074      | IRS Use C<br>or stap                                | Dnly—Do not write<br>le in this space. |  |  |
|---|---|--|---|------------------------------------|---------------------|----------------|---------------|---|--|--|--|
| For the year Jan  | . 1–0   | Dec. 31, 2023, or other tax year beginn  | ing, 2023, ending, 2  |                                    |                     | 20             | See separate  |   |  |  |  |
| Your first name and middle initial  |   |  |   | Last name Yo                       |                     |                |               | <b>Your identifying number</b><br>see instructions) |  |  |  |
| DILEEP RE   | DDY   | 7  | BATT  | U                                  |                     |                | 879           | ,<br>879-75-9284                                    |  |  |  |
| Home address (  | num   | ber and street). If you have a P.O. box  | , see ins   | structions.                        |                     |                |               | Apt. no.  |  |  |  |
| 923 W UNI   | VEF   | SITY AVE, STERLING POIL  | NTE A   | PARTMENTS                          |                     |                |               | 9-259   |  |  |  |
| City, town, or po   | ost o   | ffice. If you have a foreign address, als  | o comp  | lete spaces below.                 |                     | State          |               | ZIP code  |  |  |  |
| FLAGSTAFF   |   |  | AZ  |                                    |                     |                |               | 86001   |  |  |  |
| Foreign country   | nam   | e  | Foreign province/state/county Foreig  |                                    |                     |                | n postal code |   |  |  |  |
| Filing<br>Status<br>Check only<br>one box.  | lf  | Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust<br>If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:  |   |                                    |                     |                |               |   |  |  |  |
| Digital Assets  |   | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f   |   |                                    |                     |                |               |   |  |  |  |
| Dependents  |   |  |   |                                    |                     | (4) Ch         | eck the bo    | ox if qualifi                                       | ies for (see inst.):                   |  |  |
| (see instructions):   |   | (1) First name Last name   |   | (2) Dependent's identifying number | (3) Relationship to | Chi            | ld tax cre    |   | redit for other dependents             |  |  |
|   |   |  |   |                                    | (0)                 | ,              |               |   |  |  |  |
| If more than four   |   |  |   |                                    |                     |                |               |   | <u> </u>                               |  |  |
| dependents, see instructions and  |   |  |   |                                    |                     | -              |               |   | -                                      |  |  |
| check here  |   |  |   |                                    |                     |                |               |   |  |  |  |
| Income  | 1a  | Total amount from Form(s) W-2, box   | 1 (see i  | instructions)                      |                     |                | . 1a          | a   | 4,747.                                 |  |  |
| Effectively   | b   | Household employee wages not rep   |   |                                    |                     |                | . 1k          | <b>)</b>  |  |  |  |
| Connected   | С   | Tip income not reported on line 1a (s  | ee instr  | ructions)                          |                     |                | . 10          | >   |  |  |  |
| With U.S.   | d   | Medicaid waiver payments not report  | ted on I  | Form(s) W-2 (see instruct          | tions)              | <mark>.</mark> | . 10          | ł   |  |  |  |
| Trade or  | е   | Taxable dependent care benefits fro  | m Form  | 2441, line 26                      |                     |                | . 10          | •   |  |  |  |
| Business  | f   | Employer-provided adoption benefits from Form 8839, line 29       .< |   |                                    |                     |                |               |   |  |  |  |
|   | g   |  |   |                                    |                     |                |               |   |  |  |  |
| Attach<br>Form(s) W-2,  | <ul> <li>h Other earned income (see instructions)</li> <li>i Reserved for future use</li> <li>i</li></ul>   |  |   |                                    |                     |                |               |   |  |  |  |
| 1042-S,   | i   | Reserved for future use  |   |                                    |                     |                |               |   |  |  |  |
| SSA-1042-S,   | j   | Reserved for future use  | . <u>1</u> j  | i                                  |                     |                |               |   |  |  |  |
| RRB-1042-S,<br>and 8288-A<br>here. Also   | k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)       Image: treat of the second seco |  |   |                                    |                     |                |               |   |  |  |  |
| attach  | z   | z         Add lines 1a through 1h  |   |                                    |                     |                |               |   | 4,747.                                 |  |  |
| Form(s)<br>1099-R if  | 2a  |  |   |                                    |                     |                |               |   |  |  |  |
| tax was   | 3a Qualified dividends 3a b Ordinary dividends  |  |   |                                    |                     |                |               | 5   |  |  |  |
| withheld.   | 4a  | IRA distributions   4a   b   Taxable amount      Pensions and annuities   5a   b   Taxable amount  |   |                                    |                     |                |               | <b>)</b>  |  |  |  |
| If you did not  | 5a  | Pensions and annuities 5a  | . 5ł  | )                                  |                     |                |               |   |  |  |  |
| get a Form<br>W-2, see  | 6   | Reserved for future use  |   |                                    |                     |                |               |   |  |  |  |
| instructions.   | 7   | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here   |   |                                    |                     |                |               |   |  |  |  |
|   | 8   | Additional income from Schedule 1 (  |   |                                    |                     |                |               |   |  |  |  |
|   | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   | 3. This is  | s your total effectively c         | onnected income     |                | . 9           |   | 4,747.                                 |  |  |
| 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 y  | our adju  | usted gross income                 |                     | · · ·          | . 11          |   | 4,747.                                 |  |  |
|   | 12  | Itemized deductions (from Schedu deduction (see instructions) .  |   | 2                                  | 13,850.             |                |               |   |  |  |  |
|   | 13a   | Qualified business income deduction  |   |                                    |                     |                |               |   |  |  |  |
|   | b   | Exemptions for estates and trusts or   |   |                                    |                     |                |               |   |  |  |  |
|   | с   | Add lines 13a and 13b  |   |                                    |                     |                |               | c   |  |  |  |
|   | 14  | Add lines 12 and 13c   |   |                                    |                     |                | . 14          | t 🗌   | 13,850.                                |  |  |
|   | 15  | Subtract line 14 from line 11. If zero   | e 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |                                    |                     |                |               | <b>15</b> 0.  |  |  |  |
| For Disclosure,   | Priva   | cy Act, and Paperwork Reduction Act  | Notice,   | see separate instruction           | IS.                 |                |               | Form 10   | 040-NR (2023)                          |  |  |

| Form 1040-NR (2                      | 2023)         |   |           | Page <b>2</b>            |
|--------------------------------------|---------------|---|-----------|--------------------------|
| Tax and                              | 16            | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3  | 16        | 0.                       |
| Credits                              | 17            | Amount from Schedule 2 (Form 1040), line 3  | 17        | 0.                       |
|                                      | 18            | Add lines 16 and 17   | 18        | 0.                       |
|                                      | 19            | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)  | 19        |                          |
|                                      | 20            | Amount from Schedule 3 (Form 1040), line 8  | 20        |                          |
|                                      | 21            | Add lines 19 and 20   | 21        |                          |
|                                      | 22            | Subtract line 21 from line 18. If zero or less, enter -0  | 22        | 0.                       |
|                                      | 23a           | Tax on income not effectively connected with a U.S. trade or business from         Schedule NEC (Form 1040-NR), line 15   |           |                          |
|                                      | b             | Other taxes, including self-employment tax, from Schedule 2 (Form 1040),         line 21  |           |                          |
|                                      | С             | Transportation tax (see instructions)   |           |                          |
|                                      | d             | Add lines 23a through 23c   | 23d       |                          |
|                                      | 24            | Add lines 22 and 23d. This is your <b>total tax</b>   | 24        | 0.                       |
| Payments                             | 25            | Federal income tax withheld from:   |           |                          |
|                                      | а             | Form(s) W-2   |           |                          |
|                                      | b             | Form(s) 1099  | 4         |                          |
|                                      | C             | Other forms (see instructions)  |           |                          |
|                                      | d             | Add lines 25a through 25c   | 25d       | 92.                      |
|                                      | е             | Form(s) 8805  | 25e       |                          |
|                                      | f             | Form(s) 8288-A  | 25f       |                          |
|                                      | g             | Form(s) 1042-S  | 25g       |                          |
|                                      | 26            | 2023 estimated tax payments and amount applied from 2022 return   | 26        |                          |
|                                      | 27            | Reserved for future use   | 4         |                          |
|                                      | 28            | Additional child tax credit from Schedule 8812 (Form 1040)  | _         |                          |
|                                      | 29            | Credit for amount paid with Form 1040-C   | _         |                          |
|                                      | 30            | Reserved for future use         .   | 4         |                          |
|                                      | 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            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments   | 33        | 92.                      |
| Refund                               | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>  | 34        | 92.                      |
|                                      | 35a           | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here  | 35a       | 92.                      |
| Direct deposit?<br>See instructions. | b             | Routing number         1         2         2         1         0         5         2         7         8         c         Type:         X         Checking         Savings   |           |                          |
|                                      | d             | Account number 2 3 5 2 8 3 8 4 9 0  |           |                          |
|                                      | е             | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.  |           |                          |
|                                      | 36            | Amount of line 34 you want applied to your 2024 estimated tax 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.irs.gov/Payments or see instructions   | 37        |                          |
|                                      | 38            | Estimated tax penalty (see instructions)  |           | 5.2                      |
| Third                                | Do yo         | bu want to allow another person to discuss this return with the IRS? See instructions. U Yes. Comp  | lete belo | w. 🛛 No                  |
| Party<br>Designee                    | Desig<br>name | no number (PIN)   |           |                          |
|                                      |               | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which   |           |                          |
| Sign                                 |               | signature Date Your occupation If th  | e IRS se  | nt you an Identity       |
| Here                                 |               |   |           | IN, enter it here        |
| -                                    |               | A CARACTER AND A CARACTER  | e inst.)  |                          |
|                                      | Phone         |   |           | 01                       |
| Paid                                 |               | arer's name Preparer's signature Date PTIN  |           | Check if:                |
| Preparer                             |               | 4 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P0208   |           | Self-employed            |
| Use Only                             |               | s name GLOBAL TAXES LLC Phone | 1         | 8)965-9522               |
|                                      |               | s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E   |           |                          |
| GO TO WWW.Irs.                       | jov/Foi       | rm1040NR for instructions and the latest information. BAA REV 03/04/24 PRO  | Foi       | rm <b>1040-NR</b> (2023) |

| SCHEDULE NEC<br>(Form 1040-NR)   |  | Tax on Income Not Effectively Connected With a U.S. Trade or Business |                                 |                |                                   |                      |  |  | OMB No. 1545-0074  |  |
|--|--|---|---------------------------------|----------------|-----------------------------------|----------------------|--|--|--|--|
|  |  |   |                                 |                | orm 1040-NR.<br>structions and th | Att                  | 20 <b>23</b><br>Attachment<br>Sequence No. <b>7B</b> |  |  |  |
| Name s   | hown on Form 1040-NR   |   |                                 |                |                                   |                      | Your identifying                                     |  |  |  |
| DIL  | EEP REDDY BAT  | TU  |                                 |                |                                   |                      |  | 879-75-92  | 284  |  |
| Enter a  | mount of income un   | der the appropriate rate of tax. See instructions.                    |                                 |                |                                   |                      |  |  |  |  |
|  |  | Nature of Income  |                                 |                | (a) 100/                          | <b>(b)</b> 150/      | (-) 200/   | (d) Other (specify)  |  |  |
|  |  | Nature of Income  |                                 | <b>(a)</b> 10% |                                   | <b>(b)</b> 15%       | <b>(c)</b> 30%                                       | %  | %  |  |
| 1  | Dividends and divid  | dend equivalents:   |                                 |                |                                   |                      |  |  |  |  |
| а  | Dividends paid by l  | J.S. corporations   | [                               | 1a             |                                   |                      |  |  |  |  |
| b  | <b>b</b> Dividends paid by foreign corporations  |   |                                 |                |                                   |                      |  |  |  |  |
| С  | Dividend equivalent  | payments received with respect to section 871(m) tran                 | nsactions                       | 1c             |                                   |                      |  |  |  |  |
| 2  | Interest:  |   |                                 |                |                                   |                      |  |  |  |  |
| а  |  |   |                                 | 2a             |                                   |                      |  |  |  |  |
| b  |  | porations   |                                 | 2b             |                                   |                      |  |  |  |  |
| С  |  |   |                                 | 2c             |                                   |                      |  |  |  |  |
| 3  |  | (patents, trademarks, etc.)   |                                 | 3              |                                   |                      |  |  |  |  |
| 4  |  | V copyright royalties   |                                 | 4              |                                   |                      |  |  |  |  |
| 5  |  | byrights, recording, publishing, etc.)                                |                                 | 5              |                                   |                      |  |  |  |  |
| 6  |  | ne and natural resources royalties                                    |                                 | 6              |                                   |                      |  |  |  |  |
| 7  |  | sities  |                                 | 7              |                                   |                      |  |  |  |  |
| 8  |  | efits   |                                 | 8<br>9         |                                   |                      |  |  |  |  |
| 9<br>10  |  | ne 18 below   |                                 | 9              |                                   |                      |  |  |  |  |
| а  | Winnings   |   |                                 |                |                                   |                      |  |  |  |  |
| b  | Losses   | nts of countries other than Canada.                                   | [                               | 10c            |                                   |                      |  |  |  |  |
| 11   | Note: Enter winning  | gs only. Losses aren't allowed  |                                 | 11             |                                   |                      |  |  |  |  |
| 12   | Other (specify):   |   |                                 |                |                                   |                      |  |  |  |  |
|  |  |   |                                 | 12             |                                   |                      |  |  |  |  |
| 13   |  | h 12 in columns (a) through (d)                                       |                                 | 13             |                                   |                      |  |  |  |  |
| 14   |  | rate of tax at top of each column                                     | _                               | 14             |                                   |                      |  |  |  |  |
| 15   | Tax on income not  | effectively connected with a U.S. trade or business.                  |                                 |                |                                   |                      |  | -NR, line 23a <b>15</b>  |  |  |
| Enter of   | the three services is an effective service of the s | Capital Gains and I   | LUSSES FI                       |                | Sales of Excita                   | anges of Propert     | y  | (0.1.000   | ( ) =  |  |
| Enter only the capital gains and<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not |  | (if necessary, attach statement of                                    | (b) Date acquired<br>mm/dd/yyyy |                | (c) Date sold<br>mm/dd/yyyy       | (d) Sales price      | (e) Cost or other basis                              | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |  |
|  | ely connected with a U.S.<br>s. Do not include a gain  |   |                                 |                |                                   |                      |  |  |  |  |
| or loss  | on disposing of a U.S. rea   | al  |                                 |                |                                   |                      |  |  |  |  |
| property interest; report these gains and losses on Schedule D   |  |   |                                 |                |                                   |                      |  |  |  |  |
| (Form 1  |  |   |                                 |                |                                   |                      |  |  |  |  |
| exchange   | property sales or<br>ges that are effectively  |   |                                 |                |                                   |                      | 1  |  |  |  |
| on Sche  | ted with a U.S. business<br>edule D (Form 1040),   | <b>17</b> Add columns (f) and (g) of line 16                          |                                 |                |                                   |                      | 17   | )  |  |  |
| Form 4797, or both.  |  | 18 Capital gain. Combine columns (f) and (g)                          | ) of line 17.                   | Enter          | the net gain her                  | re and on line 9 abo | ove. It a loss, ente                                 | er -0   <b>18</b>  |  |  |

## SCHEDULE OI (Form 1040-NR)

## **Other Information**

Attach to Form 1040-NR.

2023

OMB No. 1545-0074

| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form10401 |   |                |  | <i>R</i> for instructions and wer all questions. |  | Attachment<br>Sequence No. 7C |                               |              |  |  |  |
|--|---|----------------|--|--|--|-------------------------------|-------------------------------|--------------|--|--|--|
| Name shown on Form 1040-NR   |   |                |  |  | Your identifyir                                |                               |                               |              |  |  |  |
|  | EP REDDY BAT'   |                |  |  | 879-75   |                               |                               |              |  |  |  |
| A  |   |                |  |  |  |                               |                               |              |  |  |  |
| В  | Of what country or countries were you a citizen or national during the tax year? <u>INDIA</u><br>In what country did you claim residence for tax purposes during the tax year? <u>United States</u> |                |  |  |  |                               |                               |              |  |  |  |
| c  | Have you ever applied to be a green card holder (lawful permanent resident) of the United States?   |                |  |  |  |                               |                               |              |  |  |  |
| D  | Were you ever:  |                |  |  |  |                               |                               |              |  |  |  |
|  | 1. A U.S. citizen?  |                |  |  |  |                               |                               |              |  |  |  |
| 2.   | A green card holder (lawful permanent resident) of the United States?   |                |  |  |  |                               |                               |              |  |  |  |
|  | 2. A green card holder (lawful permanent resident) of the United States?  |                |  |  |  |                               |                               |              |  |  |  |
| Е  | 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  |   |                | risa type (nonimmigrant sta                                | tus) or U.S. immigratic                          | on status?                                     |                               | Ves                           | 🛛 No         |  |  |  |
| •  | If you answered "Y  | es," indicat   | e the date and nature of th                                | e change:  |  |                               |                               |              |  |  |  |
| G  | List all dates you e  | ntered and     | left the United States durin                               | g 2023. See instructio                           | ns.  |                               |                               |              |  |  |  |
|  |   |                | anada or Mexico AND cor                                    |  |  | ent intervals,                |                               |              |  |  |  |
|  | check the box for   | Canada or      | Mexico and skip to item I                                  | 4  | 🗌 Canada                                       | Mexico                        |                               |              |  |  |  |
|  | Date entered Unit   | ed States      | Date departed United Stat                                  | es Da  | te entered United State                        | s Date de                     | parted United                 | d States     |  |  |  |
|  | mm/dd/y   | у              | mm/dd/yy   |  | mm/dd/yy                                       |                               | mm/dd/yy                      |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
| н  | Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:<br>2021, 2022, and 2023365  |                |  |  |  |                               |                               |              |  |  |  |
| I  | Did you file a U.S. i   | ncome tax      | return for any prior year? .<br>nd form number you filed:  |  |  |                               |                               | 🛛 No         |  |  |  |
| J  | Are you filing a retu   | Irn for a true | st?  |  |  |                               | Ves                           | 🔀 No         |  |  |  |
|  |   |                | J.S. or foreign owner under<br>ribution from a U.S. person |  |  |                               |                               | <b>—</b>     |  |  |  |
| K  | •   |                |  |  |  |                               |                               | □ No<br>⊠ No |  |  |  |
| K  | •   |                | ation of \$250,000 or more                                 |  |  |                               |                               |              |  |  |  |
| L  | If "Yes," did you use an alternative method to determine the source of this compensation?   |                |  |  |  |                               |                               |              |  |  |  |
| 1.   | Enter the name of t   | he country,    | the applicable tax treaty ar                               | ticle, the number of mo                          | onths in prior years you                       | claimed the t                 | reaty benefi                  | t, and the   |  |  |  |
|  | amount of exempt i  | ncome in th    | e columns below. Attach Fo                                 |  | 1  |                               |                               |              |  |  |  |
|  |   | <b>(a)</b> Cou | ntry   | (b) Tax treaty article                           | (c) Number of month<br>claimed in prior tax ye | ars (d) A                     | mount of exe<br>in current ta |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
|  |   |                |  |  |  |                               |                               |              |  |  |  |
| ~  |   |                | n Form 1040-NR, line 1k. E                                 |  |  |                               |                               |              |  |  |  |
|  | -   |                | preign country on any of the                               |  |  |                               | Ves                           | ∐ No<br>⊠ No |  |  |  |
| 3.   |   | -              | s pursuant to a Competen                                   |  |  |                               | Ves                           | 🗙 No         |  |  |  |
| м  | Check the applicat  |                | Competent Authority deterr                                 | mination letter to your                          | return.  |                               |                               |              |  |  |  |
|  |   |                | aking an election to treat ir                              | come from real prope                             | rty located in the Unite                       | ed States as a                | effectively of                | onnected     |  |  |  |
|  | with a U.S. trade or  | r business ι   | under section 871(d). See in                               | nstructions                                      |  |                               |                               | · · 🗌        |  |  |  |
| 2.   |   |                | n a previous year that has<br>d with a U.S. trade or busir |  |  |                               |                               |              |  |  |  |

BAA

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