## 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

Submission Identification	ation Number (SID)			•			
Taxpayer's name	Social securit	Social security number					
SANDHYA KARKE	RA		682-65-3783				
Spouse's name			Spouse's soc	ial secur	ity number		
Part I Tax Ret	turn Information — Tax Year Ending December 3	<b>31,</b> 2023 (Enter	⊥ ′year you a	re auth	norizing.)	)	
	only on lines 1 through 5.	, ,	, ,		,		
Note: Form 1040-SS	filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	s income			1	1,	,440.	
				2		0.	
	ne tax withheld from Form(s) W-2 and Form(s) 1099			3		146.	
•	vant refunded to you			4		146.	
5 Amount you o	owe		 (een a con	5 s	our retui	rn)	
	ury, I declare that I have examined a copy of the income tax retu						
for any delay in process Agent to initiate an ACI- payment of my federal tauthorization is to rema payment, I must conta business days prior to t taxes to receive confid	e IRS and to receive from the IRS (a) an acknowledgement of rising the return or refund, and (c) the date of any refund. If applict electronic funds withdrawal (direct debit) entry to the financial taxes owed on this return and/or a payment of estimated tax, are ain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Pay the payment (settlement) date. I also authorize the financial instending information necessary to answer inquiries and resolve number (PIN) below is my signature for the income tax return (crawal Consent	cable, I authorize the U institution account indi not the financial institution acial Agent to terminate ment cancellation requititutions involved in the issues related to the p	S. Treasury as cated in the taken to debit the tenth the tauthorizates must be processing of tayment. I furt	nd its de ax preparent de control	esignated la ration soft of this accoording to the coordinate of t	Financial tware for unt. This cancel) a r than 2 yment of that the	
Taxpayer's PIN: che							
	-	to enter or generate	my PINI 5	3 7	8 3	as my	
_	ERO firm name  the income tax return (original or amended) I am now au	· ·	Ent		igits, but all zeros	as my	
☐ I will enter n	ny PIN as my signature on the income tax return (origina ntering your own PIN <b>and</b> your return is filed using the F	l or amended) I am n					
Your signature ►		Date ▶ _					
Spouse's PIN: check	k one box only						
☐ I authorize	-	to enter or generate	mv PIN			as my	
_	ERO firm name	· ·	Ent		igits, but	,	
•	n the income tax return (original or amended) I am now au	•			all zeros		
	ny PIN as my signature on the income tax return (origina ntering your own PIN <b>and</b> your return is filed using the F						
Spouse's signature ▶	•	Date ►					
	Practitioner PIN Method Returns Onl	y—continue below					
Part III Certific	eation and Authentication — Practitioner PIN Me	thod Only					
ERO's EFIN/PIN. En	ter your six-digit EFIN followed by your five-digit self-sele	ected PIN. 2 2	2 4 9	6 0	8 2 7	1	
			Don't ent	er all zer	os		
authorized to file for ta	numeric entry is my PIN, which is my signature for the electro x year indicated above for the taxpayer(s) indicated above. I dictitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized	confirm that I am subm	itting this retu	ırn in ac	ccordance		
ERO's signature ►		Date ►					
	ERO Must Retain This Form — S						
	Don't Submit This Form to the IRS Unles	ss Requested To D	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 Jar	ı. 1–C	Dec. 31, 2023, or other tax year begin	ning	, 2023,	ending		, 20		See separate instructions.	
Your first name and middle initial La						Your identifying number				
							(5	(see instructions)		
SANDHYA			KARK					682-6	5-3783	
	`	ber and street). If you have a P.O. box	k, see ins	structions.					Apt. no.	
268 DUDLE									3	
	ost o	ffice. If you have a foreign address, a	so comp	olete spaces below.		Sta			P code	
ROXBURY			I			MA			2119	
Foreign country	nam	e	Foreig	n province/state/county		Foi	reign pos	stal code		
Filing Status		Single Married filing sep			ng surviving spou	`	,	☐ Estat	e 🗌 Trust	
Check only one box.	lf you checked the QSS box, enter the child's name if the qualifying person is a child but not your cleck only									
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a						o) sell, ex	change, or	
Dependents (see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to			the box if ax credit	qualifies for (see inst.):  Credit for other dependents	
lf										
If more than four dependents, see										
instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, bo	`	,				1a	1,440.	
Effectively	b	Household employee wages not rep		( )				1b		
Connected	С.	Tip income not reported on line 1a	`	,				1c		
With U.S.	d	Medicaid waiver payments not repo		` '	,			1d		
Trade or	e	Taxable dependent care benefits fro		·				1e		
Business	f	Employer-provided adoption benefi		•				1f		
Attach	g	Wages from Form 8919, line 6						1g		
Form(s) W-2,	h :	Other earned income (see instruction	1h							
1042-S, SSA-1042-S,	i Reserved for future use									
RRB-1042-S,	j Reserved for future use									
and 8288-A here. Also	k	line 1(e)			1k					
attach Form(s)	Z	Add lines 1a through 1h						1z	1,440.	
1099-R if	2a	Tax-exempt interest 2						2b		
tax was	3a	Qualified dividends 3			linary dividends .			3b		
withheld.	4a	IRA distributions 4	_		able amount			4b		
If you did not get a Form	5a	Pensions and annuities 5	_		able amount			5b		
W-2, see	Reserved for future use							7		
instructions.	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here							8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						9	1,440.	
				-				9	1, 440.	
	10					٠		10		
	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							11	1,440.	
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)							y <b>12</b>	13,850.	
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-	·A . <b>13a</b>					
	b	Exemptions for estates and trusts of	nly (see	instructions)	13b					
	С	Add lines 13a and 13b						13c		
	14							14	13,850.	
	15	Subtract line 1/1 from line 11. If zero	or loce	antar - 1 This is your to	vahla inaama			15	$\cap$	

Form 1040-NR (2	2023)									Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b>	14 <b>2</b> [	497	2 <b>3</b>			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 depende	nts from Schedu	ıle 8812 (F	orm 10	40) .			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	s, enter -0						22	0.	
	23a	Tax on income not effectively connected w	ith a U.S. trade o	r business	from						
		Schedule NEC (Form 1040-NR), line 15 .				23a					
	b	Other taxes, including self-employment tax	k, from Schedule	2 (Form 1	040),						
		line 21				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	<b>(</b>						24	0.	
Payments	25	Federal income tax withheld from:									
-	а	Form(s) W-2				25a		146.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c							25d	146.	
	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 20	22 return .					26		
	27	Reserved for future use				27					
	28	Additional child tax credit from Schedule 8	812 (Form 1040)			28					
	29	Credit for amount paid with Form 1040-C				29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3 (Form 1040), line				31					
	32	Add lines 28, 29, and 31. These are your to				ble cre	dits		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T	hese are your <b>to</b>	tal payme	nts .				33	146.	
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the	amoun	t you <b>o</b>	verpaid		34	146.	
	35a	Amount of line 34 you want refunded to yo	<b>ou</b> . If Form 8888	is attache	d, chec	k here		. 🗆	35a	146.	
Direct deposit?	b	Routing number 2 3 1 3 7 2	6 9 1	<b>c</b> Type	: X	Checki	ng 🗌	Savings			
See instructions.	d	Account number 9 5 3 8 4 9	7 7 8 3					_			
	е	If you want your refund check mailed to ar	address outsid	e the Unite	ed State	es not s	— hown on	page 1,			
		enter it here.									
	36	Amount of line 34 you want applied to you	ır 2024 estimate	ed tax .		36					
Amount	37	Subtract line 33 from line 24. This is the an	nount you owe.								
You Owe		For details on how to pay, go to www.irs.go	ov/Payments or	see instruc	tions .				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.   Yes. Comp								lete bel	low. 🛛 No	
Party	Designee's Phone Personal identi										
Designee	name nonumber (PIN)										
		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of									
Sign	Your	signature	Date	Your occu	upation			If th	e IRS s	ent you an Identity	
Here	Total signature					<b>I</b>		PIN, enter it here			
11010							(see	inst.)			
	Phone	e no.	Email address								
Paid	Prepa	rer's name Preparer'	s signature		_	Date		PTIN		Check if:	
	SYAM	1 PRIYA RAM SAGAR GUPTA SYAM E	PRIYA RAM S	SAGAR G	UPTA	03/25	/2024	P0208	2703	Self-employed	
Preparer	Firm's	s name GLOBAL TAXES LLC						Phone r	Phone no. (678) 965-9522		
Use Only									irm's EIN		

#### **SCHEDULE NEC** (Form 1040-NR)

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

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number SANDHYA KARKERA 682-65-3783 Enter amount of income under the appropriate rate of tax. See instructions.

No. 1 and 1						(d) Other (specify)			
	Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	%	%	
1	Dividends and dividend equivalents:								
а	Dividends paid by U.S. corporations		1a						
b	Dividends paid by foreign corporations		1b						
С	Dividend equivalent payments received with respect to section 871(m) tr	ī	1c						
2	Interest:	Ī							
а	Mortgage		2a						
b	Paid by foreign corporations	[	2b						
С	Other	[	2c						
3	Industrial royalties (patents, trademarks, etc.)	[	3						
4	Motion picture or TV copyright royalties	[	4						
5	Other royalties (copyrights, recording, publishing, etc.)	[	5						
6	Real property income and natural resources royalties	[	6						
7	Pensions and annuities	[	7						
8	Social security benefits		8						
9	Capital gain from line 18 below		9						
10	Gambling—Residents of Canada only. Enter net income in column (c)	).							
_	If zero or less, enter -0								
a b	Winnings Losses		10c						
11	Gambling—Residents of countries other than Canada.		100						
• •	Note: Enter winnings only. Losses aren't allowed		11						
12	Other (specify):								
			12						
13	Add lines 1a through 12 in columns (a) through (d)	+	13						
14	Multiply line 13 by 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>		
	Capital Gains and	d Losses F	rom	Sales or Excha	inges of Proper	ty	I		
losses f exchang within the	nly the capital gains and from property sales or ges that are from sources the United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yyy		(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).	
	rely connected with a U.S. ss. Do not include a gain								
	on disposing of a U.S. real								
	nd losses on Schedule D								
•	property sales or								
exchan	ges that are effectively								
on Sche									
Form 4	18 Capital gain. Combine columns (f) and (	g) of line 17	. ∟nte	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r -0 <b>18</b>		

# 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

	snown on Form 1040-NR				Your identifying				
	DHYA KARKERA				682-65-3	783			
Α	Of what country or countries were	you a citizen or nationa	I during the tax y	ear? INDIA					
В	In what country did you claim residence for tax purposes during the tax year? United States  Have you ever applied to be a green card holder (lawful permanent resident) of the United States? [								
С		en card holder (lawful pe	ermanent residen	t) of the United States? .		Yes	⊠ No		
D	Were you ever:								
						∐ Yes	⊠ No		
2.	A green card holder (lawful permar	·				Yes	⊠ No		
	If you answer "Yes" to (1) or (2), se	-	•						
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 yearF1								
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?								
G	List all dates you entered and left t	the United States during	2023. See instru	uctions.					
	Note: If you're a resident of Cana				ent intervals,				
	check the box for Canada or Me	exico and skip to item H	<u>.</u> <sub>-</sub>	🗌 Canada	☐ Mexico				
	Date entered United States Damm/dd/yy	ate departed United State mm/dd/yy	s	Date entered United State mm/dd/yy		arted Unite nm/dd/yy	d States		
н	Give number of days (including vaca	ation, nonworkdays, and	partial days) you	were present in the United S	States during:				
	2021	, 2022	, an	d <b>2023</b> 365					
I	Did you file a U.S. income tax retu	rn for any prior year?.				⊠ Yes	☐ No		
J	If "Yes," give the latest year and form number you filed: $1040 \text{NR}$ Are you filing a return for a trust?								
•	If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a								
	U.S. person, or receive a contribut					☐ Yes	□No		
K	Did you receive total compensatio	•				☐ Yes	⊠ No		
	If "Yes," did you use an alternative					Yes	□No		
L	Income Exempt From Tax—If you			•					
	complete (1) through (3) below. Se				,	J			
1.	Enter the name of the country, the	applicable tax treaty artic	cle, the number o	f months in prior years you	claimed the tre	eaty benefi	t, and the		
	amount of exempt income in the co					•			
	(a) Country		(b) Tax treaty art	icle (c) Number of month	ns (d) Am	empt			
				claimed in prior tax ye	ars income i	n current t	ax year		
_	(e) Total. Enter this amount on Fo								
2.	, ,					∐ Yes	∐ No ⊠ No		
3.	Are you claiming treaty benefits pursuant to a Competent Authority determination?								
	If "Yes," attach a copy of the Com	petent Authority determ	ination letter to y	our return.					
М	Check the applicable box if:	on an alastica to 1 and 1		romanda la catalata di 1911 di 1911	ا الماد	fa astron			
1.	with a U.S. trade or business unde	er section 871(d). See ins	structions				🗆		
2.	You have made an election in a								
	States as effectively connected wi	tn a U.S. trade or busine	ess under section	18/1(d). See instructions.			<u> L</u>		