E1040-NR 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 Ja	า. 1–🏻	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	.0	See separate instructions.
Your first name	and i	niddle initial	Last na	ame			Your iden	tifying number
							(see instru	ctions)
JASMINE			BATR	A			293-63	3-3106
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.
3290 JOHN	I F	KENNEDYBLVD						
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code
JERSEY C	TY					NJ	0	7307
Foreign country	/ nam	e	Foreig	n province/state/county		Foreign po	ostal code	
Filing		Single	arately (N	ΛΕS) □ Qualifvi	ng surviving spouse ((288)	☐ Estat	e 🔲 Trust
Status		you checked the QSS box, enter the		,	0 0 1 1	,		o 🗀 must
Check only	"	you oncolled the QCC Box, office the	orma o m	arrio ii tiro quamyirig por	oon to a orma bar nor y	rour dopoi	140111.	
one box.								
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a t					(b) sell, exc	
D		wise dispose of a digital asset (of a	manciai	Interest in a digital asse				qualifies for (see inst.):
Dependents (see instructions)				(2) Dependent's				Credit for other
(See Instructions)	·	(1) First name Last name		identifying number	(3) Relationship to you	J Chila	tax credit	dependents
If more than four								
dependents, see								
instructions and								
check here							Ц	
Income	1a	Total amount from Form(s) W-2, box	k 1 (see i	nstructions)			1a	24,297.
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	е	Taxable dependent care benefits fro		•			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				1 1		1j	
and 8288-A	k	Total income exempt by a treaty from line 1(e)			1k			
here. Also attach	z	Add lines 1a through 1h			IK		1z	24,297.
Form(s)	2a	Tax-exempt interest 2	- 1	I	xable interest		2b	21/23/.
1099-R if tax was	2a	Qualified dividends 3a	_		dinary dividends		3b	
withheld.	4a	IRA distributions 4			xable amount		4b	
If you did not	5a	Pensions and annuities 5a			xable amount			
get a Form	6	Reserved for future use	<u> </u>				6	
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu						
	8	Additional income from Schedule 1	(Form 10	040), line 10			8	49.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively o	connected income .		9	24,346.
	10	Adjustments to income from Schedincome	•	,	•		0 10	
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross income			11	24,346.
	12	Itemized deductions (from Schedu						
		deduction (see instructions)			Std Dedn US/Ir	ndia Trea	ty 12	13,850.
	13a	Qualified business income deductio	n from F	orm 8995 or Form 8995	-A . 13a			
	b	Exemptions for estates and trusts o	nly (see i	instructions)	13b			
	С	Add lines 13a and 13b					13c	
	14							13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		15	10,496.

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	m(s): 1 88	314 2 [4972	2 3			16	1,048.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	1,048.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (F	orm 104	10) .			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 z	ero or less	s, enter -0						22	1,048.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .			.	23a				
	b	Other taxes, including self-empl	•		•	· · · · · · · · · · · · · · · · · · ·					
		line 21				- 1	23b				
	C	Transportation tax (see instruction	,			L	23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you		x		· ·				24	1,048.
Payments	25	Federal income tax withheld from							1 681		
	a	Form(s) W-2				- t	25a		1,671.		
	b	Form(s) 1099				Г	25b			-	
	C	Other forms (see instructions) .				_	25c			054	1 671
	d	Add lines 25a through 25c								25d 25e	1,671.
	e f	Form(s) 8805								25e	
		Form(s) 1042-S								25g	
	g 26	2023 estimated tax payments ar								26	
	27	Reserved for future use				1	27			20	
	28	Additional child tax credit from S					28			-	
	29	Credit for amount paid with Forr		•	,	- 1	29				
	30	Reserved for future use				- H	30			1	
	31	Amount from Schedule 3 (Form				Г	31				
	32	Add lines 28, 29, and 31. These				-		edits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,								33	1,671.
Refund	34	If line 33 is more than line 24, su								34	623.
	35a	Amount of line 34 you want refu	nded to y	ou . If Form 8888	is attache	d, check	k here		🗆	35a	623.
Direct deposit?	b	Routing number 0 2 1 0	0 0	0 2 1	c Type	: 🗵 (Check	ng 🗌	Savings		
See instructions.	d	Account number 7 6 3 6	5 9 6	6 0 3							
	е	If you want your refund check m	nailed to ar	n address outsic	le the Unite	ed State	s not s	hown or	page 1,		
		enter it here.									
	36	Amount of line 34 you want app	lied to you	ur 2024 estimat	ed tax .		36				
Amount	37	Subtract line 33 from line 24. The		=							
You Owe		For details on how to pay, go to	_			tions .				37	
	38	Estimated tax penalty (see instru					38				
Third	•	ou want to allow another person to	discuss t			e instruc	tions.		es. Compl		ow. 🗵 No
Party Designee	Desig			Phone					nal identifi	cation	
Designee	name			no.					er (PIN)	- 1 1 -	£
		penalties of perjury, I declare that I hat they are true, correct, and complete. I									
Sign	Your	signature		Date	Your occu	ıpation			If the	e IRS s	ent you an Identity
Here		5.5.14.4.0				.pu			I		PIN, enter it here
					DATA E	NGIN	EER		(see	inst.)	
	Phone			Email address			_		l nervi		
Paid	Prepa	rer's name		's signature			Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		IYA RAM SAGAI	R GUPTA T.	ALLAM	03/1	4/2024	P02082		Self-employed
Use Only		s name GLOBAL TAXES							Phone n	, ,	78) 965-9522
	Firm's	saddress 245 ROONEY C	CT E BF	RUNSWICK N	J 08816)			Firm's E	IN 8	4-3171965

BAA

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number

JASM	INE BATRA		293-6	3-31	.06	
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes			1		
2a	Alimony received			2a		
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C			3		49.
4	Other gains or (losses). Attach Form 4797			4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	ЭE.	5		
6	Farm income or (loss). Attach Schedule F			6		
7	Unemployment compensation			7		
8	Other income:					
а	Net operating loss	8a ()			
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d ()			
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
ı	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n		8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	00 (\			
	•	8s (,			
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t				
	Wages earned while incarcerated	8u				
	Other income. List type and amount:	ou				
Z	other moonie. List type and amount.	8z				
9	Total other income. Add lines 8a through 8z			9		
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente			9		
10	Combine inles i unough r and s. This is your additional income. Ente	i nere and Or	i i Ollii			

10

49.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	ła		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	ld		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	lg		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	łh		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
0 -			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E	nter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	26	

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

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

JASMINE BATRA Enter amount of income under the appropriate rate of tax. See instructions. Your identifying number 293-63-3106

		Nature of Income	(a) 100/ (b) 150/	(L) 450/	(-) 000/	(d) Other (specify)			
		Nature of income			(a) 10%	(b) 15%	(c) 30%	%	%
1	Dividends and divide	end equivalents:							
а	Dividends paid by U.	.S. corporations		1a					
b	Dividends paid by fo	reign corporations		1b					
С	Dividend equivalent p	payments received with respect to section 871(m) trans	nsactions	1c					
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corp	orations		2b					
С	Other			2c					
3	Industrial royalties (p	patents, trademarks, etc.)		3					
4	Motion picture or TV	copyright royalties		4					
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					
8	Social security benef	fits		8					
9		e 18 below		9					
10	Gambling—Resident If zero or less, ente	ts of Canada only. Enter net income in column (c). r -0							
а									
b	Losses			10c					
11	Note: Enter winnings	ts of countries other than Canada. s only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13	•	n 12 in columns (a) through (d)		13					
14		rate of tax at top of each column		14					
15	Tax on income not e	ffectively connected with a U.S. trade or business.	Add colum	ns (a) t	hrough (d) of line 1	4. Enter the total here	and on Form 1040)-NR, line 23a 15	
		Capital Gains and	Losses F	-rom	Sales or Excha	anges of Proper	ty	<u> </u>	I
losses fexchan	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 acqu mm/dd/yy		(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. ss. Do not include a gain								
	on disposing of a U.S. real v interest; report these								
gains a	nd losses on Schedule D								
(Form 1	property sales or							1	
exchan	ges that are effectively						<u> </u>	<u> </u>	
on Sche	ted with a U.S. business edule D (Form 1040),								
Form 4	797, or both.	18 Capital gain. Combine columns (f) and (g)) of line 17	'. Ente	r the net gain her	e and on line 9 abo	ove. It 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 s	hown on Form 1040-NR				Your identifying	number		
JASN	IINE BATRA	293-63-3	106					
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 p	ermanent resident) of the United States? .		☐ Yes	⊠ No	
D	Were you ever:							
							⊠ No	
2.	A green card holder (lawful per	•				Yes	⊠ No	
_	If you answer "Yes" to (1) or (2		•					
E	If you had a visa on the last of immigration status on the last of	day of the tax year. $F1$						
F	Have you ever changed your v If you answered "Yes," indicate	risa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigr e change:	ration status?		☐ Yes	⊠ No	
G	List all dates you entered and	left the United States durin	g 2023. See instru	ctions.				
	Note: If you're a resident of C				_			
	check the box for Canada or				☐ Mexico			
	Date entered United States	Date departed United State	es	Date entered United State		arted Unite	d States	
	mm/dd/yy	mm/dd/yy	_	mm/dd/yy	ſ	mm/dd/yy		
			-					
н	Give number of days (including	vacation nonworkdays and	 I nartial davs) vou w	vere present in the United	States during:			
	2021	, 2022	, and	1 2023 365			.	
ı	Did you file a U.S. income tax If "Yes," give the latest year ar					∐ Yes	⊠ No	
J	Are you filing a return for a trus	st?				☐ Yes	⊠ 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	. See Pub. 901 for more inf	ormation on tax tre	eaties.	-			
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	eaty benefi	t, and the	
	(a) Cou	ntry	(b) Tax treaty artic	cle (c) Number of month claimed in prior tax ye	, , ,	ount of exe	•	
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it anyw	here else on line 1				
	Were you subject to tax in a fo					☐ Yes	☐ No	
3.	Are you claiming treaty benefit		-			☐ Yes	⊠ No	
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to yo	our return.				
М	Check the applicable box if:				101 :			
	This is the first year you are ma with a U.S. trade or business u	ınder section 871(d). See ir	structions					
2.	You have made an election in States as effectively connected							

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09**

	of proprietor						security number (SSN)
	MINE BATRA		1. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		-11		-63-3106
Α	Principal business or profession	on, incl	uding product or service (se	e ınstrı	uctions)		er code from instructions
	IT						9 9 0 0 0
С	Business name. If no separate business name, leave blank.					D Emp	ployer ID number (EIN) (see instr.)
E	Business address (including s	uite or	room no.) 3290 JOI	IN F	KENNEDYBLVD		
	City, town or post office, state	e, and 2	ZIP code JERSEY (CITY,	NJ 07307		
F	Accounting method: (1)	≺ Cas	sh (2) 🗌 Accrual (3	B) 🗌	Other (specify)		
G	Did you "materially participate	in th	e operation of this business	during	2023? If "No," see instructions for I	mit on l	osses . X Yes 🗌 No
Н	If you started or acquired this	busine	ess during 2023, check here				\square
I	Did you make any payments in	n 2023	that would require you to fil	e Form	n(s) 1099? See instructions		🗌 Yes 🕱 No
J	If "Yes," did you or will you file	e requi	red Form(s) 1099?				🗌 Yes 🗌 No
Par	t I Income						
1					this income was reported to you or		4 104
•	-		-		1		4,194.
2							4 104
3							4,194.
4							4 104
5	•						4,194.
6	_		_		refund (see instructions)		4 104
7 Dort	Gross income. Add lines 5 ar	nd 6 .	es for business use of yo			. 7	4,194.
Part 8	Advertising	8	is for business use of yo	18	Office expense (see instructions)	. 18	
9	•			19	Pension and profit-sharing plans		
9	Car and truck expenses (see instructions)	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipmen	20a	1
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III)		
	expense deduction (not			23	Taxes and licenses		
	included in Part III) (see instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	. 24a	1,275.
17	(other than on line 19) .	14		b	Deductible meals (see instructions		1,400.
15	Insurance (other than health)	15		25	Utilities		1,470.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	. 27a	
b	Other	16b		h	Energy efficient commercial bldg		
17	Legal and professional services	17		1	deduction (attach Form 7205) .		
28	Total expenses before expen	ses fo	r business use of home. Add	lines 8	3 through 27b		4,145.
29	Tentative profit or (loss). Subtr	ract lin	e 28 from line 7			. 29	49.
30	Expenses for business use of unless using the simplified me	-	•	e expe	nses elsewhere. Attach Form 8829)	
	Simplified method filers only			(a) vou	r home:		
	and (b) the part of your home		· · · · · · · · · · · · · · · · · · ·			-	
					ine 30	. 30	
31	Net profit or (loss). Subtract					. -55	
	• If a profit, enter on both Sch checked the box on line 1, see	e instru	, , ,		, , ,	31	49.
	• If a loss, you must go to line	e 32.			J		
32	If you have a loss, check the b	ox tha	at describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.		•		· · · · · · · · · · · · · · · · · · ·	32a 32b	
	• If you checked 32b, you mu	st atta	.ch Form 6198. Your loss ma	ay be li	mited.		at risk.

BAA

Schedule C (Form 1040) 2023 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: $\mathbf{a} \Box Cost \qquad \mathbf{b} \Box Lower of cost or market \qquad \mathbf{c} \Box Other (attack)$		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation		. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles you were your vehicle during 2024, enter the number of miles you were your vehicle during 2024, enter the number of miles you	ehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	☐ No
47a	Do you have evidence to support your deduction?			☐ No
	If "Yes," is the evidence written?	07h	Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 6–26, line	∠1D,	or lifte 30.	
48	Total other expenses. Enter here and on line 27a	48		

JASMINE BATRA 293-63-3106 1

Additional Information From 2023 Federal Tax Return

Schedule C (IT): Profit or Loss from Business

Line 25

	Statement	

Description	Amount
PHONE BILLS	980.
INTERNET BILLS	490.
Total	1,470.