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

| 2 | Internal Revenue | Service Go to www.irs.gov/Form8879 for the latest information. | | | | |
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| Spanse's social security number Spanses's social security number Spanses social security number social soci | Submission lo | dentification Number (SID) 22249620240890acjn7n | | | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income | Taxpayer's name | | Social securit | y number | | |
| Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total fax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Gederal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Gederal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 4 A 3, 3; 5 Amount you own 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the bing knowledge and beller, it is true, correct, and complete. I turther declare that the amounts in Part I above are the amounts from the income to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Fink Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated the supreparation schop payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated the supreparation schop payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated the supreparation schop payment, I must contact the U.S. Treasury Financial Agent to U.S. Treasury Financial Agent to terminate the authorization. To revoke (can payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. 1 will anter my PIN as my signature on the income tax return (original or amended) I am now authorizing and, if applicable Electronic Funds Withdrawal Consent. 1 will enter my PIN as my signatur | SARAVANA | 211-59- | -59-0451 | | | |
| 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 | Spouse's name | ial security number | | | | |
| 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 | Part I | Tax Return Information — Tax Year Ending December 31. 2023 (Enter | vear vou a | re authorizi | ina) | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income | | | your you u | | <u>9./</u> | |
| Adjusted gross income Anount you want refunded to you Amount you want refunded to you Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the bit osend my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for or the transmistor, (b) the refor any delay in processing the return or refund, and (c) the date of any refund, If applicable, I authorize the U.S. Treasury and its designated Fine for any delay in processing the return or refund, and (c) the date of any refund, If applicable, I authorize the U.S. Treasury and its designated Fine for any delay in processing the return or refund, and (c) the date of any refund, If applicable, I authorize the U.S. Treasury and its designated Fine for any delay in processing the return or refund, and (c) the date of any refund, If applicable, I authorize the U.S. Treasury and its designated Fine for any delay in processing the return or refund, and (c) the date of any refund, If applicable, I authorize the U.S. Treasury and its designated Fine payment, I must contact the U.S. Treasury Financial Agent at 1-805-835. Agent Payment cancellation requests must be received no later in the understance of the payment of the U.S. Treasury Financial Agent at 1-805-834-837. Agent at 1-805-834-837. Agent at 1-805-845. Agent | | • | | | | |
| Amount you want refunded from Form(s) W-2 and Form(s) 1099 | | | | 1 | 41,408. | |
| Amount you want refunded to you Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the low my knowledge and belef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the lincome return foriginal or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (it osend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for region of the transmission, (b) there for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Fine Agent to intifiate an ACH electronic founds withdrawal (circred belief) entry to the financial institution account indicated in the tax preparation softway payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation softway payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution rough call in the authorization. To revoke (can payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later the business days prior to the payment (settlement) date, I also authorize the financial institutions involved in the authorization. To revoke (can payment, I must contact the U.S. Treasury inspirative for the income tax return (original or amended) I am now authorizing and, if applicable Electronic Funds withdrawal Consent. Taxpayer's PIN: check one box only Juill enter my PIN as my signature on the income tax return (original or amended) I | • | | | 2 | 3,089. | |
| Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 10 Yeld you refund the you 10 Yeld you refund the you 10 Yeld you 10 | 3 Federa | al income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 6,979. | |
| Part III | 4 Amou | nt you want refunded to you | | 4 | 3,890. | |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the bemy knowledge and belief, it is true, correct, and complete. I turnther declare that the amounts in Part I above are the amounts from the income return (original or amended). I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (to send my return to the IRS and to rescive from the IRS (a) an acknowledgement of recept or reason for rejection of the transmission, (b) the retor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Fina Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software payment of estimated tax, and the financial institution to debit the entry to this account, authorization is to remain in full force and effect until notify the U.S. Treasury prince and effect until notify the U.S. Treasury prince and effect until a trade 334–457. Payment cancellation requests must be received no later the business days prior to the payment; estimate the authorization. To revoke (canned the U.S. Treasury Financial Agent to terminate the authorization is to received not later the business days prior to the payment (estimate) and the presental identification number (PIN) below is my signature for the income tax return (original institutions involved in the processing of the electronic payment acceptance confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize ERO firm name Signature on the income tax return (original or | | | | _ | · | |
| my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income return (original or amended) I am now authorizing. Lonsent to allow my intermediate service provider, transmitter, or electronic return originator (to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the return or refund, and (c) the date of any refund. If applicable, I authorize in the U.S. Treasury and its designated Fins Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation softway apyment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial time entry to this account. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (can authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (can authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (can authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the my member of the processing of the electronic payment. I must contact the U.S. Treasury Financial Agent to the processing of the electronic payment acceleration for the payment. I further acknowledge that personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must c | Part II | Taxpayer Declaration and Signature Authorization (Be sure you get and I | кеер а сор | y of your r | eturn) | |
| Taxpayer's PIN: check one box only | for any delay ir Agent to initiate payment of my authorization is payment, I mu business days taxes to receiv personal identi | n processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U e an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indifederal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate st contact the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment cancellation requiprior to the payment (settlement) date. I also authorize the financial institutions involved in the reconfidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I as | .S. Treasury as cated in the taken to debit the tall the | nd its designa ax preparation entry to this ation. To revo received no the electroni ther acknowle | ated Financia n software for account. This oke (cancel) a o later than 2 ic payment of edge that the | |
| I authorize | | | | | | |
| 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow. Spouse's signature ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros 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 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 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 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 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 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 above in the process of the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the | | - | my PIN 9 | 0 4 5 | $\frac{1}{}$ as my | |
| I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow. Your signature ▶ Date ▶ Spouse's PIN: check one box only | _ | ERO firm name | ř Ent | | but | |
| Spouse's PIN: check one box only □ I authorize | ☐ I will if yo | enter my PIN as my signature on the income tax return (original or amended) I am nu are entering your own PIN and your return is filed using the Practitioner PIN meth | | | | |
| I authorize | Your signatur | Date ▶ | | | | |
| I authorize | Spouse's PIN | N: check one box only | _ | | | |
| Enter five digits, but don't enter all zeros I will enter my PIN 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow. Spouse's signature ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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 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 | • | • | mv PIN | | as my | |
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| if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow. Spouse's signature ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros 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 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 | • | , , | | | | |
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| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros 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 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 | | Practitioner PIN Method Returns Only—continue below | | | | |
| Don't enter all zeros 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 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 | Part III (| Certification and Authentication — Practitioner PIN Method Only | | | | |
| 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 | ERO's EFIN/ | PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | | | 2 7 1 | |
| | authorized to f | ile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm | itting this retu | ırn in accorda | ance with the | |
| ERO's signature ▶ Date ▶ | ERO's signat | | | | | |
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | |)o So | | | |

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 Jan | ı. 1–D | ec. 31, 2023, or other tax year beginning $_{}$ | , 2023 | , ending | , 2 | 20 | See separate instructions. | | |
|----------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|---------------|----------------------------|-----------------------------|--|--|
| Your first name | and r | niddle initial Last | Last name | | | Your identifying number | | | |
| | | | | | | | (see instructions) | | |
| SARAVANA KUMAR PARAMASIVAM | | | | | | 211-59-0451 | | | |
| Home address (| (numb | per and street). If you have a P.O. box, see it | nstructions. | | | | Apt. no. | | |
| | | CURRENT DR | | | | | #2433 | | |
| | ost of | fice. If you have a foreign address, also cor | nplete spaces below. | | State | | IP code | | |
| HERNDON | | | :: (-t-t/t | | VA | | 0171 | | |
| Foreign country | name | e Fore | ign province/state/county | | Foreign p | ostal code |) | | |
| | | | | | | | | | |
| Filing Status | X | Single | (MFS) Qualify | ing surviving spouse (| (QSS) | Estat | te 🗌 Trust | | |
| Check only | lf y | ou checked the QSS box, enter the child's | name if the qualifying per | son is a child but not | your depe | ndent: | | | |
| one box. | | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) receive (as | a reward, award, or paym | nent for property or se | ervices); or | (b) sell, ex | change, or | | |
| J | | rwise dispose of a digital asset (or a financi | | | | · | | | |
| Dependents | | | | | ck the box if | qualifies for (see inst.): | | | |
| (see instructions): | | (1) First name Last name | (2) Dependent's identifying number | (3) Relationship to yo | Child | tax credit | Credit for other dependents | | |
| | | (1) | , , | (-, | | | | | |
| If more than four | | | | | | | | | |
| dependents, see instructions and | | | | | | | | | |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box 1 (se | e instructions) | | | 1a | 41,040. | | |
| Effectively | b | Household employee wages not reported | on Form(s) W-2 | | | 1b | | | |
| Connected | С | 1c | | | | | | | |
| With U.S. | d | Medicaid waiver payments not reported o | ` ' | , | | 1d | | | |
| Trade or | e | Taxable dependent care benefits from For | | | | 1e | | | |
| Business | f ~ | Employer-provided adoption benefits from | 1f | | | | | | |
| Attach | g h | Wages from Form 8919, line 6 Other earned income (see instructions) | | | | 1g 1h | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | - 111 | | | | | | |
| SSA-1042-S, | i | Reserved for future use | 1j | | | | | | |
| RRB-1042-S, | k | Total income exempt by a treaty from Sch | | | | | | | |
| and 8288-A here. Also | | line 1(e) | | 1k | | | | | |
| attach | z | Add lines 1a through 1h | | | | 1z | 41,040. | | |
| Form(s) 1099-R if | 2 a | Tax-exempt interest 2a | b Ta | xable interest | | 2b | 368. | | |
| tax was | 3a | Qualified dividends 3a | | dinary dividends . | | 3b | | | |
| withheld. | 4a - | IRA distributions 4a | | xable amount | | | | | |
| If you did not get a Form | 5а 6 | Pensions and annuities 5a | | xable amount | | 5b 6 | | | |
| W-2, see | 7 | Reserved for future use | | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 (Form | | • | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This | | | | | 41,408. | | |
| | 10 | Adjustments to income from Schedule 1 | - | | | | , | | |
| | . • | income | • | • | | | | | |
| | 11 | Subtract line 10 from line 9. This is your a | djusted gross income | | | 11 | 41,408. | | |
| | 12 | Itemized deductions (from Schedule A (| | | | | | | |
| | | deduction (see instructions) | | Std Dedn US/I | ndia Trea | ty 12 | 13,850. | | |
| | 13a | 3a Qualified business income deduction from Form 8995 or Form 8995-A . b Exemptions for estates and trusts only (see instructions) | | | | | | | |
| | b | Exemptions for estates and trusts only (se | 13c | | | | | | |
| | C | | | | | | | | |
| | 14 15 | | | | | | 13,850. | | |
| | 15 | Subtract line 14 from line 11. If zero or les | s, enter -u This is your ta | іхаріе іпсоте . | | 15 | 27 , 558. | | |

| Form 1040-NR (| orm 1040-NR (2023) Page 2 | | | | | | | | | |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|----------------|-----------|--------------|---------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tax and | 16 | Tax (see instructions). Check if ar | y from For | rm(s): 1 | 814 2 [| 497 | 2 3 🗌 | | 16 | 3,089. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 3,089. |
| | 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 z | ero or less | s, enter -0 | | | | | 22 | 3,089. |
| | 23a | Tax on income not effectively co | nnected w | ith a U.S. trade | or business | from | | | | |
| | | Schedule NEC (Form 1040-NR), | line 15 . | | | | 23a | | | |
| | b | Other taxes, including self-empl | oyment ta | x, from Schedu | le 2 (Form 1 | 040), | | | | |
| | | line 21 | | | | | 23b | | | |
| | С | Transportation tax (see instruction | , | | | | 23c | | | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is yo | ur total ta | x | | | | | 24 | 3,089. |
| Payments | 25 | Federal income tax withheld from | n: | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 6,979. | | |
| | b | Form(s) 1099 | | | | | 25b | | | |
| | С | Other forms (see instructions) . | | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 6 , 979. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments ar | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | | 27 | | | |
| | 28 | Additional child tax credit from S | | • | , | | 28 | | - | |
| | 29 | Credit for amount paid with Forr | | | | | 29 | | | |
| | 30 | Reserved for future use | | | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form | | | | | 31 | | | |
| | 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 | 6,979. |
| Refund | 34 | | | | | | • | | 34 | 3,890. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | 35a | 3,890. |
| Direct deposit? See instructions. | b | Routing number 0 1 1 0 0 0 1 3 8 c Type: | | | | | | | | |
| | d | Account number 4 6 6 0 2 0 5 6 5 2 3 7 | | | | | | | | |
| | е | e If you want your refund check mailed to an address outside the United States not shown on enter it here. | | | | | | | | |
| | 00 | | | | | | | | - | |
| A | 36 37 | Amount of line 34 you want app | | | | • | 36 | | | |
| Amount You Owe | 31 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | | | | | | | | |
| You Owe | 38 | Estimated tax penalty (see instructions) | | | | | | | 31 | |
| Third | | | | | | | | | | low. 🗵 No |
| Party | Designee's Phone Personal identiti | | | | | | | | | |
| Designee | name | · | | | | | | CallOII | | |
| 3 | 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 | | | | | | | | of my knowledge and | |
| | | they are true, correct, and complete. I | | | | | | | | |
| Sign | Your | signature | | Date Your occupation | | | If the | RS s | ent you an Identity | |
| Here | | | | | | | | | PIN, enter it here | |
| | | | | BUSINESS MANAGER | | | (see | inst.) | | |
| | Phone | | Drone | Email address | | | Doto | DTINI | | Observation of the control of the co |
| Paid | | | | | a. a · | | Date | PTIN | | Check if: |
| Preparer | 1 | | | | | | | Self-employed | | |
| Use Only | | | | | | | Phone n | | 78) 965-9522 | |
| Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | | | | | | Firm's El | N | | | |

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

211-59-0451 SARAVANA KUMAR PARAMASIVAM 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

| | Snown on Form 1040-NR | | | | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|-----------------|------------------------|------------|--|--|--|--|
| SAI | RAVANA KUMAR PARAMASIVAM 211-59-04 | | | | | | | | | |
| 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 | | Yes | ⊠ No | | | | | | |
| D | Were you ever: | | | | | | | | | |
| 1 | . A U.S. citizen? | | | | ☐ Yes | ⊠ No | | | | |
| 2 | | | | | Yes | ⊠ No | | | | |
| | 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. | | | - | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant s | | on etatue? | | Yes | ⊠ No | | | | |
| • | If you answered "Yes," indicate the date and nature of t | | | | □ 163 | <u> </u> | | | | |
| G | List all dates you entered and left the United States dur | | | | | | | | | |
| G | Note: If you're a resident of Canada or Mexico AND c | • | | ont intorvals | | | | | | |
| | check the box for Canada or Mexico and skip to item | | | ☐ Mexico | | | | | | |
| | · | | | | a - 4 I I - 9 - | -1.01-1 | | | | |
| | Date entered United States Date departed United St mm/dd/yy mm/dd/yy | ates Da | ate entered United State mm/dd/yy | | rtea Unite nm/dd/yy | d States | | | | |
| | ППП/ ССЛ/ УУ | | Tillii da/yy | | пп/аа/уу | | | | | |
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| Н | Give number of days (including vacation, nonworkdays, a | | | - | | | | | | |
| | 2021, 2022 | , and 20 |) 23 365 | · | (| | | | | |
| ı | Did you file a U.S. income tax return for any prior year? | | | | ⊠ Yes | ☐ No | | | | |
| | If "Yes," give the latest year and form number you filed: | 10 | 40NR | | _ | | | | | |
| J | Are you filing a return for a trust? | | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner und | | | | | | | | | |
| | U.S. person, or receive a contribution from a U.S. person | | | | ☐ Yes | ☐ No | | | | |
| Κ | Did you receive total compensation of \$250,000 or mor | | | | ☐ Yes | ⊠ No | | | | |
| | If "Yes," did you use an alternative method to determine | | | | ☐ Yes | ☐ No | | | | |
| L | Income Exempt From Tax-If you are claiming exempt | | | tax treaty with | a foreign | country, | | | | |
| | complete (1) through (3) below. See Pub. 901 for more | information on tax treat | ies. | | | | | | | |
| 1 | . Enter the name of the country, the applicable tax treaty a | | | claimed the tre | aty benefi | t, and the | | | | |
| | amount of exempt income in the columns below. Attach | Form 8833 if required. S | See instructions. | | | | | | | |
| | (a) Country | (b) Tax treaty article | | | ount of exempt | | | | | |
| | | | claimed in prior tax ye | ars income i | n current to | ax year | | | | |
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| | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 | | | | | | | | | |
| 2 | , , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| 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. | | | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | |
| 1 | . This is the first year you are making an election to treat income from real property located in the United States as effectively connected | | | | | | | | | |
| | with a U.S. trade or business under section 871(d). See | instructions | | | | 🗆 | | | | |
| 2 | 2. You have made an election in a previous year that ha | | | | | | | | | |
| | States as effectively connected with a U.S. trade or business under section 871(d). See instructions | | | | | | | | | |