(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

Submi	ission Identification Number (SID)		•			
Taxpaye	er's name	Social securit	urity number			
SANI	DEEP KONAKANCHI	483-93-	3-9946			
Spouse'	's name	Spouse's soc	ial sec	urity numbe	r	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina	.)	
	whole dollars only on lines 1 through 5.	<i>y y</i>			-7	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	6	5, 935.	
2	Total tax		2		0.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		124.	
4	Amount you want refunded to you		4		124.	
5 Dort	Amount you owe		5	tour rotu	ırıı)	
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
for any Agent t paymer authori paymer busines taxes t person	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the function of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the information necessary to answer inquiries and resolve issues related to the properties of the payment (PIN) below is my signature for the income tax return (original or amended) I amond the receive confidential or the payment (PIN) below is my signature for the income tax return (original or amended) I amond the payment (PIN) below is my signature for the income tax return (original or amended).	S. Treasury as cated in the tand to debit the the authorization of the a	nd its out prepared its on the elements of the	designated paration so to this according revoke wed no lat ectronic parking with the control of	Financial ftware for ount. This (cancel) a er than 2 ayment of e that the	
	nyer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate r	3	9 !	9 4 6		
×	I authorize GLOBAL TAXES LLC to enter or generate r ERO firm name	ř Ent		digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	uoi	i i eiile	all Zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Your s	signature ▶ Date ▶					
Spour	se's PIN: check one box only					
Spous	I authorize to enter or generate r	ny DIN			00 mv	
_	ERO firm name	_	er five	digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0	8 2 7	7 1	
		Don't ente	er all ze	eros		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordance		
ERO's	s signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o 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 Jan. 1-Dec. 31, 2023, or other tax year beginnin				, 2023,	20	See separate instructions.				
Your first name and middle initial			Last name Y					Your identifying number		
								(see instructions)		
SANDEEP			KONA	KANCHI			483-	483-93-9946		
Home address (number and street). If you have a P.O. box,				tructions.				Apt. no.		
7 CANDLET	REE	DR						4		
City, town, or post office. If you have a foreign address, also complete spaces below.							ZIP code			
SPRINGFIELD						62704				
Foreign country	nam	e	Foreigr	n province/state/county		Foreign _I	oostal cod	de		
	1									
Filing	X	Single	arately (N	MFS) Qualifyii	ng surviving spouse (QSS)	☐ Est	ate Trust		
Status	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependence only									
Check only one box.										
	A+ -	ti(-)(-)	/				. /l=\ = = II			
Digital Assets		ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f					r (b) sell, (
Dependents	-							if qualifies for (see inst.)		
(see instructions):				(2) Dependent's			d tax credi	Cradit for ather		
(coo inciractiono).		(1) First name Last name		identifying number	(3) Relationship to yo	ou Cill	u lax cieui	dependents		
If more than four							Ц			
dependents, see							<u> </u>			
instructions and										
check here							Ц			
Income	1a	Total amount from Form(s) W-2, box	`	,				6,935.		
Effectively	b	Household employee wages not rep		` '						
Connected	С	Tip income not reported on line 1a (s		,						
With U.S.	d	Medicaid waiver payments not report								
Trade or	e	Taxable dependent care benefits fro		•						
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 instruction	. 1h							
1042-S, SSA-1042-S.		Reserved for future use					4:			
RRB-1042-S,	J I-	Reserved for future use			1 1		. <u>1j</u>			
and 8288-A	K	Total income exempt by a treaty from line 1(e)								
here. Also attach	z	Add lines 1a through 1h			<u>IR</u>		. 1z	6 , 935.		
Form(s)	2a	Tax-exempt interest 2a	1	1	cable interest		. 12	0,333.		
1099-R if		Qualified dividends 3a			dinary dividends .		. 3b			
tax was withheld.	4a	IRA distributions 4a			kable amount					
If you did not	-та 5а	Pensions and annuities 5a			kable amount					
get a Form	6	Reserved for future use								
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	_							
instructions.	8	Additional income from Schedule 1								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		6,935.						
	10	Adjustments to income from Sched								
		income								
	11	Subtract line 10 from line 9. This is y	. 11	6,935.						
	12									
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)							13,850.		
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-	-A . 13a					
	b	Exemptions for estates and trusts or	nly (see i	instructions)	13b					
	С	c Add lines 13a and 13b								
	14							13,850.		
15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income					. 15	0.				

Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 🗌 88	2 2 4 97	2 3 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), lin	e3				17	0.
	18	Add lines 16 and 17					18	0.
	19	Child tax credit or credit for other depend	lents from Sched	ule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form 1040), lin	e8			2	20	
	21	Add lines 19 and 20				2	21	
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0				22	0.
	23a	Tax on income not effectively connected						
		Schedule NEC (Form 1040-NR), line 15			23a			
	b	Other taxes, including self-employment t line 21	•	,	23b			
	С	Transportation tax (see instructions) .			23c			
	d	Add lines 23a through 23c				2	3d	
	24	Add lines 22 and 23d. This is your total to	ax			2	24	0.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a	124.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	5d	124.
	e	Form(s) 8805					5e	
	f	Form(s) 8288-A					25f	
		Form(s) 1042-S					5g	
	g 26						26	
	20 27	2023 estimated tax payments and amour			27	4	20	
		Reserved for future use						
	28	Additional child tax credit from Schedule	•	•	28			
	29	Credit for amount paid with Form 1040-C			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 1040), lin			31			
	32	Add lines 28, 29, and 31. These are your					32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.					33	124.
Refund	34	If line 33 is more than line 24, subtract lin			•		34	124.
	35a	Amount of line 34 you want refunded to	5a	124.				
Direct deposit?	b	Routing number 0 7 1 0 0 0	Savings					
See instructions.	d	Account number 7 9 3 7 1 3						
	е	If you want your refund check mailed to	an address outsic	le the United State	es not shown on	page 1,		
		enter it here.			,			
	36	Amount of line 34 you want applied to yo	our 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	_					
You Owe		For details on how to pay, go to www.irs.	gov/Payments or	see instructions.			37	
	38	Estimated tax penalty (see instructions)			38			<u>_</u>
Third	Do yo	u want to allow another person to discuss	this return with th	ne IRS? See instru	ctions. \square Ye	es. Complete	below.	⊠ No
Party Designee	Designame		Phone no.			nal identificat er (PIN)	ion	
_ 55/91/55		penalties of perjury, I declare that I have examin		companying schod		, ,	ect of my	knowledge and
		they are true, correct, and complete. Declaration						
Sign	Your	signature	Date	Your occupation		If the IF	RS sent y	ou an Identity
Here								enter it here
				SOFTWARE E	NGINEER	(see ins	it.)	
	Phone		Email address					
Paid	Prepa	rer's name Prepare	r's signature		Date	PTIN	Che	eck if:
	SYAM	PRIYA RAM SAGAR GUPTA SYAM	PRIYA RAM	SAGAR GUPTA	03/15/2024	P020827	03 🗆	Self-employed
Preparer	Firm's name GLOBAL TAXES LLC Phone r							965-9522
Use Only	Firm's address 2.45 DOONEY CT F BRINSWICK N.T. 0.881.6 Firm's FIN							

Form 1040-NR (2023)

BAA

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 SANDEEP KONAKANCHI 483-93-9946 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)		
		Nature of income			(a) 10%	(b) 15%	(6) 30%	%	%
1	Dividends and divide	nd equivalents:							
а	Dividends paid by U.	S. corporations		1a					
b	Dividends paid by fo	reign corporations		1b					
С	Dividend equivalent p	ayments received with respect to section 871(m) trans	sactions	1c					
2	Interest:		Î						
а	Mortgage			2a					
b	Paid by foreign corpo	orations	[2b					
С			T	2c					
3	Industrial royalties (p	atents, trademarks, etc.)	[3					
4		copyright royalties		4					
5	Other royalties (copy	rights, recording, publishing, etc.)		5					
6	Real property income	e and natural resources royalties		6					
7	Pensions and annuiti	es		7					
8	Social security benef	its	[8					
9		e 18 below	[9					
10	Gambling-Resident	s of Canada only. Enter net income in column (c).							
_	If zero or less, ente								
a	Winnings			10c					
ь 11	Losses Gambling—Resident	s of countries other than Canada	İ	100					
• •	Note: Enter winnings	s only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13		12 in columns (a) through (d)		13					
14	Multiply line 13 by r	ate of tax at top of each column		14					
15	Tax on income not e	ffectively connected with a U.S. trade or business. A						-NR, line 23a 15	
		Capital Gains and L	osses F	rom	Sales or Excha	nges of Propert	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources 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			(b) Date acquired mm/dd/yyyy		(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).
(Form 1	•								
exchan	property sales or ges that are effectively								
	ted with a U.S. business edule D (Form 1040).								
	797, or both.	18 Capital gain. Combine columns (f) and (g) of	of line 17.	. Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

Attachment Sequence No. 7C

Name shown on Form 1040-NR Your identifying number 483-93-9946 SANDEEP KONAKANCHI Of what country or countries were you a citizen or national during the tax year? _INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: X No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε 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 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. G Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ____. ☐ Yes X No ı If "Yes," give the latest year and form number you filed: X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No Yes Κ Yes ⊠ No ☐ No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. 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 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United