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

| - Internal n | evenue del vice | | | | | | |
|--|--|--|--|--|--|--|--|
| Submis | sion Identification Number (SID) | | | | | | |
| Taxpayer | 's name | Social | security | number | | | |
| AAKA | NKSHA PATIL | 292 | 292-43-0927 | | | | |
| Spouse's | | | | l security num | nber | | |
| D. d. | To Balance Information To Man Fadire Brown In 04 10000 (Fadire | | | | \ | | |
| Part | | er year y | ou are | e autnorizir | ng.) | | |
| | hole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | |
| | Adjusted gross income | | 1 | 1 | 33,724. | | |
| | Total tax | | | 2 | 2,165. | | |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | : | 3 | 3,633. | | |
| | Amount you want refunded to you | | . | 4 | 1,468. | | |
| | Amount you owe | | : | 5 | 1,400. | | |
| Part I | | | | of your re | eturn) | | |
| my know return (of to send for any of Agent to payment authorizal payment business taxes to personal Electron | enalties of perjury, I declare that I have examined a copy of the income tax return (original or amendwledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the pointitate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the force of the period of the date of any refund. If applicable, I authorize the pointitate and the financial institution account in the financial transmit in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resolves prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lidentification number (PIN) below is my signature for the income tax return (original or amended) I in the receive 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me | ove are the mitter, or dejection of U.S. Treas didicated in tition to delate the autequests mine process a payment, am now a employed empl | ne amouelectron i the train sury and i the tax bit the e thorizati ust be sing of t . I furth authorizi Ente don' | unts from the nic return originsmission, (b) dits designation entry to this a ion. To revok received no the electronic er acknowleding and, if ap or golden and the electronic er acknowleding and the electronic er acknowled er ack | e income tax inator (ERO) c) the reason ted Financial software for count. This is (cancel) a later than 2 payment of dge that the oplicable, my as my as my is box only | | |
| Your si | below. | 02/ | | | nete Part III | | |
| 100101 | | | | I | | | |
| Spouse | e's PIN: check one box only | | | | \neg | | |
| | I authorize to enter or generat | e my PIN | | | as my | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | | | r five digits, but tenter all zero | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | | | - | - | | |
| Spouse | e's signature ▶ Date ▶ | | | | | | |
| | Practitioner PIN Method Returns Only—continue belo | w | | | | | |
| Part II | 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 Do | 9 6 n't enter | 0 8 2 | 7 1 | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of | mitting th | is retur | n in accordai | nće with the | | |
| ERO's | signature ► Date ► | | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To | Do 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. 1-Dec. 31, 2023, or other tax year beginning | | | | , 2023, ending, 20 | | | 20 | | See separate instructions. |
|--|---|---|-----------|------------------------------------|-------------------------|---------|-------------------------|-------------------------|---------------------------------------|
| Your first name and middle initial | | | Last n | Last name | | | | Your identifying number | |
| | | | | | | | | (see instructions) | |
| AAKANKSHA | | | | PATIL | | | | -43- | 0927 |
| Home address (number and street). If you have a P.O. box | | | | k, see instructions. | | | | | Apt. no. |
| 432 WAYNE STREET | | | | | | | | 710 | |
| - | | fice. If you have a foreign address, | aiso comp | olete spaces below. | | State | ZIP cod 07302 | | |
| JERSEY CITY | | | Faraia | Foreign province/state/county | | | NJ (| | 02 |
| Foreign country | Папп | 5 | Foreig | in province/state/county | | roreign | posiai c | oue | |
| Filing Status | ☑ Single ☐ Married filing sep | | | | | | | | ☐ Trust |
| Check only one box. | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependen | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rec rwise dispose of a digital asset (or a | | | | | r (b) sel | | ange, or Yes 🔀 No |
| Dependents | | | | | | (4) Ch | eck the b | ox if qua | alifies for (see inst.): |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to you | | Child tax cred | | Credit for other dependents |
| | | (1) This than c | | Idonalying nambor | (c) Helationship to ye | Ju | + | | |
| If more than four | | | | | | | Ħ | | $ \ddot{\vdash}$ |
| dependents, see instructions and | | | | | | | Ħ | | |
| check here | | | | | | | Ħ | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | instructions) | | | . 1 | a | 33,724. |
| Effectively | b | • | | • | | | | b | · · · · · · · · · · · · · · · · · · · |
| Connected | · | | | | | | | С | |
| With U.S. | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | d | |
| Trade or | e Taxable dependent care benefits from Form 2441, line 26 | | | | | | | е | |
| Business | f | f Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | |
| | g | | | | | | | | |
| Attach Form(s) W-2, | h Other earned income (see instructions) | | | | | | | | |
| 1042-S, | i Reserved for future use | | | | | | | | |
| SSA-1042-S, | j Reserved for future use | | | | | | | | |
| RRB-1042-S, and 8288-A here. Also | k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e) | | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1 | z | 33,724. |
| Form(s) 1099-R if | 2a | ' — — — — — — — — — — — — — — — — — — — | | | | | | b | |
| tax was | | Qualified dividends | | | | | | b | |
| withheld. | 4a - | | | | | | | b | |
| If you did not get a Form | 5a | <u></u> | 5a | | able amount | | | | |
| W-2, see | 6 | Reserved for future use Capital gain or (loss). Attach Sche | | | | | | | |
| instructions. | 7 | | | | • | | | _ | |
| | 8 9 | | | | | | | | 33,724. |
| | | | | - | | | | | |
| | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | | | | | | 0 | |
| | Subtract line 10 from line 9. This is your adjusted gross income Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard | | | | | | | | 33,724. |
| | 12 | deduction (see instructions) | | | Std Dedn US/1 | | | 2 | 13,850. |
| | 13a | Qualified business income deduct | | | | | | | |
| | b | Exemptions for estates and trusts | | | | | | | |
| | C | Add lines 13a and 13b | | | | | | | 10.050 |
| | 14 15 | Add lines 12 and 13c | | ontor O. This is your to | | | | 4 5 | 13,850. 19.874. |
| | 13 | . SUBJERCE HOR LA TROM LINE LL. IT 761 | OF IASS | PURE -UP THIS IS VALUE TO | xacile income | | 1 7 | - n I | 17.0/4 |

| Form 1040-NR (| 2023) | | | | | | | | Page 2 |
|-------------------|--|--|-------------|-----------------|---------------------|----------------------|-----------------|---------------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if ar | y from For | rm(s): 1 | 314 2 🗌 497 | 2 3 🗌 | | 16 | 2,165. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 2,165. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (Form 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 z | ero or less | s, enter -0 | | | | 22 | 2 , 165. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | | | | 23a | | | |
| | b | Other taxes, including self-emple | oyment ta | x, from Schedul | e 2 (Form 1040), | | | | |
| | | line 21 | | | | 23b | | | |
| | С | Transportation tax (see instruction | | | | 23c | | | |
| | d | Add lines 23a through 23c | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | | x | <u> </u> | | | 24 | 2,165. |
| Payments | 25 | Federal income tax withheld from | | | | | | | |
| | а | Form(s) W-2 | | | | | 3 , 633. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 1 | 25d | 3,633. |
| | е | Form(s) 8805 | | | | | t t | 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 Form | | | | 29 | | | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 32 | Amount from Schedule 3 (Form Add lines 28, 29, and 31. These | ,. | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | 33 | 3,633. |
| Refund | 34 | If line 33 is more than line 24, su | | | | | | 34 | 1,468. |
| neiulia | 35a | Amount of line 34 you want refu | | | | • | 1 | 35a | 1,468. |
| Direct deposit? | b | Routing number 0 2 1 2 | | | | | Savings | Joa | 1,100. |
| See instructions. | d | Account number 8 8 7 (| | | | | ouviligo | | |
| | e | If you want your refund check m | | | le the United State | es not shown on | nage 1 | | |
| | Ŭ | enter it here | | | | | | | |
| | 36 | | | | ed tax | 36 | | | |
| Amount | | | | | | | | | |
| You Owe | | For details on how to pay, go to | www.irs.g | gov/Payments or | see instructions. | | | 37 | |
| | 38 | Estimated tax penalty (see instru | ictions) . | | | 38 | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. | | | | | | | ete belo | ow. 🛛 No |
| Party Designee | Designee's Phone Personal identi name no. number (PIN) | | | | | ation | | | |
| | 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | |
| Sign | Your | signature | | Date | Your occupation | | If the | IRS se | ent you an Identity |
| Here | | | | STUDENT | | | Prote (see i | | PIN, enter it here |
| | Phone | e no. | | Email address | | | | | |
| Paid | Prepa | rer's name | Preparer | 's signature | | Date | PTIN | | Check if: |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2024 P02082703 Firm's name | | | | | P02082 | 703 | Self-employed | |
| - 1 | | | | | | '8)965 - 9522 | | | |
| Use Only | Firm's | address 245 ROONEY C | T E BF | RUNSWICK N | J 08816 | | Firm's Ell | N 84 | 4-3171965 |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

Name shown on Form 1040-NR

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

2023

OMB No. 1545-0074

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

Attachment Sequence No. **7B** Your identifying number

(g) GAIN

If (d) is more than (e), subtract (e) from (d). (d) Other (specify) 292-43-0927 % 15 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 (c) 30% Capital Gains and Losses From Sales or Exchanges of Property (b) 15% (a) 10% ဗို <u>1</u>9 유 ဗ 8 20 42 3 4 2a ო Ŋ 0 F 4 ဖ ω / Dividend equivalent payments received with respect to section 871(m) transactions Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Enter amount of income under the appropriate rate of tax. See instructions. Multiply line 13 by rate of tax at top of each column Other royalties (copyrights, recording, publishing, etc.) Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed Real property income and natural resources royalties Nature of Income Add lines 1a through 12 in columns (a) through (d) Industrial royalties (patents, trademarks, etc.) Motion picture or TV copyright royalties Dividends paid by foreign corporations Dividends paid by U.S. corporations Dividends and dividend equivalents: Capital gain from line 18 below Paid by foreign corporations Pensions and annuities . Social security benefits. AAKANKSHA PATIL Other (specify): Mortgage Winnings nterest: Losses Other ပ 4 4 6 9 6 9 6 က 5 2

9 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). losses from property sales or exchanges that are from sources Enter only the capital gains and

exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Report property sales or

(c) Date sold mm/dd/yyyy mm/dd/yyyy 17 Add columns (f) and (g) of line 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)

8

Form 4797, or both.

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-

1

If (e) is more than (d), subtract (d) from (e).

(e) Cost or other basis

(d) Sales price

(b) Date acquired

(t) LOSS

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information. Department of the Treasury Answer all questions.

OMB No. 1545-0074 Attachment

Internal Revenue Service

Name shown on Form 1040-NR Your identifying number 292-43-0927 AAKANKSHA PATIL 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? **⊠** No D Were you ever: X No 1. A U.S. citizen? Yes ☐ Yes 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. F1Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? X No F ☐ Yes If you answered "Yes," indicate the date and nature of the change: G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Mexico Date entered United States Date departed United States Date entered 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 ____. X Yes ☐ No ı **⊠** 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 ☐ Yes ☐ No Κ ☐ Yes X No ☐ No If "Yes," did you use an alternative method to determine the source of this compensation? L Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. 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. (b) Tax treaty article (a) Country (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax year (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . . ☐ Yes ☐ No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ⊠ 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