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

| | 1.0.1.0.1.0.0.0.1.0.0 | | | | |
|--|---|---|--|---|--|
| Submi | ssion Identification Number (SID) | | | | |
| Taxpaye | r's name | Social secur | ity numk | per | |
| SATI | ISH KUMAR POTRU | 447-95 | -080 | 7 | |
| Spouse's | s name | Spouse's so | cial secu | urity number | |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Ent | er year you a | re au | thorizina | <u> </u> |
| | whole dollars only on lines 1 through 5. | ei yeai you a | al C au | unonzing. |) |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 | 29 | ,000. |
| 2 | Total tax | | 2 | | ,601. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,604. |
| 4 | Amount you want refunded to you | | 4 | | ,003. |
| 5 | Amount you owe | | 5 | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and | l keep a cop | y of y | our retu | rn) |
| return (to send for any Agent to paymer authorize paymer business taxes to persona | oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans I my 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 oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the office of the financial institution account in the financial transport of the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resists days 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 all identification number (PIN) below is my signature for the income tax return (original or amended) I | mitter, or electrejection of the tour U.S. Treasury andicated in the strion to debit the attention to debit the authorized equests must be processing to payment. I fur | ronic references and its contact and its conta | turn originatession, (b) the designated paration soft to this according revoke (eved no late ectronic parkinowledge | tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the |
| | nic Funds Withdrawal Consent. yer's PIN: check one box only | | | | |
| X | | e my PIN | 0 8 | 3 0 7 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Er | | digits, but er all zeros | as my |
| | 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. | | | | |
| Your s | ignature ▶ Date ▶ | | | | |
| Snous | e's PIN: check one box only | | | | |
| Opous | I authorize to enter or generat | e my DIN | | | as my |
| | ERO firm name | _ | nter five | digits, but | asiny |
| | 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | | | | |
| Spous | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue belo | w | | | |
| Part I | 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 4 9 | 6 0 | 8 2 7 | 1 |
| | | Don't en | ter all Ze | 108 | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of | mitting this ret | urn in a | accordance | |
| 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 | | | ning, 2023, ending, 20 | | | | | 20 | instructions. | | |
|--|--|--|------------------------------------|----------------------|-------------------------|------------------------|--------------|--------------------|-------------------------------|--|--|
| Your first name and middle initial | | | Last name Y | | | | | Your ide | our identifying number | | |
| | | | (s | | | | | (see inst | (see instructions) | | |
| SATISH KU | JMAF | . I | POTR | U | | | | 447- | 95-0807 | | |
| Home address | (numl | per and street). If you have a P.O. box, s | ee ins | tructions. | | | | | Apt. no. | | |
| 14131 TRA | | | | | | | | | 806 | | |
| City, town, or po | ost of | fice. If you have a foreign address, also | comp | lete spaces below | | | State | | ZIP code | | |
| OVERLAND | | | | | | | KS | | 66223 | | |
| Foreign country | nam | e F | oreigr | n province/state/co | ounty | | Foreign | postal cod | de | | |
| | | | | | | | | | | | |
| Filing | Status Single | | | | | | ☐ Est | ate Trust | | | |
| | lf : | ou checked the QSS box, enter the chi | ld's na | ame if the qualifyin | endent: | | | | | | |
| Check only one box. | | | | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) receive | (as a | reward, award, or | pavme | ent for property or se | rvices): o | r (b) sell. e | exchange, or | | |
| Digital Assets | | rwise dispose of a digital asset (or a fina | | | | | | | . Yes X No | | |
| Dependents | | | | | | | (4) Ch | eck the box | if qualifies for (see inst.): | | |
| (see instructions): | | (1) First name Last name | (2) Dependent's identifying number | | (3) Relationship to you | | ld tax credi | t Credit for other | | | |
| | | (1) First flame Last flame | | | (3) Neiationship to yo | u | | dependents | | | |
| If more than four | | | | | | | | $\overline{}$ | | | |
| dependents, see instructions and | | | | | | | | | | | |
| check here | | | | | | | | Ä | | | |
| Income | 1a | Total amount from Form(s) W-2, box 1 | (see i | nstructions) | | | | . 1a | 29,000. | | |
| Effectively | b | Household employee wages not report | ted on | Form(s) W-2 | | | | . 1b | | | |
| Connected | С | Tip income not reported on line 1a (see | e instr | uctions) | | | | . 1c | | | |
| With U.S. | d | Medicaid waiver payments not reporte | d on F | | | | | . 1d | | | |
| Trade or | е | Taxable dependent care benefits from | Form | 2441, line 26 | | | | . 1e | | | |
| Business | f | Employer-provided adoption benefits f | rom F | orm 8839, line 29 | | | | . 1f | | | |
| Attach | g | | | | | | | | | | |
| Attach Form(s) W-2, | h | Other earned income (see instructions) | . 1h | | | | | | | | |
| 1042-S, | i | Reserved for future use | | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j Reserved for future use | | | | | | | | | | |
| and 8288-A | k | Total income exempt by a treaty from S | | | | | | | | | |
| here. Also | | line 1(e) | | | • | 1k | | | 20.000 | | |
| attach Form(s) | Z | Add lines 1a through 1h | | 1 | . T. | | | . 1z | 29,000. | | |
| 1099-R if | 2a | Tax-exempt interest 2a | | | | | | . 2b | | | |
| tax was withheld. | 3a 4a | Qualified dividends 3a IRA distributions 4a | | | | linary dividends | | . 3b | | | |
| If you did not | 4 а 5а | Pensions and annuities 5a | | | | | | | | | |
| get a Form | 5a Pensions and annuities 5a b Taxable amount | | | | | | | | | | |
| W-2, see | 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here | | | | | | | | | | |
| instructions. | 8 | | | | | | | | | | |
| | 9 | | | | | | | | 29,000. | | |
| | 10 | Adjustments to income from Schedule | | - | | | | | | | |
| | . • | income | | | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is you | | | | | | | 29,000. | | |
| | 12 | Itemized deductions (from Schedule | • | ,, . | | | | | | | |
| | | deduction (see instructions) | | | | | ndia Ţre | aty 12 | 13,850. | | |
| | 13a | Qualified business income deduction f | rom F | orm 8995 or Form | 8995- | A . 13a | | | | | |
| | b | Exemptions for estates and trusts only | (see i | nstructions) | | 13b | | | | | |
| | С | Add lines 13a and 13b | | | | | | | | | |
| | 14 | | | | | | | | 13,850. | | |
| | 15 | Subtract line 14 from line 11. If zero or | less, | enter -0 This is y | our ta : | xable income | | . 15 | 15,150. | | |

| Form 1040-NR (| 2023) | | | | | | | | | | Page 2 |
|--------------------------------------|--|--|-------------|----------------------|----------------|-----------|------------|---------|---------------|---------------------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if an | y from For | rm(s): 1 88 | 314 2 [| 497 | 2 3 | | | 16 | 1,601. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 1,601. |
| | 19 | Child tax credit or credit for other | er depende | ents from Sched | ule 8812 (F | orm 10 | 40) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form | 1040), line | 8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If z | ero or less | s, enter -0 | | | | | | 22 | 1,601. |
| | 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-emple | oyment ta | x, from Schedul | e 2 (Form 1 | 040), | | | | | |
| | | line 21 | | | | | 23b | | | | |
| | С | Transportation tax (see instruction | ons) | | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | ur total ta | x | | | | | | 24 | 1,601. |
| Payments | 25 | Federal income tax withheld from | n: | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | | 2,604. | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 2,604. |
| | е | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments an | | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | | 27 | | | | |
| | 28 | Additional child tax credit from S | Schedule 8 | 812 (Form 1040 |) | | 28 | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | | | | | | | | |
| | 30 | Reserved for future use | | | | | | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | | | | | | | | | |
| | 32 | | 32 | | | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | | 33 | 2,604. |
| Refund | 34 | | | | | | | | | | 1,003. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | | | 1,003. |
| Direct deposit? See instructions. | b | Routing number 0 7 2 0 0 0 8 0 5 c Type: Checking Savings | | | | | | | | | |
| See instructions. | d | Account number 3 7 5 0 2 3 9 5 4 8 5 5 | | | | | | | | | |
| | е | , and the second | | | | | | | | | |
| | | enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want appl | | | | • | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. Thi | | - | | | | | | | |
| You Owe | 00 | For details on how to pay, go to | _ | - | | | | | | 37 | |
| | 38 | Estimated tax penalty (see instru | | | | | 38 | | | | low. 🗵 No |
| Third | , | u want to allow another person to | alscuss t | | | e instruc | ctions. | | es. Compl | | iow. 🔼 No |
| Party Designee | | esignee's Phone Personal identif | | | | | | | | cation | |
| Designee | name nonumber (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kno | | | | | | | | | of my knowledge and | |
| | | they are true, correct, and complete. D | | | | | | | | | |
| Sign | Yours | signature | | Date | Your occu | ınation | | | If the | RS s | ent you an Identity |
| Here | Your signature | | | Date Four occupation | | | | | | PIN, enter it here | |
| | | | | SOFTWARE ENGINEER | | | | (see | inst.) | | |
| | 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 PR | IYA RAM SAGA | R GUPTA T | ALLAM | 03/1 | 1/2024 | P02082 | 2703 | Self-employed |
| Use Only | Firm's | name GLOBAL TAXES | | | | | | Phone n | o . (6 | 78)965-9522 | |
| ————— | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E | | | | | | | | N 8 | 4-3171965 | |
| | | | | | | | | | | | 4040 115 |

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

Your identifying number

447-95-0807 SATISH KUMAR POTRU 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 15 Capital Gains and Losses From Sales or Exchanges of Property

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. rea 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 on Schedule D (Form 1040). Form 4797, or both.

| | Suprici Gains and Essessification Sales of Exchanges of Froperty | | | | | | | | | | | | |
|---------|--|--|------------------------------|-----------------------------|---------------------|-------------------------|--|--|--|--|--|--|--|
| d es | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (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). | | | | | |
| S. | | | | | | | | | | | | | |
| eal | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 | 17 | Add columns (f) and (g) of line 16 . | | | | 17 | () | | | | | | |
| | 18 | Capital gain. Combine columns (f) and | (g) of line 17. Ente | er the net gain here | e and on line 9 abo | ove. If a loss, enter | r -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 sl | nown on Form 1040-NR | | | | Your identifying | number | | | | | |
|---------|---|---|---------------------------------|----------------------------|------------------|-------------|--------------|--|--|--|--|
| SATI | SH KUMAR POTRU | | | | 447-95-08 | 07 | | | | | |
| Α | Of what country or countries w | vere you a citizen or nation | al during the tax y | /ear? INDIA | | | | | | | |
| В | In what country did you claim residence for tax purposes during the tax year? India | | | | | | | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent resider | | | | ⊠ No | | | | |
| D | Were you ever: | | | | | | | | | | |
| 1. | A U.S. citizen? | | | | | ☐ Yes | ⊠ No | | | | |
| 2. | A green card holder (lawful per | manent resident) of the Ur | ited States? . | | | ☐ Yes | ⊠ No | | | | |
| | If you answer "Yes" to (1) or (2 |), see Pub. 519, chapter 4, | for expatriation r | ules that apply to you. | | | | | | | |
| E | If you had a visa on the last of immigration status on the last of | | • | you didn't have a visa, en | • | | | | | | |
| F | Have you ever changed your v If you answered "Yes," indicate | isa type (nonimmigrant sta e the date and nature of th | tus) or U.S. immiç e change: | gration status? | | ☐ Yes | ⊠ No | | | | |
| G | List all dates you entered and | eft the United States durin | g 2023. See instr | uctions. | | | | | | | |
| | Note: If you're a resident of C | | | | uent intervals, | | | | | | |
| | check the box for Canada or | Mexico and skip to item I | 1 | 🗌 Canada | ☐ Mexico | | | | | | |
| | Date entered United States | Date departed United Stat | es | Date entered United State | | | d States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | m | nm/dd/yy | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including | | | | | | | | | | |
| _ | 2021 | , 2022 | , an | nd 2023365 | ·· | | \sqrt | | | | |
| ı | Did you file a U.S. income tax If "Yes," give the latest year ar | d form number you filed: | | | | ∐ 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 | | | • | | | ☐ No | | | | |
| L | Income Exempt From Tax—If complete (1) through (3) below | | | | tax treaty with | a foreign | country, | | | | |
| 1. | Enter the name of the country, | | | | claimed the tre | aty benefi | t, and the | | | | |
| | amount of exempt income in th | e columns below. Attach Fo | | | | | | | | | |
| | (a) Cou | ntry | (b) Tax treaty an | | - 1 | ount of exe | • | | | | |
| | | | | claimed in prior tax ye | ears income in | current ta | x year | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount or | Form 1040-NR line 1k F | l In not enter it anv | where else on line 1 | | | | | | | |
| 2. | Were you subject to tax in a fo | | - | | | ☐ Yes | □No | | | | |
| | Are you claiming treaty benefit | | | | | ⊠ Yes | □No | | | | |
| ٥. | If "Yes," attach a copy of the C | • | - | | | | ,, | | | | |
| М | Check the applicable box if: | and the second second | | , | | | | | | | |
| | This is the first year you are may with a U.S. trade or business u | | | | | | onnected | | | | |
| 9 | You have made an election in | , , | | | | | e United | | | | |
| ۷. | States as effectively connected | | | | | | | | | | |
| | | | | (-)- 300 | · · · · | | <u> </u> | | | | |