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

	Submi	ssion Identification Number (SID)		-		
Spouse's social security number	Taxpaye	er's name	Social securit	y numb	er	
Part II 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 (liters use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 1, 456, 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to grow the income tax return (reginal or general) and the tax text of my knowledge and belief, it is true, correct, and complete, I further declare that the amounts in Part I attow are the emounts from the income tax return (reginal or general). It is true, correct, and complete, I further declare that the amounts in Part I attow are the emounts from the income tax return (reginal or remodel) at more authorized to the consent to allow my intermediate sential, I authorized to the U.S. Treasury and is designated Financial or any delay in processing the resurn or return, and (of the date of any return). It is the consent to allow my intermediate sential, I authorized to the U.S. Treasury infrancial Agent at 1-888-438-4857. Payment cancellation requests must be received no later than 2 business days profer to the payment (refettlement) date, I also authorized the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notly the U.S. Treasury Financial Agent to terminate the authorization to the payment of the payment (return and to a payment of estimated tax, and the financial institution to debit the entry to this account. This authorized is the transplant of the transplant of the tr	HARI	KIRAT SINGH	048-67	-841	4	
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 tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 11, 456. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 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 the best of market and you 9 Amount to the lists and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason 9 Amount to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason of you 1 Amount to the IRS and to receive from the IRS (a) an acknowledge that the refunded to the processing the refunded of the transmission of the your 1 Amount to the IRS (a) an acknowledge that the refunded to the total your your to the payment refunded to the transmission of the your 1 Amount to the IR	Spouse'	s name	Spouse's soc	ial secu	ırity numb	er
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 11, 456. 4 Amount you want refunded to you 4 5, 165. 5 Amount you owe 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury. I declare that I have examined a copy of the income tax return foriginal or amended) I am now authorizing and the best of the penalties of perjury. I declare that I have examined a copy of the income tax return foriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (FERO) for send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reson for rejection of the reson and the I consent of any delay in processing the return or return, and (c) the date of any return, II applicable, I authorize the U.S. Treasury and its designated Financial for payment of my federal taxes owed on this return and or a payment of estimated tax, and the financial institution account indicated in the preparation software payment of my federal taxes owed on this return and or a payment of estimated tax, and the financial institution account indicated the traperactions of the payment. If the payment is the such confidential information necessary to answer inquires and resolve issues related to the payment. If unther acknowledge that the personal identification number (PiN) below is my signature for the income tax return (original or amended) I am now authorizing. Or the Recombination necessary to answer inquires and resolve issues related to the payment. If unther acknowledge that the personal identification number (PiN) below is my signature for 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 only i	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	⊥ r year you a	re au	thorizin	g.)
1 dijusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 1,456. 4 Amount you want refunded to you 4 5,165. 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 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 1 Amount you want want you 1 Amount you want refunded to make you 1 Amount you want want you 1 Amount you 2 Amount you 3 Amount you					,	,
2	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
3 11,456. 4 Amount you want refunded to you	1	Adjusted gross income		1		
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 perlipy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of the complete of the properties of the prop	2			2		6,291.
Amount you owe Part II	3					
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 best of yeary (another penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. The income tax return (original or amended) I am now authorizing. The income tax return (original or amended) I am now authorizing. The ERO must complete Part III) Practitioner PIN Method Returns Only Against I as well as a more provided in the ISS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my tederal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the tax of tax of the tax of the tax of the tax of tax o		·				5,165.
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my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or feRD 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 reason for any delay in processing the return or return, and (c) the date of any return, if applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of stimated tax, and the financial institution debt debt debt to debt the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a subspiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize						
Taxpayer's PIN: check one box only authorize GLOBAL TAXES LLC ERO firm name	to send for any Agent t paymer authoriz paymer busines taxes to persona	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income of my federal 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 the transport of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive 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 a	ection of the tr J.S. Treasury a licated in the to on to debit the e the authoriza- uests must be processing of payment. I furt	ansmised ax preparties of the elements of the	ssion, (b) designate paration s to this acronic p ved no la ectronic p knowledge	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN FRO 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 only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only □ Lauthorize						٦
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I authorize	Your s	ignature ▶ Date ▶				
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ERO Must Retain This Form — See Instructions	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subr	nitting this retu	ırn in a	accordance	
ERO Must Retain This Form — See Instructions	ERO's	signature ▶ Date ▶				
			D - O -			

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 Jar	n. 1–C	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	, 2	0	See separate instructions.
Your first name	and i	niddle initial	Last na	ame			Your iden	tifying number
							(see instru	ctions)
HARKIRAT			SING	H			048-6	7-8414
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.		•		Apt. no.
1386 BEAC	CON	ST						4
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZII	P code
BROOKLINE]					MA	0:	2446
Foreign country	nam nam	e	Foreigr	n province/state/county		Foreign po	ostal code	
-	T							
Filing		Single	arately (N	∕IFS) □ Qualifvii	ng surviving spouse (C	088)	☐ Estate	e 🔲 Trust
Status		you checked the QSS box, enter the				,		
Check only		,			,			
one box.								
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a				•	(b) sell, exc	
Dependents						(4) Chec	k the box if	qualifies for (see inst.):
(see instructions)	:	(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to you	Child	tax credit	Credit for other dependents
		(i) The thame		,g	(b) Holdionomp to you	•	П	С
If more than four								
dependents, see instructions and								
check here							$\overline{\sqcap}$	
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)				71,010.
Effectively	b	Household employee wages not rep	•	•			1b	·
Connected	С	Tip income not reported on line 1a (see instr	uctions)			1c	
With U.S.	d	Medicaid waiver payments not repo	rted on F	Form(s) W-2 (see instruct	tions)		1d	
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			1e	
Business	f	Employer-provided adoption benefit	ts from F	orm 8839, line 29 .			1f	
A44I-	g	Wages from Form 8919, line 6					1g	
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .				1h	
1042-S,	i	Reserved for future use			1i			
SSA-1042-S, RRB-1042-S,	j	Reserved for future use					1j	
and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,	tem L, 1k			
attach	z	Add lines 1a through 1h					1z	71,010.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	b Tax	cable interest		2b	
tax was	3a	Qualified dividends 3a	3	b Ord	dinary dividends		3b	
withheld.	4a	IRA distributions 4a			cable amount		4b	
If you did not get a Form	5a	Pensions and annuities 5a			cable amount		5b	
W-2, see	6	Reserved for future use					6	
instructions.	7	Capital gain or (loss). Attach Schedu						
	8	Additional income from Schedule 1					8	-7,242.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and					9	63,768.
	10	Adjustments to income from Sched income					10	
	11	Subtract line 10 from line 9. This is y	our adju	ısted gross income			11	63,768.
	12	Itemized deductions (from Schedudeduction (see instructions)						13,850.
	13a	Qualified business income deductio						
	b	Exemptions for estates and trusts o	nly (see i	nstructions)	13b			
	С	Add lines 13a and 13b					13c	
	14	Add lines 12 and 13c					14	13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		15	49,918.

Form 1040-NR (2023)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	2 497	'2 3			16	6,291.
Credits	17	Amount from Schedule 2 (Form 1040), line 3					17	0.
	18	Add lines 16 and 17					18	6,291.
	19	Child tax credit or credit for other dependents from Schedule 88	12 (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 zero or less, enter -0					22	6,291.
	23a	Tax on income not effectively connected with a U.S. trade or bus Schedule NEC (Form 1040-NR), line 15		23a				
	b	Other taxes, including self-employment tax, from Schedule 2 (F line 21	,.	23b				
	С	Transportation tax (see instructions)		23c				
	d	Add lines 23a through 23c					23d	
	24	Add lines 22 and 23d. This is your total tax					24	6,291.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2		25a	1	1,456.		
	b	Form(s) 1099		25b				
	С	Other forms (see instructions)		25c				
	d	Add lines 25a through 25c					25d	11,456.
	е	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and amount applied from 2022 re					26	
	27	Reserved for future use		27				
	28	Additional child tax credit from Schedule 8812 (Form 1040) .		28			_	
	29	Credit for amount paid with Form 1040-C						
	30		_					
	31	Amount from Schedule 3 (Form 1040), line 15		-				
	32	Add lines 28, 29, and 31. These are your total other payments					32	11 456
Defined	33 34	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total particles of the same of					33	11,456.
Refund	3 4 35а	Amount of line 34 you want refunded to you . If Form 8888 is at		-	-		35a	5,165. 5,165.
Direct deposit?	b		Type: 🗵				SSA	3,103.
See instructions.	d	Account number 9 5 3 7 3 2 7 3 4 5	Type.	CHECKIN	у <u></u>	Savirigs		
	e	If you want your refund check mailed to an address outside the						
	C							
	36	enter it here. Amount of line 34 you want applied to your 2024 estimated ta:		36			-	
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		1 1				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see in	structions .				37	
	38	Estimated tax penalty (see instructions)		38				
Third	Do yo	u want to allow another person to discuss this return with the IRS	? See instru	ctions.	□ Ye	es. Compl	ete be	low. 🗵 No
Party Designee	Desig	nee's Phone no.			Perso	nal identifi er (PIN)		
	Under	penalties of perjury, I declare that I have examined this return and accomp they are true, correct, and complete. Declaration of preparer (other than ta			atement	s, and to th		
Sign	Your	signature Date You	cocupation			If the	e IRS s	ent you an Identity
Here			·					PIN, enter it here
			IAGER			(see	inst.)	
	Phone			T D .		DT''		
Paid	•	rer's name Preparer's signature		Date		PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGA	R GUPTA	03/19	/2024	P02082		Self-employed
Use Only		name <u>GLOBAL TAXES LLC</u> address <u>245 ROONEY CT E BRUNSWICK NJ 08</u>				Phone n Firm's E		78)965-9522
	Firm's	IN						

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

HARKIRAT SINGH

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

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

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

Your social security number				
	Your soci	ial security number		
	048-67	_0/1/		

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-7,242.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-7,242.

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

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

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number HARKIRAT SINGH 048-67-8414 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income				(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)		
	_					(a) 10%	(b) 15%	(6) 30%	%	%
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	S. co	rporations		1a					
b	Dividends paid by fo	reign (corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:	•								
а	Mortgage				2a				,	
b			ns		2b					
С					2c					
3			s, trademarks, etc.)		3					
4	• "		right 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	ies .			7					
8					8					
9	Capital gain from line	e 18 b	elow		9					
10		s of C	canada only. Enter net income in column (
а	Winnings								!	
b	Losses				10c				!	
11	Gambling—Resident Note: Enter winnings	s of c	ountries other than Canada. Losses aren't allowed		11					
12										
					12					
13			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	ffectiv	ely connected with a U.S. trade or busine						-NR, line 23a 15	
			Capital Gains ar	nd Losses F	rom	Sales or Excha	inges of Proper	ty		
Enter only the capital gains an losses from property sales or exchanges that are from sour within the United States and r		pperty sales or tare from sources (if necessary, attach statement of descriptive details not shown below) (b) Date acquir 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).
	ely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real									
gains a	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
connec	ted with a U.S. business edule D (Form 1040),								()	
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Attachment Sequence No. **7C**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name	shown on Form 1040-NR				Your identifying	number						
HAR	KIRAT SINGH				048-67-8							
Α	Of what country or countries were you a	citizen or national of	during the tax y	/ear?_INDIA								
В	In what country did you claim residence	for tax purposes d	luring the tax y	ear? United States								
С	Have you ever applied to be a green care	d holder (lawful perr	manent resider	nt) of the United States? .		☐ Yes	⊠ No					
D	Were you ever:					_	_					
							⊠ No					
2.	A green card holder (lawful permanent re	•				∐ Yes	⊠ No					
_	If you answer "Yes" to (1) or (2), see Pub											
E	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 (r If you answered "Yes," indicate the date	onimmigrant status	s) or U.S. immig	gration status?		☐ Yes	⊠ No					
G	List all dates you entered and left the Un	ited States during 2	2023. See instr	uctions.								
	Note: If you're a resident of Canada or											
	check the box for Canada or Mexico a		_		Mexico							
		parted United States		Date entered United State		arted United nm/dd/yy	d States					
	mm/dd/yy	mm/dd/yy mm/dd/yy mm/dd/yy										
			_									
			_				$\overline{}$					
Н	Give number of days (including vacation, i	nonworkdays, and pa	⊒ artial davs) vou	were present in the United	States during:							
	2021 , 2022				_							
I	Did you file a U.S. income tax return for If "Yes," give the latest year and form nu	any prior year?				☐ Yes	⊠ No					
J	Are you filing a return for a trust?					Yes	X No					
	If "Yes," did the trust have a U.S. or for	eign owner under tl	he grantor trus	st rules, make a distribution	or loan to a							
	U.S. person, or receive a contribution from	om a U.S. person? .				☐ Yes	☐ No					
K	Did you receive total compensation of \$2		-			☐ Yes	⊠ No					
	If "Yes," did you use an alternative meth			•			☐ No					
L	Income Exempt From Tax—If you are complete (1) through (3) below. See Pub				tax treaty with	a foreign	country,					
1.	Enter the name of the country, the application amount of exempt income in the columns				claimed the tre	aty benefi	, and the					
	(a) Country	(b) Tax treaty an	ticle (c) Number of month	, , ,	ount of exe						
	(e) Total. Enter this amount on Form 10	40-NR, line 1k. Do r	not enter it any	where else on line 1								
2.	Were you subject to tax in a foreign coul		-			Yes	☐ No					
3.	Are you claiming treaty benefits pursuan	t to a Competent A	uthority determ	nination?		☐ Yes	⊠ No					
	If "Yes," attach a copy of the Competent	t Authority determin	ation letter to	your return.								
М	Check the applicable box if:											
	This is the first year you are making an e with a U.S. trade or business under sect	ion 871(d). See insti	ructions				. 🗆					
2.	You have made an election in a previo States as effectively connected with a U											

REV 03/07/24 PRO

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

HARKIRAT SINGH

Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

Attachment Sequence No. 13

048-67-8414

Part	Note: If you a	re in th	ne business of	renting persona	l propert			C. See	instru	ctions. If you a	are an in	dividual, rep	ort farm
A 1	rental income	or los	s from Form 4	835 on page 2, I	line 40.								
	Did you make any p f "Yes," did you or												
								• •	• •			. 🗆 16	5 NU
1a	Physical address of each property (street, city, state, ZIP code)												
Α	GREATER KAILASH PART-1 NEW DELHI DELHI IN 110048												
В													
С											1		T
1b	Type of Property	2		ntal real estate					Fa	ir Rental	_	onal Use	QJV
	(from list below)	4		ort the number se days. Check						Days		Days	
_ <u>A</u>	3	-		the requirement				A		365		0	
B C		-		nt venture. See				B C					
	of Duomonton							C					
	of Property:	al a .a a	0 \/	tian/Obant Tan	Da.at	اء	C and		7	Calf Dantal			
	Single Family Resid			ation/Short-Ter	rm Renti	aı	5 Land			Self-Rental	rib o\		
2	Multi-Family Resid	ience	4 Com	mercial			6 Roya	ities	ð	Other (desc	ribe)		
										Propert	ies:		
Incon	ne:							Α		В			С
3	Rents received .					3		4	97.				
4	Royalties received	d				4							
Exper	ises:												
5	Advertising					5							
6	Auto and travel (s		•			6							
7	Cleaning and mai					7		1,3	41.				
8	Commissions .					8							
9	Insurance				+	9							
10	Legal and other p					10							
11	Management fees					11		9	01.				
12	Mortgage interest			-		12							
13	Other interest .				+	13							
14	Repairs					14			84.				
15	Supplies					15		1,8	97.				
16	Taxes				- t	16		0 0	1.0				
17	Utilities					17		2,0	16.				
18	Depreciation expe		•			18							
19	Other (list)	ا ماما انم	E +braab	. 10		19		7 7	2.0				
20	Total expenses. A		_		t t	20		7,7	39.				
21	Subtract line 20 fi result is a (loss), s												
	file Form 6198 .			•	illust	21		-7,2	42				
22	Deductible rental				if any			,,2	12.				
	on Form 8582 (se					22	(-7,24	12)	()(,
23a	Total of all amour		=						23a	\	497.	, (
b	Total of all amour	-							23b				
C	Total of all amour			-					23c				
d	Total of all amour								23d				
е	Total of all amour								23e	7	7,739.		
24	Income. Add pos										. 24	_	
25	Losses. Add royal						-		nter to	tal losses he	_	_	7,242.
26	Total rental real	-											
	here. If Parts II, II												
	Schedule 1 (Form	1040), line 5. Othe	erwise, include	this an	nount	in the tot	al on li	ne 41	on page 2	. 26	6	-7,242.