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

Subm	ission Identification Number (SID)			-		
Taxpaye	er's name	Social s	ecurity r	number		
SHR	ENEEL DINESH KALA	707-	-85-9	734		
Spouse	's name	Spouse'	's social	security	number	
Part	Tax Return Information — Tax Year Ending December 31, 2023	Enter year y	ou are	author	izing.)	
	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			1	9,	976.
2	Total tax			2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		265.
4	Amount you want refunded to you			4		265.
5	Amount you owe			5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a	сору	of you	retur	n)
to send for any Agent in payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, and my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason and clay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account 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 tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amend	for rejection of the U.S. Treas ant indicated in astitution to deb minate the autl on requests mu in the processi the payment.	the tran ury and the tax it the er horizatio ist be re ng of th I furthe	smission its designeparate on. To re- eceived he electron or acknow	i, (b) the inated Fion software country in the inated in t	e reason inancial ware for int. This ancel) a than 2 ment of that the
	onic Funds Withdrawal Consent. Rayer's PIN: check one box only					
X		orata my DINI	5 9	9 7 3	4	00 1001
	ERO firm name	erate my Fin		five digit enter all		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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.	method. The				
Your s	signature ► Dat	e▶				
Spous	se's PIN: check one box only					
. г	I authorize to enter or gen	erate mv PIN				as my
	ERO firm name	•		five digit		,
	signature on the income tax return (original or amended) I am now authorizing.			enter all		
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spous	se's signature ▶ Dat	e▶				
	Practitioner PIN Method Returns Only—continue k	elow				
Part	III Certification and Authentication — Practitioner PIN Method Only					
EDO:	ECIN/DIN Enter your six digit ECIN followed by your five digit cell colocted DIN	2 2 2 4	9 6	0 8	2 7	1
ENU :	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		't enter		2 /	
		Don	i conter i	uii 20103		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I american softhe Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provide	submitting this	s return	in acco	rdance v	
ERO's	s signature ▶ Dat	e ▶				
	ERO Must Retain This Form — See Instruction					
	Don't Submit This Form to the IRS Unless Requested	l To Do 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 Ja	n. 1–C	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	0	See separate instructions.
Your first name	and	niddle initial	Last name Y			Your identifying number		
							(see instru	ctions)
SHRENEEL	DIN	ESH	KALA				707-8	5-9734
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.		'		Apt. no.
340 PALIS	SADE	AVE, APT 3						
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.	;	State	ZII	P code
JERSEY C	ΥTΙ					NJ	0.	7307
Foreign country	/ nam	e	Foreign	n province/state/county	1	oreign po	ostal code	
Filing		Single	aratelv (N	MFS) Qualifvii	ng surviving spouse (C	SS)	☐ Estate	e 🗌 Trust
Status		you checked the QSS box, enter the			o	,		
Check only		, ,			,			
one box.			. ,				<i>a</i>	
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a					(b) sell, exc	
Dependents		(e. a.						qualifies for (see inst.):
(see instructions)				(2) Dependent's			tax credit	Credit for other
(occ mendentions)	` 	(1) First name Last name		identifying number	(3) Relationship to you	Cilia	- Lax Cleuit	dependents
If more than four	. —						Ц	
dependents, see							<u> </u>	
instructions and	_							
check here	<u> </u>							
Income	1a	Total amount from Form(s) W-2, box	,	•			1a	9,600.
Effectively	b	Household employee wages not rep		• ,			1b	
Connected	C	Tip income not reported on line 1a (*			1c	
With U.S.	d	Medicaid waiver payments not repo		` ' ` ` `	,		1d	
Trade or	e •	Taxable dependent care benefits from Employer-provided adoption benefit		·			1e 1f	
Business	f	Wages from Form 8919, line 6		·				
Attach	g h	Other earned income (see instruction					1g 1h	
Form(s) W-2, 1042-S,	i	Reserved for future use	,					
SSA-1042-S,	i	Reserved for future use					1j	
RRB-1042-S,	, k	Total income exempt by a treaty from			1 1		-,	
and 8288-A here. Also		line 1(e)			1k			
attach	z	Add lines 1a through 1h					1z	9,600.
Form(s)	2a	Tax-exempt interest 2	1	1	cable interest		2b	366.
1099-R if tax was	За	Qualified dividends 3	а	b Ord	dinary dividends		3b	
withheld.	4a	IRA distributions 4a		b Tax	able amount		4b	
If you did not	5a	Pensions and annuities 5a	а	b Tax	able amount		5b	
get a Form W-2, see	6	Reserved for future use					6	
instructions.	7	Capital gain or (loss). Attach Schedu	ule D (Fo	rm 1040) if required. If n	ot required, check her	e 🗆	7	
	8	Additional income from Schedule 1	(Form 10	040), line 10			8	10.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively of	onnected income .		9	9,976.
	10	Adjustments to income from Schedincome	•	•	•		10	
	11	Subtract line 10 from line 9. This is y	our adj u	ısted gross income			11	9,976.
	12	Itemized deductions (from Schedu						
		deduction (see instructions)			Std Dedn US/In	dia Trea	ty 12	13,850.
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995	-A . 13a			
	b	Exemptions for estates and trusts o	nly (see i	nstructions)	13b			
	С	Add lines 13a and 13b					13c	
	14							13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		15	0.

Form 1040-NR (2	2023)									Page 2
Tax and	16	Tax (see instructions). Check if any fro	om For	rm(s): 1 88	314 2 497	′2 3 🗌			16	0.
Credits	17	Amount from Schedule 2 (Form 104)	0), line	3					17	0.
	18	Add lines 16 and 17	٠						18	0.
	19	Child tax credit or credit for other de	19							
	20	Amount from Schedule 3 (Form 104)	20							
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero	or less	s, enter -0					22	0.
	23a	Tax on income not effectively conne	cted w	rith a U.S. trade o	or business from					
		Schedule NEC (Form 1040-NR), line	15 .			23a				
	b	Other taxes, including self-employm	nent ta	x, from Schedule	e 2 (Form 1040),					
		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 to	otal ta	x					24	0.
Payments	25	Federal income tax withheld from:								
_	а	Form(s) W-2				25a		265.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	265.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and a	mount	applied from 20	22 return	<u></u>			26	
	27	Reserved for future use				27				
	28	Additional child tax credit from Sche	edule 8	812 (Form 1040)		28				
	29	Credit for amount paid with Form 10	040-C			29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 104)	0), line	15		31				
	32	Add lines 28, 29, and 31. These are	your t o	otal other paym	ents and refunda	able credits			32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and	d 32. T	hese are your to	tal payments .				33	265.
Refund	34	If line 33 is more than line 24, subtra	ct line	24 from line 33.	This is the amour	nt you overp	aid		34	265.
	35a	Amount of line 34 you want refunde	d to y	ou. If Form 8888	is attached, chec	k here .		. 🗆	35a	265.
Direct deposit?	b	Routing number 0 2 1 0 0	0 0	0 2 1	c Type: 🗵	Checking	☐ Sa	vings		
See instructions.	d	Account number 8 8 9 2 3	3 6	6 1 5						
	е	If you want your refund check maile	d to ar	n address outsid	e the United State	es not showr	n on pa	ige 1,		
		enter it here.								
	36	Amount of line 34 you want applied	to you	ur 2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is		-						
You Owe		For details on how to pay, go to www	w.irs.g	ov/Payments or	see instructions.				37	
	38	Estimated tax penalty (see instruction	ons) .			38				
Third	Do yo	ou want to allow another person to dis	cuss t	his return with th	e IRS? See instru	ctions.	Yes.	Comple	ete belo	w. 🗵 No
Party	Desig	nee's		Phone				identific	cation	
Designee	name no number (PIN)									
		penalties of perjury, I declare that I have exthey are true, correct, and complete. Declare								
Sign			aration				nation o		•	,
_	Your	signature		Date	Your occupation			1		nt you an Identity IN, enter it here
Here					SHRENEEL@G	MAIL.CO	M	(see		in, criter it fiere
	Phone	e no.		Email address			-	1,323	- /	
Daid			eparer	's signature		Date	Р	TIN	(Check if:
Paid			•	ū	SAGAR GUPTA	03/24/20	24 P	02082		Self-employed
Preparer		s name GLOBAL TAXES LLO				1,,				8) 965-9522
Use Only	Firm's address 245 DOONEY OF E DDIINGWICK NIT 08816 Firm's FI									0,000 0022

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

SHRENEEL DINESH KALA

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.

	Sequence No. 01
Your soc	ial security number
707-85	-9734

Par	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. Att		5	
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		
- 1	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:			
_	Other Income from box 3 of 1099-Misc 10.	8z 10.		1.0
9	Total other income. Add lines 8a through 8z		9	10.
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			1 ^
	1040, 1040-SR, or 1040-NR, line 8		10	10.

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-basis government	nent	
	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		
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction	. 17	
18	Penalty on early withdrawal of savings		
19a	Alimony paid		a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
_	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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		
	tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z		
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and		
	Form 1040, 1040-SR, or 1040-NR, line 10	. 26	

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 SHRENEEL DINESH KALA 707-85-9734 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			() (00)		4 > 000/	(d) Other (specify)				
			nature of income		(a) 10%		(b) 15%	(c) 30%	%	%
1	Dividends and divide	end ec	uivalents:							
а	Dividends paid by U.	.S. co	rporations		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	ayme	nts received with respect to section 871(m) t	ransactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corp	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copyrights, recording, publishing, etc.)		5							
6	Real property income and natural resources royalties		6							
7	Pensions and annuit	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling—Resident If zero or less, ente	ts of C	anada only. Enter net income in column (c	:).						
_										
a	Winnings				10c					
b 11	Losses Gambling—Resident	ts of c			100					
••	Note: Enter winnings	s only.	Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14	Multiply line 13 by r	ate o	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines	ss. Add colum	nns (a)	through (d) of line 14	4. Enter the total her	e and on Form 1040	-NR, line 23a 15	
			Capital Gains an	d Losses F	From	Sales or Excha	inges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		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).
	ely connected with a U.S. s. Do not include a gain									
or loss	on disposing of a U.S. real y interest; report these									
gains ai	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
	ted with a U.S. business edule D (Form 1040),								()	
Form 4797, or both.		18	Capital gain. Combine columns (f) and	(g) of line 17	7. 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074 Attachment Sequence No. **7C**

vame	snown on Form 1040-NR			Your identifying	number						
SHF	ENEEL DINESH KALA			707-85-97							
Α	Of what country or countries were you a citizen or nation	nal during the tax ye	ear? INDIA								
В	In what country did you claim residence for tax purpose	es during the tax ye	ar? United States								
С	Have you ever applied to be a green card holder (lawful	permanent resident) of the United States? .		☐ Yes	⊠ No					
D	Were you ever:										
1	. A U.S. citizen?				☐ Yes	⊠ No					
2	. A green card holder (lawful permanent resident) of the U	nited States?			☐ Yes	⊠ No					
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4	, for expatriation ru	les that apply to you.								
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 yearF1										
F	Have you ever changed your visa type (nonimmigrant stall f you answered "Yes," indicate the date and nature of the	atus) or U.S. immigi	ration status?		☐ Yes	⊠ No					
G	List all dates you entered and left the United States during	ng 2023. See instru	ctions.								
	Note: If you're a resident of Canada or Mexico AND co			ent intervals,							
	check the box for Canada or Mexico and skip to item	Н	🗌 Canada	☐ Mexico							
	Date entered United States Date departed United Sta	tes	Date entered United State	s Date depa	arted Unite	ed States					
	mm/dd/yy mm/dd/yy		mm/dd/yy	r	nm/dd/yy						
Н	Give number of days (including vacation, nonworkdays, an	id partial days) you v	vere present in the United	States during:							
	2021, 2022	, and	12023 365								
I	Did you file a U.S. income tax return for any prior year? If "Yes," give the latest year and form number you filed:				☐ Yes	⊠ No					
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	er the grantor trust	rules, make a distribution	or loan to a	☐ Yes	□No					
K	Did you receive total compensation of \$250,000 or more				☐ Yes	⊠ No					
					☐ Yes	□No					
L		If "Yes," did you use an alternative method to determine the source of this compensation?									
	complete (1) through (3) below. See Pub. 901 for more in	nformation on tax tr	eaties.	-	_						
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.										
	(a) Country	(b) Tax treaty artic	cle (c) Number of month claimed in prior tax ye		ount of ex n current t						
	(e) Total. Enter this amount on Form 1040-NR, line 1k.	Do not enter it anyv	vhere else on line 1								
2	. Were you subject to tax in a foreign country on any of th	e income shown in	1(d) above?		Yes	☐ No					
3	. Are you claiming treaty benefits pursuant to a Competer				☐ Yes	⊠ No					
	If "Yes," attach a copy of the Competent Authority deter	mination letter to yo	our return.								
М	Check the applicable box if:	•									
1	 This is the first year you are making an election to treat i with a U.S. trade or business under section 871(d). See 		operty located in the Unite		fectively c	connected					
2	You have made an election in a previous year that has States as effectively connected with a U.S. trade or busi			al property loc	cated in t	he United					