(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

Submission Identification Number (SID)		-					
Taxpayer's name	Social securi	ty number					
LAVANYA PADAMATI	893-01	893-01-3312					
Spouse's name	Spouse's soo	ial security r	number				
Part I Tax Return Information — Tax Year Ending December 31, 203	23 (Enter year you a	re author	izing.)				
Enter 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	85,033.				
2 Total tax		2	10,966.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,412.				
4 Amount you want refunded to you		5	2,446.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop		return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancerbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	or amended) I am now aut Part I above are the am- der, transmitter, or electro ason for rejection of the transmitter ason for rejection to debit the transmitter authorized to terminate the authorized ellation requests must be obved in the processing or elected to the payment. I furnemended) I am now author generate my PIN Endo ed) I am now authorizi	horizing, an pounts from points return of the ansmission and its designax preparation entry to the ation. To refer exceived in the electrother acknowledging and, if the electrother acknowledging and the electrother acknowledging and the electrother acknowledging and the electrother acknowledging acknowledging and the electrother acknowledging and the electrother acknowledging and the electrother acknowledging acknowled	d to the best of the income tax originator (ERO), (b) the reason nated Financial on software for s account. This voke (cancel) a no later than 2 nic payment of viedge that the applicable, my				
Spouse's PIN: check one box only							
I authorize to enter or to enter or	generate my PIN		as my				
signature on the income tax return (original or amended) I am now authorizing.		ter five digits n't enter all z					
I will enter my PIN as my signature on the income tax return (original or amendif you are entering your own PIN and your return is filed using the Practitioner below.							
Spouse's signature ▶	Date ►						
Practitioner PIN Method Returns Only—contin							
Part III Certification and Authentication — Practitioner PIN Method Only	/						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 er all zeros	2 7 1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	I am submitting this retu	ırn in accor	dance with the				
ERO's signature ▶	Date ►						
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Reques							

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	year Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 20						20	See separate instructions.		
Your first name	and i	middle initial	Last na	ame				Your identifying number (see instructions)		
							`	,		
LAVANYA	, ,		PADA				893-	01-3312		
	•	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
03 LOUISE				lata a sana balan		01-1-		710 1		
	ost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code		
NASHUA						NH		03060		
Foreign country	nam	e	Foreign	n province/state/county		Foreign	oostal coo	ie		
Filing										
Status		Single Married filing sepa you checked the QSS box, enter the o		,	ng surviving spouse (, ,	∐ Est	ate		
Check only	lt I	endent:								
one box.										
Digital Assets		ny time during 2023, did you: (a) recei					r (b) sell, e			
	othe	erwise dispose of a digital asset (or a f	inancial	interest in a digital asset	t)? (See instructions.)			. 🗌 Yes 🔀 No		
Dependents				(0) 5		(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 yo	Chil	d tax credi	t Credit for other dependents		
		(7)		, ,	(0)					
If more than four										
dependents, see instructions and							Ä			
check here							一			
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	94,429.		
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 repo		•						
Trade or	е	Taxable dependent care benefits fro								
Business	f	Employer-provided adoption benefit	s from F	form 8839, line 29 .			. 1f			
	g	Wages from Form 8919, line 6	. 1g							
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h							
1042-S,	i	Reserved for future use			1i					
SSA-1042-S,	j	Reserved for future use					. <u>1j</u>			
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		, ,,	´					
attach	z	Add lines 1a through 1h					. 1z	94,429.		
Form(s)	2a	Tax-exempt interest 2a	1	b Tax	cable interest		. 2b			
1099-R if tax was	За	Qualified dividends 3a	1	b Ord	dinary dividends .		. 3b			
withheld.	4a	IRA distributions 4a	1	b Tax	cable amount		. 4b			
If you did not	5a	Pensions and annuities 5a	1	b Tax	cable amount		. 5b			
get a Form W-2, see	6	Reserved for future use					. 6			
instructions.	7	Capital gain or (loss). Attach Schedu	ıle D (Fo	rm 1040) if required. If n	ot required, check he	ere [7			
	8	Additional income from Schedule 1	(Form 10	040), line 10			. 8	-9,396.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	B. This is	your total effectively o	onnected income		. 9	85,033.		
	10	Adjustments to income from Sched income	,	**						
	11	Subtract line 10 from line 9. This is y	our adj u	sted gross income			. 11	85,033.		
	12	Itemized deductions (from Schedu								
		deduction (see instructions)			Std Dedn US/I	ndia Tre	aty 12	13,850.		
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts or								
	С	Add lines 13a and 13b								
	14						-	13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income .		. 15	71,183.		

Form 1040-NR (2	2023)									Page 2	
Tax and	16	Tax (see instructions). Check if ar	y from Fo	rm(s): 1 88	314 2 497	2 3			16	10,966.	
Credits	17	Amount from Schedule 2 (Form							17	0.	
	18	Add lines 16 and 17							18	10,966.	
	19	Child tax credit or credit for other	er 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	10,966.	
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),				23a					
	b	Other taxes, including self-empl 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 yo	ur total ta	x					24	10,966.	
Payments	25	Federal income tax withheld from									
	а	Form(s) W-2				25a	13	3,412.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c							25d	13,412.	
	е	Form(s) 8805							25e		
	f	Form(s) 8288-A							25f		
	g	Form(s) 1042-S							25g		
	26	2023 estimated tax payments ar	nd amount	t applied from 20)22 return				26		
	27	Reserved for future use		• •		27					
	28	Additional child tax credit from Schedule 8812 (Form 1040)									
	29	Credit for amount paid with Form 1040-C									
	30	Reserved for future use							1		
	31	Amount from Schedule 3 (Form				31					
	32	Add lines 28, 29, and 31. These	,.				dits		32		
	33	Add lines 25d, 25e, 25f, 25g, 26							33	13,412.	
Refund	34	If line 33 is more than line 24, su							34	2,446.	
riciana	35a					•	-		35a	2,446.	
Direct deposit?	b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								2,110.	
See instructions.	d	Account number 5 5 8 3 3 8 3 1 8									
	e	If you want your refund check m			le the United State	e not s	—.: hown on	nage 1			
	·	· · · · · · · · · · · · · · · · · · ·									
	36	enter it here. Amount of line 34 you want app	lied to vo	ur 2024 estimat	ed tax	36			1		
Amount	37	Subtract line 33 from line 24. Th									
You Owe	•-	For details on how to pay, go to		-					37		
rou owe	38	Estimated tax penalty (see instru	•			38					
Third		ou want to allow another person to					☐ Ye	s. Comp	lete bel	ow. 🛛 No	
Party	-	·	, aloodoo t			01101101		nal identif		o	
Designee	nome of the state								ication		
		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									
		they are true, correct, and complete. [
Sign	Your	signature		Date	Date Your occupation					ent you an Identity PIN, enter it here	
Here					SOFTWARE E	NGINI	EER		inst.)	int, cittor it liele	
t	Phon	e no.		Email address				1 (
Doid		arer's name	Preparer	's signature		Date		PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA		ŭ	SAGAR GUPTA	04/01	L/2024	P02082	2703	Self-employed	
Preparer		e name CIODAI TAVEC		Phone no (670) 065 065							

GLOBAL TAXES LLC

Firm's name

Use Only

Phone no. (678)965-9522

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

LAVANYA PADAMATI

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 social security number
893-01-3312

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	ach Schedule E .	5	-9,396.
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 . Ente	r here and on Form	10	_9 396

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			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
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		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

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 LAVANYA PADAMATI 893-01-3312 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify)

			Nature of Income		I	(a) 10%	(b) 15%	(c) 30%	. ,	, ,
	Tractare of moonie			(a) 1070	(b) 1570	(6) 30 %	%	%		
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b	Dividends paid by fo	reign d	corporations		1b					
С	Dividend equivalent p	aymer	its received with respect to section 871(m)	transactions	1c					
2	Interest:									
а					2a					
b			ns		2b					
С					2c					
3										
4	Motion picture or TV copyright royalties									
5		_	recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7					7					
8	•				8					
9			elow		9					
10	Gambling—Resident If zero or less, ente	s of C r -N-	anada only. Enter net income in column ((c).						
а	Winnings									
b	Losses		<u> </u>		10c					
11	Canablina Dasidani		auratuina athau than Canada							
	Note: Enter winnings	s only.	Losses aren't allowed		11					
12	Other (specify):									
					12					
13	_		columns (a) through (d)		13					
14			tax at top of each column		14		<u> </u>			
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine						-NR, line 23a 15	
			Capital Gains ar	TO LOSSES F	rom	Sales or Excha	inges of Proper	ty 		
losses to exchange within to	nly the capital gains and from property sales or ges that are from sources he United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acqu mm/dd/yyy		(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									
	ted with a U.S. business edule D (Form 1040),	17								
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	. Ente	r the net gain her	e and on line 9 ab	ove. If a loss, ente	er-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 shown on Form 1040-NR Your identifying number LAVANYA PADAMATI 893-01-3312 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: ☐ Yes X No 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: 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, 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 ___. Did you file a U.S. income tax return for any prior year? X Yes ☐ No ı If "Yes," give the latest year and form number you filed: 1040NR 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 ⊠ No Κ Yes 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 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? 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

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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

LAVA	ANYA PADAMATI				893-01-3312				
Par	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40.	erty, use		c . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you	u to file							s 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZI	IP code	e)						
Α	1-99B NANDIRAJUTHOTA BAPATLA ANDHRA P	RADES	SH IN 5	52210	1				
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair	r rental a	and Days				Persor Da	QJV	
A	personal use days. Check the Q if you meet the requirements to			Α		365		0	
В	qualified joint venture. See instru			В					
<u>C</u>				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descr			
						Properti	es:		
Incon				Α	2.0	В			С
3	Rents received	3		5	90.				
4	Royalties received	4							
•	nses:	5			-				
5 6	Advertising	6							
7	Cleaning and maintenance	7		1,3	22				
8	Commissions	8		1,3	22.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	88				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5	00.				
13	Other interest	13							
14	Repairs	14		2,2	85				
15	Supplies	15		2,4					
16	Taxes	16							
17	Utilities	17		2,3	58.				
18	Depreciation expense or depletion	18		, -					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,9	86.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-9,3	96.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-9,39	6.)	()	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		590.		
b	Total of all amounts reported on line 4 for all royalty prop	•			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	9	,986.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	1	
25	Losses. Add royalty losses from line 21 and rental real esta							(9,396.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise, include this a	ot apply	y to you,	also e	nter th	nis amount o			_0 206