## 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)					
Taxpaye	or's name	Social securi	ty numb	per		
LIP	IKA BHARAT PAREKH	608-93-6222				
Spouse'	s name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r vear vou a	re au	thorizina	1	
	whole dollars only on lines 1 through 5.	i yeai you a	i e au	uionzing.	)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1	67	,269.	
2	Total tax		2		,061.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,250.	
4	Amount you want refunded to you		4		,189.	
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	rn)	
my know return ( to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by the income tax return), I declare that I have examined a copy of the income tax return (original or amended). I am now authorizing. I consent to allow my intermediate service provider, transn I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income to find 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 I into the I in	ve are the am nitter, or electron of the to J.S. Treasury a licated in the to to debit the e the authorizuests must be processing opayment. I fur	ounts formic references on the control of the contr	from the inc turn original ssion, <b>(b)</b> th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the	
	nic Funds Withdrawal Consent.  yer's PIN: check one box only					
X		my PIN 3	6 2	2 2 2	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	do my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.					
Your s	ignature ▶ Date ▶					
Snous	e's PIN: check one box only					
Ороцо	I authorize to enter or generate	my PIN			as my	
	ERO firm name	-	ter five	digits, but	asiny	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't ent	6 0	8 2 7	1	
		Don tent	or un Zt			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this retu	ırn 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				

# Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20						20	See separate instructions.			
Your first name and middle initial			T					Your identifying number		
							(see inst	(see instructions)		
LIPIKA BHARAT				KH			608-	608-93-6222		
Home address (number and street). If you have a P.O. box, see instructions.							•	Apt. no.		
444 WASHI	NGT	ON BLVD						6246		
City, town, or post office. If you have a foreign address, also complete spaces below.								ZIP code		
JERSEY CI	TY					NJ		07310		
Foreign country name Foreign province/state/county Foreign							postal cod	le		
Filing	×	Single	arately (N	MFS) Qualif	ring surviving spouse	(QSS)	☐ Esta	ate 🗌 Trust		
Status	lf :	you checked the QSS box, enter the o	child's na	ame if the qualifying pe	rson is a child but not	your dep	endent:			
Check only one box.										
	^+ -	ti di 0000 did (-)				:	/b\ = all =			
Digital Assets	othe	ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f	inancial	reward, award, or payl interest in a digital ass	nent for property or se et)? (See instructions.)	ervices); c		·xcnange, or · ☐ Yes ☒ No		
Dependents						(4) Ch	eck the box	if qualifies for (see inst.):		
(see instructions):		(DE)	(2) Dependent's		(2) 5 1 11 11 1	Chi	ld tax credit	Credit for other		
	-	(1) First name Last name		identifying number	(3) Relationship to yo	ou _		dependents		
If more than four										
dependents, see										
instructions and check here										
	1a	Total amount from Form(s) W-2, box	, 1 (000 i	notructions)			. 1a	67,133.		
Income	b	Household employee wages not rep	,	,				07,133.		
Effectively Connected	C	Tip income not reported on line 1a (s		• •						
With U.S.	d	Medicaid waiver payments not report		•			-			
Trade or	e	Taxable dependent care benefits fro								
Business	f	Employer-provided adoption benefit		•						
Dusiness	g g	Wages from Form 8919, line 6		•						
Attach	h	Other earned income (see instruction					. 1h			
Form(s) W-2, 1042-S,	i	Reserved for future use	,							
SSA-1042-S,	j	Reserved for future use					. 1j			
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	n Sched	ule OI (Form 1040-NR)	, item L,					
here. Also		line 1(e)								
attach	z	Add lines 1a through 1h		,			. 1z	67,133.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1	<b>b</b> T	axable interest		. 2b	136.		
tax was	3a	Qualified dividends 3a	a	<b>b</b> 0	rdinary dividends .		. 3b			
withheld.	4a	IRA distributions 4a	_	b T	axable amount		. 4b			
If you did not	5a	Pensions and annuities 5a	_		axable amount					
get a Form W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schedu	,	, ,	•					
<ul> <li>8 Additional income from Schedule 1 (Form 1040), line 10</li> <li>9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income</li> </ul>								67.060		
	9		67,269.							
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>									
	11	Subtract line 10 from line 9. This is y	our <b>adj</b> u	ısted gross income			. 11	67,269.		
	12	Itemized deductions (from Schedu								
		deduction (see instructions)			Std Dedn US/	[ndia Ţre	aty <b>12</b>	13,850.		
	13a	Qualified business income deduction			1 1					
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b					
	<b>c</b> Add lines 13a and 13b									
	14							13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>t</b>	axable income .		. 15	53,419.		

Form 1040-NR (	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any f	from For	m(s): <b>1</b> 8	314 <b>2</b> [	4972	2 3			16	7,061.
Credits	17	Amount from Schedule 2 (Form 10-	40), line	3						17	0.
	18	Add lines 16 and 17								18	7,061.
	19	Child tax credit or credit for other of	depende	ents from Sched	ule 8812 (F	orm 104	0) .			19	
	20	Amount from Schedule 3 (Form 10-	40), line	8						20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If zero	o or less	s, enter -0						22	7,061.
	23a	Tax on income not effectively conn	ected w	ith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR), line					23a				
	b	Other taxes, including self-employe		-	•	′ .					
		line 21				- t	23b			_	
	C	Transportation tax (see instructions	,				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is your	total tax	<b>x</b>			• •			24	7,061.
Payments	25	Federal income tax withheld from:						4	1 050		
	a	Form(s) W-2				- H	25a	1.	1,250.	-	
	b	Form(s) 1099					25b				
	C	Other forms (see instructions) .				_	25c			054	11 250
	d	Add lines 25a through 25c								25d 25e	11,250.
	e f	Form(s) 8805								25e	
		Form(s) 1042-S								25g	
	g 26	2023 estimated tax payments and								26	
	27	Reserved for future use				1	27			20	
	28	Additional child tax credit from Sch					28			-	
	29	Credit for amount paid with Form 1		•	•		29				
	30	Reserved for future use				- H	30			1	
	31	Amount from Schedule 3 (Form 10					31				
	32	Add lines 28, 29, and 31. These are		32							
	33	Add lines 25d, 25e, 25f, 25g, 26, ar								33	11,250.
Refund	34	If line 33 is more than line 24, subtr								34	4,189.
	35a Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here									35a	4,189.
Direct deposit?	b										
See instructions.	d										
	е	If you want your refund check mail	led to ar	n address outsid	de the Unite	ed State	s not s	hown on	page 1,		
		enter it here.									
	36	Amount of line 34 you want applie	d to you	ır 2024 estimat	ed tax .		36				
Amount	37	Subtract line 33 from line 24. This i		_							
You Owe		For details on how to pay, go to wi	_	-		ctions .				37	
	38	Estimated tax penalty (see instruct					38				
Third	•	u want to allow another person to di	iscuss th			e instruc	tions.		es. Comp		ow. 🗵 <b>No</b>
Party Designee	Designee'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 m									£	
		penaities of perjury, I declare that I have they are true, correct, and complete. Dec									
Sign	Your	signature		Date	Your occu	ıpation			If the	e IRS s	ent you an Identity
Here	. sa. signataro			Date Your occupation				<b>I</b>		PIN, enter it here	
					MANAGE	EMENT	CON	SULTAI	IT (see	inst.)	
	Phone no. Email address										
Paid	Prepa	rer's name	reparer'	s signature			Date		PTIN		Check if:
Preparer	PRIYA RAM	SAGAR G	UPTA	03/2	6/2024	P02082	2703	Self-employed			
Use Only		name GLOBAL TAXES LI							Phone n		78) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El									IN	

#### **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 LIPIKA BHARAT PAREKH 608-93-6222 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		( ) 40	( ) 100/	# N 450/	4.1.000/	(d) Other (specify)		
	Nature of income		(a) 10%	<b>(b)</b> 15%	(c) 30%	%	%	
1	Dividends and dividend equivalents:							
а	Dividends paid by U.S. corporations	1a						
b	Dividends paid by foreign corporations	1b						
С	c Dividend equivalent payments received with respect to section 871(m) transactions 1c							
2	Interest:							
а	Mortgage							
b	Paid by foreign corporations	2b						
С	Other	2c						
3	Industrial royalties (patents, trademarks, etc.)	3						
4	Motion picture or TV copyright royalties	4						
5	Other royalties (copyrights, recording, publishing, etc.)	5						
6	Real property income and natural resources royalties	6						
7	Pensions and annuities	7						
8	Social security benefits	8						
9	Capital gain from line 18 below							
10	Gambling—Residents of Canada only. Enter net income in column (c).  If zero or less, enter -0							
•								
a b	Winnings            Losses							
11	Gambling—Residents of countries other than Canada.	100						
	Note: Enter winnings 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 rate of tax at top of each column	14						
15	Tax on income not effectively connected with a U.S. trade or business. Add colum	nns (a)	through (d) of line 14	. Enter the total here	e and on Form 1040-	-NR, line 23a <b>15</b>		
	Capital Gains and Losses F	From	Sales or Excha	nges of Proper	ty			
losses f exchang within the	hely the capital gains and rom property sales or ges that are from sources the United States and not the capital gains and comproperty sales or gift necessary, attach statement of descriptive details not shown below)  (b) Date acq mm/dd/yy		(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							
	nd losses on Schedule D							
•	property sales or		-					
exchan	ges that are effectively					1		
on Sche	edule D (Form 1040),					<u>(</u> )		
Form 4	797, or both.   18 Capital gain. Combine columns (f) and (g) of line 1/	. ⊏III€	er trie net gairmere	e and on line 9 ab	ove. II a loss, effle	r -0 <b>18</b>		

#### **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** 

Name shown on Form 1040-NR  Your identifying number											
LIPI	KA BHARAT PAREKH				608-93-62	608-93-6222					
Α	Of what country or countries were you a citizen or national during the tax year? INDIA										
В	In what country did you claim residence for tax purposes during the tax year? United States										
С	Have you ever applied to be a	t) of the United States? .		☐ Yes	⊠ No						
D	Were you ever:										
1.	. A U.S. citizen?										
2.	A green card holder (lawful per		☐ Yes	⊠ No							
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules 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 year. $F1$										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	left the United States durin	g 2023. See instru	ictions.							
	Note: If you're a resident of C				ien <u>t i</u> ntervals,						
	check the box for Canada or	Mexico and skip to item H	<u>1.</u> <sub>.</sub>	🗌 Canada	☐ Mexico						
	Date entered United States	Date departed United State	es	Date entered United State			d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy					
			_								
			_								
			_								
Н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:  2021, 2022, and 2023, 365										
I	Did you file a U.S. income tax					⊠ Yes	☐ No				
_	If "Yes," give the latest year ar	nd form number you filed:		1040NR			<b>.</b>				
J	Are you filing a return for a trust?										
K	Did you receive total compens	•				☐ Yes	⊠ No				
							□No				
L	If "Yes," did you use an alternative method to determine the source of this compensation?										
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the				
	(a) Cou	ntry	(b) Tax treaty art	nths (d) Amount of exempt years income in current tax ye							
	(e) Total. Enter this amount of	n Form 1040-NR, line 1k. D	o not enter it any	where else on line 1							
2.	Were you subject to tax in a fo	reign country on any of the	income shown in	1(d) above?		☐ Yes	☐ No				
3.	Are you claiming treaty benefit		-			☐ Yes	⊠ No				
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to y	our return.							
М	Check the applicable box if:										
	This is the first year you are multiple with a U.S. trade or business u	under section 871(d). See in	structions				🗆				
2.	You have made an election in a previous year that has not been revoked, to treat income from real property located in the Unite States as effectively connected with a U.S. trade or business under section 871(d). See instructions										