### 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.

Submission Identification Number (SID)

Taxpay	er's name	Soc	Social security number				
NAV	ANSHU KHARE	8	807-92-5704				
Spouse	2's name	Spo	ouse's soc	ial securit	y number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er yea	ar you a	re autho	orizing.)		
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	6,239.		
2	Total tax			2	0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	129.		
4	Amount you want refunded to you			4	129.		
5	Amount you owe			5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep	a cop	y of you	ur return)		

Under penalties of periury. 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 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 originator (ERO) 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 refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) 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 estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business 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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN					FBO firm name	5 ,	Ēr
	X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

2	5	7	0	4	
Ent don	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 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.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO 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 signature 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practit	ioner PIN Method Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros						

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form <b>8879</b> (Rev. 01-2021)			

<b>1040</b>	-	Department of the Treasury-Interr U.S. Nonresident Ali	nal Reven <b>en Inc</b>	ue Service	k Return	2023	OMB No. 15	645-0074	or staple	nly—Do not write in this space.	
For the year Jan	. 1–C	Dec. 31, 2023, or other tax year beginni					,	20		separate tructions.	
Your first name and middle initial				ıme				Your id	our identifying number ee instructions)		
NAVANSHU			KHAR	E				807	-92-57	04	
Home address (i	numl	ber and street). If you have a P.O. box,	see inst	tructions.						Apt. no.	
THE BROWN	STC	NES 800 4TH ST SE								301	
City, town, or po	ost o	ffice. If you have a foreign address, als	o compl	lete spaces b	elow.		State		ZIP code	e	
MINNEAPOL	IS						MN		55414	t	
Foreign country	nam	e	Foreign	n province/sta	ate/county		Foreign	postal co	ode		
Filing Status Check only one box.		Single Arried filing sepa you checked the QSS box, enter the c	hild's na	ame if the qua	alifying pers		ot your dep	Esendent:	state	Trust	
Digital Assets		ny time during 2023, did you: (a) receiv erwise dispose of a digital asset (or a fi									
Dependents				(c) =			<b>(4)</b> Ch	eck the bo	i i	s for (see inst.):	
(see instructions):	x	(1) First name Last name		(2) Deper identifying		(3) Relationship to	VOU Chi	ld tax crea	ו זור	edit for other ependents	
						(,, , , , , , , , , , , , , , , , , , ,	,				
If more than four								$\overline{\Box}$		$\square$	
dependents, see instructions and											
check here											
Income	1a	Total amount from Form(s) W-2, box	1 (see ir	nstructions)				. 1a	1	6,239.	
Effectively	b	Household employee wages not repo	orted on	Form(s) W-2				. 1b	)		
Connected	с	Tip income not reported on line 1a (s	ee instru	uctions) .				. 10	;		
With U.S.	d	Medicaid waiver payments not repor	ted on F	<sup>-</sup> orm(s) W-2 (	see instructi	ions)		. 10	1		
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26				. 1e	•		
Business	f	Employer-provided adoption benefit						. 1f	:		
Attach	g	Wages from Form 8919, line 6						. 1g	I		
Form(s) W-2,	h	Reserved for future use    1i							1		
1042-S,	i								-		
SSA-1042-S, RRB-1042-S,	j	Reserved for future use									
and 8288-A	k										
here. Also	_	.,	· · · · · · · · · · · · · · · · · · ·					-		6 220	
attacn Form(s)	z	Add lines 1a through 1h	i ·		1	able interest .				6,239.	
1099-R if	2a 2a	Tax-exempt interest.2aQualified dividends3a	-		-						
tax was withheld.	3a 4a	IRA distributions	-		-	inary dividends . able amount					
If you did not	<del>т</del> а 5а	Pensions and annuities <b>5a</b>			-	able amount					
get a Form	6	Reserved for future use									
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu									
instructions.	8	Additional income from Schedule 1 (			•	•					
9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income										6,239.	
-	10	Adjustments to income from Schedu									
		income	•	,.			-		)		
-	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	isted gross i	ncome .			. 11		6,239.	
-	12	Itemized deductions (from Schedu deduction (see instructions)							2	13,850.	
	13a	Qualified business income deduction									
	b	Exemptions for estates and trusts or	nly (see ii	nstructions)		. 13b					
	с	Add lines 13a and 13b						. 13	c		
-	14	Add lines 12 and 13c						. 14	<u> </u>	13,850.	
	15	Subtract line 14 from line 11. If zero	or less, e	enter -0 Thi	s is your <b>tax</b>	able income		. 15	5	0.	
For Disclosure, I	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate	instructions	S			Form <b>10</b> 4	40-NR (2023)	

Form 1040-NR (2	2023)					Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 2 497	2 <b>3</b>		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17			18	0.
	19	Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0			22	0.
	23a	Tax on income not effectively connected with a U.S. trade or business from				
		Schedule NEC (Form 1040-NR), line 15	23a			
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),				
			23b			
	с	Transportation tax (see instructions)	23c			
	d	Add lines 23a through 23c    . <th></th> <th></th> <th>23d</th> <th></th>			23d	
	24	Add lines 22 and 23d. This is your <b>total tax</b>			24	0.
Payments	25	Federal income tax withheld from:				0.
Fayments	25 a	Form(s) W-2	25a	129.		
	b	Form(s) 1099	25a 25b	127.	-	
			250 25c		-	
	с с	Other forms (see instructions)    . <th< th=""><th></th><th></th><th>25d</th><th>129.</th></th<>			25d	129.
	d	5				129.
	e	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 return	1		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	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3 (Form 1040), line 15	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refundation			32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .			33	129.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour	•		34	129.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chec		⊔	35a	129.
Direct deposit?	b		Checking	Savings		
See instructions.	d	Account number 0 2 4 3 8 7 2 8 6 3 5				
	е	If you want your refund check mailed to an address outside the United State	es not shown c	n page 1,		
		enter it here.				
	36	Amount of line 34 you want applied to your 2024 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .			37	
	38	Estimated tax penalty (see instructions)	38			
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instru	ctions. 🗌 🛛	/es. Comp	lete below.	🔀 No
Party	Desig	nee's Phone	Pers	onal identif	ication	
Designee	name	no.	num	oer (PIN)		
		penalties of perjury, I declare that I have examined this return and accompanying schedu				
0:	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base	ed on all informat	ion of which	preparer has	any knowledge.
Sign	Your	signature Date Your occupation			,	ou an Identity
Here					ection PIN,	enter it here
-	<b>D</b>	STUDENT		(see	inst.)	
	Phone		Data	DTIN		-1.10
Paid	•	arer's name Preparer's signature	Date	PTIN		ck if:
Preparer		1 PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGAR GUPTA	03/23/2024			Self-employed
Use Only		s name GLOBAL TAXES LLC		Phone n		965-9522
	Firm's	s address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's E		
Go to www.irs.g	gov/Fo	rm1040NR for instructions and the latest information. BAA	REV 03/07/24 F	RO	Form <b>1</b>	040-NR (2023)

SCHEDULE NEC
(Form 1040-NR)

Department of the Treasury Internal Revenue Service

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

807-92-5704

NAVANSHU KHARE Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			<b>(a)</b> 10%	<b>(b)</b> 15%	<b>(c)</b> 30%	(d) Other	r (specify)		
				(a) 10%		%51 <b>(d)</b>	( <b>c)</b> 30%	%	%
1	Dividends and dividend equiv	valents:							
а	Dividends paid by U.S. corpo	prations	[	1a					
b	Dividends paid by foreign cor	porations	[	1b					
С	Dividend equivalent payments	received with respect to section 871(m) tra	insactions	1c					
2	Interest:								
а	Mortgage		[	2a					
b	Paid by foreign corporations		[	2b					
С	Other		[	2c					
3	Industrial royalties (patents, tr	rademarks, etc.)	[	3					
4	Motion picture or TV copyrigh	nt royalties	[	4					
5	Other royalties (copyrights, re	ecording, publishing, etc.)		5					
6		tural resources royalties	H	6					
7	Pensions and annuities			7					
8	Social security benefits			8					
9		W		9					
10	If zero or less, enter -0	ada only. Enter net income in column (c).							
а	Winnings								
b				10c					
11		osses aren't allowed		11					
12	Other (specify):								
				12					
13	•	lumns (a) through (d)		13					
14		x at top of each column		14					
15	Tax on income not effectively	connected with a U.S. trade or business.						NR, line 23a <b>15</b>	
		Capital Gains and	Losses Fi	rom	Sales or Excha	nges of Proper	ty	1	1
losses f exchan within t	ne United States and not	(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	<b>(e)</b> 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 a	nd losses on Schedule D								
(Form 1 Report	040). property sales or								
exchan	ges that are effectively						<u> </u>		
on Sche		Id columns (f) and (g) of line 16							
	797, or both. 18 Ca	apital gain. Combine columns (f) and (g	) of line 17.	Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r-0 <b>18</b>	

## SCHEDULE OI (Form 1040-NR)

Department of the Treasury

# **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074 20 3 Attachment

Answer	all	questions.
Allower	an	questions.

Internal F	Revenue Service		Ans	wer all questions.			Sequence No	b. 7C	
Name sh	own on Form 1040	D-NR				Your identifyi	ng number		
	NSHU KHARE					807-92-			
Α	Of what countr	y or countries w	vere you a citizen or nationa	al during the tax year?	INDIA				
в	In what country	y did you claim	residence for tax purposes	s during the tax year?	United States				
С	Have you ever	applied to be a	green card holder (lawful p	permanent resident) of	the United States? .		Yes	🗙 No	
	Were you ever:								
	A U.S. citizen?							🛛 No	
2.	-		rmanent resident) of the Un					🔀 No	
-	•	., .	), see Pub. 519, chapter 4,	•					
			day of the tax year, enter y day of the tax year. $F1$			•			
	-		risa type (nonimmigrant sta	tus) or U.S. immigratio	on status?		Ves	🗙 No	
-	If you answere	d "Yes," indicat	e the date and nature of the	e change:					
G	List all dates yo	ou entered and	left the United States durin	g 2023. See instruction	ns.				
			anada or Mexico AND cor			ent intervals			
	check the box	for Canada or	Mexico and skip to item H	<u>+.</u> <u>.</u>	🗌 Canada	Mexico			
		United States	Date departed United State	es Da	te entered United States	B Date de	parted United	d States	
	mm/	dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy		
н	Give number of	davs (including	vacation, nonworkdays, and	h partial days) you were	present in the United S	tates during			
••			, 2022,			-			
I			return for any prior year? .				X Yes	🗌 No	
	If "Yes," give the	ne latest year ar	nd form number you filed:	104	ONR				
J	Are you filing a	return for a trus	st?				Ves	🗙 No	
			J.S. or foreign owner unde					<b>—</b>	
			ribution from a U.S. person					🗌 No 🔀 No	
	-		ation of \$250,000 or more ative method to determine t						
			you are claiming exempti		•				
			. See Pub. 901 for more inf			ax foury wi	un a loroign	oounity,	
1.	Enter the name	of the country,	the applicable tax treaty art	icle, the number of mo	nths in prior years you	claimed the	reaty benefi	t, and the	
	amount of exer	npt income in th	e columns below. Attach Fo	orm 8833 if required. Se	ee instructions.				
		<b>(a)</b> Cou	ntry	(b) Tax treaty article	(c) Number of month		mount of exe		
					claimed in prior tax yea	ars income	e in current ta	ax year	
	(e) Total. Ente	r this amount o	n Form 1040-NR, line 1k. D	o not enter it anywher	e else on line 1				
			reign country on any of the				<b>Yes</b>	No	
3.	Are you claimir	ng treaty benefit	s pursuant to a Competent	t Authority determination	on?		Ves	🗙 No	
			Competent Authority detern	nination letter to your r	return.				
М	Check the app								
			aking an election to treat in		-		-	onnected	
			Inder section 871(d). See ir		· · · · · · · ·			• • []	
			n a previous year that has d with a U.S. trade or busir						
		-	see the Instructions for Fo		AA REV 03/07/24 PRO		OI (Form 1040		