

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) ▶

| | |
|------------------------------------|---------------------------------------|
| Taxpayer's name SUSHANT BELSARE | Social security number 873-33-5105 |
| Spouse's name | Spouse's social security number |

Part I 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 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|-------------------------------------------------------------------------|---------|
| 1 | Adjusted gross income | 11,600. |
| 2 | Total tax | 0. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 852. |
| 4 | Amount you want refunded to you | 852. |
| 5 | Amount you owe | |

Part II 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 (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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 5 | 1 | 0 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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 my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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 – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-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 the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial: **SUSHANT** Last name: **BELSARE** Your identifying number (see instructions): **873-33-5105**

Home address (number and street). If you have a P.O. box, see instructions. **1007 EUCLID AVE APT. 2** Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. **SYRACUSE** State: **NY** ZIP code: **13210**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Filing Status
 Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust
 If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
 Check only one box.

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

| Dependents (see instructions): | (1) First name | Last name | (2) Dependent's identifying number | (3) Relationship to you | (4) Check the box if qualifies for (see inst.): | |
|----------------------------------------------------------------------------------------|----------------|-----------|------------------------------------|-------------------------|-------------------------------------------------|-----------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------|-----------------------------|-----------|--|
| Income Effectively Connected With U.S. Trade or Business Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | 1a | Total amount from Form(s) W-2, box 1 (see instructions) | | 1a | 11,600. | |
| | b | Household employee wages not reported on Form(s) W-2 | | 1b | | |
| | c | Tip income not reported on line 1a (see instructions) | | 1c | | |
| | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | 1d | | |
| | e | Taxable dependent care benefits from Form 2441, line 26 | | 1e | | |
| | f | Employer-provided adoption benefits from Form 8839, line 29 | | 1f | | |
| | g | Wages from Form 8919, line 6 | | 1g | | |
| | h | Other earned income (see instructions) | | 1h | | |
| | i | Reserved for future use | 1i | | | |
| | j | Reserved for future use | | 1j | | |
| | k | Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e) | 1k | | | |
| | z | Add lines 1a through 1h | | 1z | 11,600. | |
| | 2a | Tax-exempt interest | 2a | b Taxable interest | 2b | |
| | 3a | Qualified dividends | 3a | b Ordinary dividends | 3b | |
| | 4a | IRA distributions | 4a | b Taxable amount | 4b | |
| 5a | Pensions and annuities | 5a | b Taxable amount | 5b | | |
| 6 | Reserved for future use | | | 6 | | |
| 7 | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/> | | | 7 | | |
| 8 | Additional income from Schedule 1 (Form 1040), line 10 | | | 8 | | |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income | | | 9 | 11,600. | |
| 10 | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | | 10 | | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | 11 | 11,600. | |
| 12 | Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). Std Dedn US/India Treaty | | | 12 | 13,850. | |
| 13a | Qualified business income deduction from Form 8995 or Form 8995-A | 13a | | | | |
| b | Exemptions for estates and trusts only (see instructions) | 13b | | | | |
| c | 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 taxable income | | | 15 | 0. | |

| | | | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 0. |
| | 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 1040) | 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), line 21 | 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 | 24 | 0. | |

| | | | | |
|-----------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------|------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 852. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 852. |
| | 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 | 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 refundable credits | 32 | | |
| 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | 33 | 852. | |

| | | | | |
|---------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 852. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 852. |
| | b | Routing number 0 2 2 0 0 0 0 4 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 9 8 8 4 9 0 4 9 7 1 | | |
| | e | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____ | | |
| 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | | |

| | | | | |
|-----------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount 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 Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No | | |
| | Designee's name _____ | Phone no. _____ | Personal identification number (PIN) _____ |

| | | | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|---------------------------------------------------------------------------------|
| Sign Here | 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Your signature _____ | Date _____ | Your occupation STUDENT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| | Phone no. _____ | Email address _____ | | |

| | | | | | |
|-------------------------------|-----------------------------------------------|------------------------------------------------------|--------------------|-------------------|-----------------------------------------------------|
| Paid Preparer Use Only | Preparer's name SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA | Date 04/04/2024 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| | Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 |
| | Firm's EIN 84-3171965 | | | | |

**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

Attach to Form 1040-NR.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **7B**

Name shown on Form 1040-NR

SUSHANT BELSARE

Your identifying number

873-33-5105

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

| Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|---------|---------------------|---|
| | | | | | % | % |
| 1 Dividends and dividend equivalents: | | | | | | |
| a Dividends paid by U.S. corporations | 1a | | | | | |
| b Dividends paid by foreign corporations | 1b | | | | | |
| c Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | |
| 2 Interest: | | | | | | |
| a Mortgage | 2a | | | | | |
| b Paid by foreign corporations | 2b | | | | | |
| c 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 | 9 | | | | | |
| 10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. | | | | | | |
| a Winnings _____ | | | | | | |
| b Losses _____ | 10c | | | | | |
| 11 Gambling—Residents of countries other than Canada. 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 columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a | 15 | | | | | |

Capital Gains and Losses From Sales or Exchanges of Property

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | 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). |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|-----------------|-------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 17 | Add columns (f) and (g) of line 16 | | | | | | () |
| | 18 | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- | | | | | | |

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service

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**

Name shown on Form 1040-NR

SUSHANT BELSARE

Your identifying number

873-33-5105

A Of what country or countries were you a citizen or national during the tax year? INDIA

B In what country did you claim residence for tax purposes during the tax year? United States

C 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 United States? 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? Yes No

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, check the box for **Canada** or **Mexico** and skip to item H. Canada Mexico

| Date entered United States mm/dd/yy | Date departed United States mm/dd/yy | Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|----------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
| | | | |
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| | | | |

H 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 return for any prior year? Yes No

If "Yes," give the latest year and form number you filed: _____

J Are you filing a return for a trust? Yes No

If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No

If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

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 article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|-------------------------------------------------|-------------------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . .

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

M 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 with a U.S. trade or business under section 871(d). See instructions

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 States as effectively connected with a U.S. trade or business under section 871(d). See instructions