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	nission Identification Number (SID)				
Taxpay	er's name	Social securit	1 14,114. 2 26. 3 253. 4 227. 5 by of your return) thorizing, and to the best of younts from the income tax		
VAI	SHNAVI DATTATRAY AVHAD	358-35-	3596		
Spouse	s's name	Spouse's soc	al securi	ty number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	∣ ∵year you a	re auth	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	14,	114.
2	Total tax		2		26.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		253.
4	Amount you want refunded to you		4		227.
5	Amount you owe		_		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	of yo	ur retur	n)
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated in the financial institution accounts in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the pental identification number (PIN) below is my signature for the income tax return (original or amended) I an onlic Funds Withdrawal Consent.	itter, or electro- ection of the tr S. Treasury ar cated in the ta in to debit the the authoriza- uests must be processing of ayment. I furt	nic returnic returnic returnic returnic returnic returnic returnic receive the electors recurring receive receive reckreter ackr	n originate of the signated Fration soft this accouractor of the signate of the signature o	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
	ayer's PIN: check one box only				
-	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 5	3 5	9 6	as my
Ľ	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five di n't enter a		asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	I authorize to enter or generate	my DINI			ac my
L	ERO firm name	_	er five di	nite hut	as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	se'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 Don't ente		8 2 7 os	1
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to fized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in acc	cordance	
FRO'	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			ning, 2023, ending, 20					See separate instructions.		
Your first name and middle initial			Last name Yo				Your iden	our identifying number		
							(see instru	ıctions)		
VAISHNAVI	DA	TTATRAY	AVHAD					358-35-3596		
Home address (number and street). If you have a P.O. box, see instructions.								Apt. no.		
12 D , BR	AND	YWINE APARTMENTS								
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State	ZI	P code		
AMHERST						MA	0	1002		
Foreign country name Foreign province/state/county Foreign posta										
	1									
Filing	X	Single Married filing sepa	arately (N	ΛFS) ☐ Qualifyir	ng surviving spouse (QSS)	☐ Estat	e 🗌 Trust		
Status	lf :	ndent:								
Check only one box.										
-	Λ+ o	ny time during 2023, did you: (a) recei	ivo (ac a	roward award or navm	ont for proporty or so	ruicos): or	(b) coll ov	change or		
Digital Assets		rwise dispose of a digital asset (or a f					(D) Sell, ex			
Dependents					, , ,			qualifies for (see inst.):		
(see instructions):				(2) Dependent's			d tax credit	Credit for other		
,		(1) First name Last name		identifying number	(3) Relationship to yo	3) Relationship to you		dependents		
If more than four							<u> </u>			
dependents, see							\vdash			
instructions and check here										
	4	Total amount from Form(a) W. O. hay	. 1 (000 :	notwictions)			140	14,114.		
Income	1a	Total amount from Form(s) W-2, box	•	*				14,114.		
Effectively	b c	Household employee wages not rep Tip income not reported on line 1a (s		` ,						
Connected With U.S.	d	Medicaid waiver payments not repo					1d			
Trade or	e	Taxable dependent care benefits fro		.,	,		1e			
Business	f	Employer-provided adoption benefit		·			1f			
Dusiliess	g g	Wages from Form 8919, line 6	1g							
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), i	tem L,					
here. Also		line 1(e)			1k					
attach	z	Add lines 1a through 1h		,			. 1z	14,114.		
Form(s) 1099-R if	2 a	Tax-exempt interest 2a	3	b Tax	able interest		2b			
tax was	3a	Qualified dividends 3a	a	b Ord	linary dividends		. 3b			
withheld.	4a	IRA distributions 4a	_		able amount					
If you did not	5a	Pensions and annuities 5a	_		able amount					
get a Form W-2, see	6	Reserved for future use				_				
instructions.	7	Capital gain or (loss). Attach Schedu								
	8	Additional income from Schedule 1	•	•						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		•				14,114.		
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income									
	11	Subtract line 10 from line 9. This is y	our adj u	isted gross income			. 11	14,114.		
	12	Itemized deductions (from Schedudeduction (see instructions)						13,850.		
	13a	Qualified business income deduction			1 1					
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b					
	С	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 ta :	xable income		15	264.		

Form 1040-NR (2023)											Page 2
Tax and	16	Tax (see instructions). Check if any	from For	m(s): 1 88	314 2 [497	2 3	B 🗆		16		26.
Credits	17	Amount from Schedule 2 (Form 10	040), line	3						17		0.
	18	Add lines 16 and 17								18		26.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Fo	orm 104	40) .			19		
	20	Amount from Schedule 3 (Form 10	040), line	8						20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. If zer	ro or less	s, enter -0						22		26.
	23a	Tax on income not effectively conr Schedule NEC (Form 1040-NR), lir		vith a U.S. trade o			23a					
	b	Other taxes, including self-employ line 21	ment ta	x, from Schedule	e 2 (Form 1	040),	23b					
	С	Transportation tax (see instruction					23c					
	d	Add lines 23a through 23c	,				·			23d		
	24	Add lines 22 and 23d. This is your								24		26.
Payments	25	Federal income tax withheld from:										
,	а	Form(s) W-2					25a		253.			
	b	Form(s) 1099					25b					
	С	Other forms (see instructions) .					25c					
	d	Add lines 25a through 25c					·			25d		253.
	е	Form(s) 8805								25e		
	f	Form(s) 8288-A								25f		
	g	` '								25g		
	26	_ · · · · ·										
	27	Reserved for future use					27					
	28	Additional child tax credit from Sc					28					
	29	Credit for amount paid with Form					29					
	30	Reserved for future use					30					
	31	Amount from Schedule 3 (Form 10					31					
	32	Add lines 28, 29, and 31. These ar	, .					edits .		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, a	•							33		253.
Refund	34	If line 33 is more than line 24, sub								34		227.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									35a		227.
Direct deposit?	b	Routing number 0 2 1 2			c Type:		Check	_	Savings			
See instructions.		Account number 3 8 1 0				I		ĭ _l —	3.			
		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 applie					36					
Amount	37	Subtract line 33 from line 24. This										
You Owe		For details on how to pay, go to w	ww.irs.g	ov/Payments or	see instruc	tions .				37		
	38	Estimated tax penalty (see instruction	_	-			38					
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.									olete be	low.	⊠ No
Party Designee	Designee's Phone Personal identi											
	name no. number (PIN) 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.											
Sign	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								an Identity			
Here	Pro							•	iter it here			
	Phon	9 no		Email address	DOLIMA	ند بد.	-10 TI		,000			
			Prenarer ¹	's signature			Date		PTIN		Check	c if:
Paid			•	· ·	באכאם כי	יים חדי		0 / 2024		2702		elf-employed
Preparer				PRIYA RAM S	DAGAK GI	JETA	03/2	19/2024	P0208			
Use Only	Firm's name GLOBAL TAXES LLC Phone n										/8)9	65-9522

BAA

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

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

VAI	SHNAVI DATTATR	AY AVHAD						358-35-3!	596
Enter a	amount of income und	er the appropriate rate of tax. See instructions.							
		Nature of Income		(a) 10% (b) 15%		(c) 30%	(d) Other (specify)		
				+				%	%
1	Dividends and divide	·							
a	Dividends paid by U	·		1a 1b					
b	Dividends paid by foreign corporations								
С		payments received with respect to section 871(m) transa	actions	1c					
2	Interest:			_					
a				2a					
b		orations		2b					
С				2c					
3		patents, trademarks, etc.)		3					
4		copyright royalties		4					
5		rights, recording, publishing, etc.)		5					
6		e and natural resources royalties		7					
7	Pensions and annuities								
8	Social security benefits								
9									
10	Gambling—Resident If zero or less, ente	ts of Canada only. Enter net income in column (c). r -0							
а	Winnings								
b	Losses	<u> </u>		10c					
11	Gambling—Residen Note: Enter winning	ts of countries other than Canada. s only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13	Add lines 1a through	n 12 in columns (a) through (d)		13					
14	Multiply line 13 by I	rate of tax at top of each column		14					
15	Tax on income not e	ffectively connected with a U.S. trade or business. Ac	dd colum	ıns (a) tl	hrough (d) of line 1	4. Enter the total here	and on Form 1040)-NR, line 23a 15	
		Capital Gains and Lo	sses F	rom S	Sales or Excha	anges of Propert	у		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not			(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).
effectiv busines	ely connected with a U.S. ss. Do not include a gain on disposing of a U.S. real								
propert gains a	y interest; report these nd losses on Schedule D								
(Form 1	•								
	property sales or ges that are effectively								
connec	ted with a U.S. business edule D (Form 1040).								
	797, or both.	18 Capital gain. Combine columns (f) and (g) or	f line 17	'. Enter	r the net gain her	re and on line 9 abo	ve. 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 sh	Name shown on Form 1040-NR Your identifying number										
VAIS	HNAVI DATTATRAY AVH	358-35-35	596								
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 green card holder (lawful permanent resident) of the United States?										
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful per	rmanent resident) of the Un	ited 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.										
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 during									
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item F	<u>!</u>	\square 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	/yy				
Н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021, 2022, and 2023365										
I	Did you file a U.S. income tax					X Yes	☐ No				
	If "Yes," give the latest year ar										
J	Are you filing a return for a trust if "Yes," did the trust have a l	J.S. or foreign owner unde	r the grantor trus	t rules, make a distributior	n or loan to a	∐ Yes	⊠ No				
	U.S. person, or receive a conti					☐ Yes	☐ No				
K	Did you receive total compens		-			☐ Yes	⊠ No				
	If "Yes," did you use an alterna					Yes	☐ No				
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,				
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) Cou	ntry	(b) Tax treaty art	icle (c) Number of month claimed in prior tax ye	, , ,						
	(-) T-1-1 F-1-1 :	- F 4040 ND 11 - 21 - 5									
^	(e) Total. Enter this amount of										
	Were you subject to tax in a fo					∐ Yes	∐ No ⊠ No				
3.	Are you claiming treaty benefit		-			∐ Yes	⊠ No				
N/I	If "Yes," attach a copy of the C	Joinpetent Authority detern	iiiialion letter to y	rour return.							
M 1.	Check the applicable box if: This is the first year you are m with a U.S. trade or business u										
0		` ,									
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										