## 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

	5						
Submi	ission Identification Number (SID)						
Taxpaye	er's name	Social securi	ty numl	per			
DEB	ANJAN MUKHERJEE	748-08	748-08-8318				
Spouse'	's name	Spouse's soo	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you a	ro ou	thorizina \	<u> </u>		
	whole dollars only on lines 1 through 5.	mer year you a	ie au	unonzing.,	)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	38	,888.		
2	Total tax		2		,783.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,566.		
4	Amount you want refunded to you		4		,783.		
5	Amount you owe		5		, , , , , ,		
Part		nd keep a cop	y of y	our retui	rn)		
my know return (to send for any Agent to payment authoric payment business taxes to person to send for any formal for any formal formal for any formal formal formal for any formal formal for any formal formal formal formal formal formal formal formal for any formal fo	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trading return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal 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 term or, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in oreceive confidential information necessary to answer inquiries and resolve issues related to tall identification number (PIN) below is my signature for the income tax return (original or amended	above are the amansmitter, or electron rejection of the total time U.S. Treasury at indicated in the total titution to debit the initiate the authorizate requests must but the processing of the payment. I fur	ounts fronic refransmind its cax preparation. The receiff the elater acceptance of the elater ac	from the inc turn originat ssion, <b>(b)</b> th designated paration soff to this acco To revoke (oved no late ectronic par cknowledge	come tax for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
Тахра		rato my PINI 8	8 3	3 1 8	as my		
	ERO firm name	ř En		digits, but	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 a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.						
Your s	signature ▶ Date	<b></b>					
Spous	se's PIN: check one box only						
	I authorize to enter or generations	rate my PIN			as my		
	ERO firm name	En		digits, but	ac,		
	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 a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.						
Spous	e's signature ▶ Date	<b>&gt;</b>					
	Practitioner PIN Method Returns Only—continue be	low					
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 2 4 9 Don't ent	6 0 er all ze	8 2 7 eros	1		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual incorzed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers	me tax return (orig submitting this ret	inal or urn in a	amended) I accordance			
ERO's	s signature ► Date	<b>&gt;</b>					
	ERO Must Retain This Form — See Instruction						
	Don't Submit This Form to the IRS Unless Requested						

# 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	n. 1–C	Dec. 31, 2023, or other tax year begi	nning	, 2023,	ending		,	20	instructions.		
Your first name and middle initial			Last name Y						Your identifying number		
				(se					(see instructions)		
DEBANJAN				ERJEE				748-	748-08-8318		
Home address	(num	ber and street). If you have a P.O. b	ox, see ins	tructions.					Apt. no.		
16 TOWER	STF	EET							1		
City, town, or po	ost o	ffice. If you have a foreign address,	also comp	lete spaces below.			State		ZIP code		
JAMAICA P							MA		02130		
Foreign country	е	n province/state/county			Foreign	postal cod	de				
Filing											
Status	Single								ate Trust		
Check only	IT	you checked the QSS box, enter th	e chila s na	ame if the qualifying per	son is a o	child but not	your aep	enaent:			
one box.											
Digital Assets		ny time during 2023, did you: (a) rec erwise dispose of a digital asset (or						r (b) sell, e			
Dependents							<b>(4)</b> Ch	eck the box	if qualifies for (see inst.):		
(see instructions):		(1) First name		(2) Dependent's identifying number	(2) Pol	ationship to yo	Chi	ld tax credi	t Credit for other		
		(1) First name Last nam		identifying number	(3) Nei	ationship to yo	ou	$\overline{}$	dependents		
If more than four											
dependents, see											
instructions and check here								$\Box$			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	nstructions)				. 1a	38,888.		
Effectively	b	Household employee wages not r	,	,							
Connected	С	Tip income not reported on line 1a	•	` '							
With U.S.	d	Medicaid waiver payments not rep	orted on F	Form(s) W-2 (see instruc	tions) .			. 1d			
Trade or	е	Taxable dependent care benefits	from Form	2441, line 26				. 1e			
Business	f	Employer-provided adoption bene	efits from F	orm 8839, line 29 .				. 1f			
A44 I-	g	Wages from Form 8919, line 6 .	. 1g								
Attach Form(s) W-2,	h	Other earned income (see instruct	. 1h								
1042-S,	i	Reserved for future use									
SSA-1042-S, RRB-1042-S,	j	Reserved for future use	. <u>1j</u>								
and 8288-A	k	Total income exempt by a treaty f			item L,	_					
here. Also		line 1(e)				1k			20.000		
attach Form(s)	z	Add lines 1a through 1h	1	1				. 1z	38,888.		
1099-R if	2a	Tax-exempt interest	2a		xable inte			. 2b			
tax was withheld.	3a 4a		3a 4a		dinary div	iount		. 3b			
If you did not	<del>4</del> а 5а	<del> </del>	5a			ount					
get a Form	5 <i>a</i>	Reserved for future use									
W-2, see instructions.	7	Capital gain or (loss). Attach Sche									
instructions.	8	Additional income from Schedule									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, an	. 9	38,888.							
	10	Adjustments to income from Schrincome									
	11	Subtract line 10 from line 9. This is		38,888.							
	12	Itemized deductions (from Schededuction (see instructions)	ırd	13,850.							
	13a	Qualified business income deduct				13a					
	b	Exemptions for estates and trusts									
	С	Add lines 13a and 13b				13b		. 13c			
	14	Add lines 12 and 13c						. 14	13,850.		
	15	Subtract line 1/1 from line 11. If zo	ro or loce	enter -0 This is your ta	vabla in	oomo		15	25 038		

Form 1040-NR (	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): <b>1</b>	814 <b>2</b> [	497	2 <b>3</b>			16	2,783.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	2,783.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Fo	orm 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	2,783.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .				23a				
	b	Other taxes, including self-empl	•		•	,					
		line 21					23b				
	С	Transportation tax (see instruction	,				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is yo		x						24	2,783.
Payments <b>Payments</b>	25	Federal income tax withheld from									
	а	Form(s) W-2					25a		5 <b>,</b> 566.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .				l.	25c				
	d	Add lines 25a through 25c								25d	5,566.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar								26	
	27	Reserved for future use					27				
	28	Additional child tax credit from S		•	,		28				
	29	Credit for amount paid with Forr					29				
	30	Reserved for future use					30			-	
	31	Amount from Schedule 3 (Form					31				
	32	Add lines 28, 29, and 31. These								32	
	33	Add lines 25d, 25e, 25f, 25g, 26								33	5,566.
Refund	34	If line 33 is more than line 24, su					•	-		34 35a	2,783.
Divert deposit?	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here									2,783.
Direct deposit? See instructions.	b	Routing number         0         1         1         0         0         0         1         3         8         c Type:         ☑ Checking         ☐ Savings           Account number         4         6         6         0         0         6         0         4         8         1         0         5         ☐         <									
	d	If you want your refund check mailed to an address outside the United States not shown on page 1,									
	е										
	36	enter it here. Amount of line 34 you want <b>app</b>					36			-	
Amount	37	Subtract line 33 from line 24. Th				•	30				
You Owe	٠.	For details on how to pay, go to		-		tions .				37	
100 OWC	38	Estimated tax penalty (see instru	_	-		. 1	38			<u> </u>	
Third		u want to allow another person to				e instruc		Пу	es. Compl	ete be	low. 🗵 No
Party	Desig	'		Phone					nal identifi		
Designee	name								oution		
	Under	penalties of perjury, I declare that I ha	ve examined	d this return and a	ccompanying	schedu	les and s	tatement	s, and to th	e best c	of my knowledge and
	belief,	they are true, correct, and complete. I	Declaration of	of preparer (other	than taxpayer	) is base	ed on all in	nformatio	n of which	prepare	r has any knowledge.
Sign	Your	signature		Date	Your occu	upation			I		ent you an Identity
Here					DOOM DOO	m		11 00110	I		PIN, enter it here
	Dl			Familia del c	POST DOC	TUKAL	KESEAKC	н БСНО.	LAK   (See	inst.)	
	Phone	e no. rer's name	Preparer <sup>2</sup>	Email address 's signature			Date		PTIN		Chook if:
Paid	•			J	07075 0			/2024		702	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA		PRIYA RAM	SAGAK GI	OPTA	03/27	/ 2024	P02082		Self-employed
Use Only	V							Phone n		78) 965-9522	
	rırm's	sauuress 245 ROONEY (	T' E BF	KUNSWICK N	<u>J 08816</u>	)			Firm's E	IIN	

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

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 DEBANJAN MUKHERJEE 748-08-8318 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(=) 100/	(b) 150/	4-1.000/	(d) Other (specify)		
	Nature of income		(a) 10% (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	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
а	Mortgage	2a					
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	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
а	Winnings						
b	Losses	10c					
11	Gambling—Residents of countries other than Canada.  Note: Enter winnings only. Losses aren't allowed						
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 column					-NR, line 23a <b>15</b>	
	Capital Gains and Losses I	From	Sales or Excha	nges of Proper	ty	1	
losses f	nly the capital gains and from property sales or ges that are from sources he United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date acquir mm/dd/yyyyy		(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	y interest; report these nd losses on Schedule D						
(Form 1	· I						
exchan	property sales or ges that are effectively						
	797, or both. 18 Capital gain. Combine columns (f) and (g) of line 17	7. Ente	er 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)

**Other Information** 

Attach to Form 1040-NR.

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

Service Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

	snown on Form 1040-NR	Your identifying number										
DEE	ANJAN MUKHERJEE			748-08-83	18							
Α	Of what country or countries were you a citizen or nation	nal 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	f the United States? .		☐ Yes	⊠ No						
D	Were you ever:											
1	A U.S. citizen?											
2	A green card holder (lawful permanent resident) of the L		Yes	⊠ No								
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4											
Е	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 tay year 71											
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?											
•	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 2023. See instructions.											
_	Note: If you're a resident of Canada or Mexico AND co			ent intervals								
	check the box for Canada or Mexico and skip to item			☐ Mexico								
	Date entered United States		ate entered United State	$\overline{}$	rtad I Inita	d Ctataa						
	mm/dd/yy mm/dd/yy	iles   De	mm/dd/yy		nm/dd/yy	Jolales						
н	Give number of days (including vacation, nonworkdays, ar	l nd partial davs) vou were	e present in the United S	States during:								
••	2021, 2022											
ı	Did you file a U.S. income tax return for any prior year?	, and 20		·•	X Yes	□No						
•	If "Yes," give the latest year and form number you filed:				00							
J	Are you filing a return for a trust?	<del>-</del>			Yes	⊠ No						
•	If "Yes," did the trust have a U.S. or foreign owner und				00	<u></u>						
	U.S. person, or receive a contribution from a U.S. perso				☐ Yes	□No						
K	Did you receive total compensation of \$250,000 or more				☐ Yes	⊠ No						
	If "Yes," did you use an alternative method to determine				Yes	□No						
L	Income Exempt From Tax—If you are claiming exempt		•			_						
_	complete (1) through (3) below. See Pub. 901 for more in			an a odly with	a rororgii	oountry,						
1	Enter the name of the country, the applicable tax treaty a			claimed the tre	atv benefi	t. and the						
	amount of exempt income in the columns below. Attach I					,						
	(a) Country	(b) Tax treaty article	(c) Number of month	ns (d) Amo	mount of exempt							
	, ,	, ,	claimed in prior tax ye			•						
	(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?											
3	Are you claiming treaty benefits pursuant to a Competent Authority determination?											
	If "Yes," attach a copy of the Competent Authority deter	mination letter to your	return.									
М	Check the applicable box if:											
1		ncome from real prope	erty located in the Unite	ed States as eff	ectively c	onnected						
	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 bus	iness under section 87	1(d). See instructions .			🗆						