### 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	sission Identification Number (SID)				
Taxpay	er's name	Social security number			
SAI	VENKAT VARA PRASAD MASARAM	779-99-4071			
Spouse	s's name	Spouse's soo	ouse's social security 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		482.
2	Total tax		2		415.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		709.
4	Amount you want refunded to you		4	1,	294.
5	Amount you owe		5		-1
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to sen for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of 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 of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization 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 requests 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 panal identification number (PIN) below is my signature for the income tax return (original or amended) I amonic Funds Withdrawal Consent.	ction of the to S. Treasury a cated in the to to debit the the authorizests must be processing or ayment. I fur	ransmissind its destax prepare entry to ation. To e received the election acknowless.	on, (b) the signated Firation softwathis account revoke (can do no later stronic paymowledge to signature the signature of th	reason inancial ware for int. 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 r	ny PIN 9	4 0	7 1	as my
2	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En	ter five diç n't enter a	gits, but	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Spou		ov DIN			00 001
L	I authorize to enter or generate r	_	ter five did		as my
	signature on the income tax return (original or amended) I am now authorizing.		n't enter a		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spou	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 <b>Don't ent</b>	6 0 8 er all zero	3 2 7 s	1
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit rements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this retu	ırn in acc	cordance v	
EDO'	s signature ▶ Date ▶				
<u>RU</u>	S signature ► Date ►  ERO Must Retain This Form — See Instructions				
	ENU IVIUSI NELAIN TINS FORM — See INSTRUCTIONS				

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040-NR 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			ing, 2023, ending, 20					See separate instructions.		
Your first name and middle initial		Last name Y			Your identifying number					
								(see instructions)		
SAI VENKAT VARA PRASAD				RAM			779-99-4071			
Home address	(num	oer and street). If you have a P.O. box	, see ins	tructions.		•		Apt. no.		
3217 EVER	RGRE	EN POINT ROAD								
City, town, or p	ost o	ffice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code		
MEDINA						WA	9	8039		
Foreign country name				n province/state/county		Foreign p	ostal code			
	1									
Filing								e 🗌 Trust		
Status	tatus 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		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a t					(b) sell, ex			
Dependents		a.speed e. a a.g.ta. asset (e. a.g.						qualifies for (see inst.):		
(see instructions)				(2) Dependent's			tax credit	Credit for other		
(occ mon donone)		(1) First name Last name		identifying number	(3) Relationship to you	ı Cillio	- Lax Credit	dependents		
If more than four							<u> </u>			
dependents, see							<u> </u>			
instructions and										
check here							Ц.			
Income	1a	Total amount from Form(s) W-2, box	`	,			1a	27,482.		
Effectively	b	Household employee wages not rep		` '			1b			
Connected	C	Tip income not reported on line 1a (		•			1c			
With U.S.	d	Medicaid waiver payments not repo		` ' '	,		1d			
Trade or	e •	Taxable dependent care benefits from Employer-provided adoption benefit		•			1e 1f			
Business	f	Wages from Form 8919, line 6								
Attach	g h	Other earned income (see instruction					1g 1h			
Form(s) W-2, 1042-S,	i	Reserved for future use	,							
SSA-1042-S,	i	Reserved for future use					1j			
RRB-1042-S,	, k	Total income exempt by a treaty from			1 1					
and 8288-A here. Also	•	line 1(e)		,	1k					
attach	z	Add lines 1a through 1h					1z	27,482.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1	1	kable interest		2b	•		
tax was	За	Qualified dividends 3a	а	<b>b</b> Ord	dinary dividends		3b			
withheld.	4a	IRA distributions 4a	a	<b>b</b> Tax	kable amount		4b			
If you did not	5a	Pensions and annuities 5a	a	<b>b</b> Tax	kable amount		5b			
get a Form W-2, see	6	Reserved for future use	6							
instructions.	7	Capital gain or (loss). Attach Schedu	7							
	8	Additional income from Schedule 1								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	9	27,482.						
	10	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	11	27,482.						
	12	Itemized deductions (from Schedu								
		deduction (see instructions)	ty <b>12</b>	13,850.						
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995	-A . <b>13a</b>					
	b	Exemptions for estates and trusts o	• '	· ·						
	С	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>ta</b>	xable income		15	13,632.		

Form 1040-NR (	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): <b>1</b>	814 <b>2</b> [	497	2 <b>3</b>			16	1,415.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17									1,415.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)								19	
	20	Amount from Schedule 3 (Form 1040), line 8									
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0						22	1,415.
	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-emple	oyment ta	x, from Schedu	le 2 (Form 1	040),					
		line 21					23b				
	С	Transportation tax (see instruction	ons)				23c				
	d	Add lines 23a through 23c								23d	_
	24	Add lines 22 and 23d. This is you	ur <b>total ta</b> :	x						24	1,415.
<b>Payments</b>	25	Federal income tax withheld from	n:								
	а	Form(s) W-2					25a		2 <b>,</b> 709.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	2,709.
	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 Forn					29				
	30	Reserved for future use					30				
	31	Amount from Schedule 3 (Form 1040), line 15									
	32	Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b>									
	33									33	2,709.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>								34	1,294.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here								35a	1,294.
Direct deposit? See instructions.	b	Routing number 3 2 5 0 7 0 7 6 0 c Type: Suchecking Savings							Savings		
coo mondonono.	d	Account number 6 2 0 5 6 0 4 2 8									
	е	If you want your refund check mailed to an address outside the United States not shown o enter it here.									
	00									-	
A	36 37	Amount of line 34 you want app				•	36				
Amount	31	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions									
You Owe	38	Estimated tax penalty (see instructions)									
Third		• • • •							e Compl	ete he	low. 🗵 No
Party	•										
Designee	name	esignee's Phone Personal identifume no. number (PIN)								CallOn	
	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										
Sign	Your signature			Date Your occupation				If the	RS s	ent you an Identity	
Here							Prot	ection	PIN, enter it here		
				SOFTWARE ENGINEER				(see	inst.)		
	Phone		Duant	Email address			D-d-		DTIN		
Paid	•	rer's name		's signature			Date	/	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA	PRIYA RAM	SAGAR G	UPTA	03/31,	/2024	P02082		Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC Pho						Phone n		78) 965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E							N			

BAA

#### **SCHEDULE NEC** (Form 1040-NR)

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

Attachment

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

SAI VENKAT VARA PRASAD MASARAM 779-99-4071 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 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 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). 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 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 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 -0-18 Form 4797, or both.

## 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

2023

Attachment
Sequence No. 7C

lame s	shown on Form 1040-NR				Your identifying	number					
SAI	VENKAT VARA PRASAD MAS	779-99-4071									
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 gre	een card holder (lawful pe	ermanent resider	nt) of the United States? .		☐ Yes	⊠ No				
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful perma	anent resident) of the Uni	ted States? .			☐ Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see	f 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	2023. See instr	uctions.							
	Note: If you're a resident of Cana				ient intervals,						
	check the box for Canada or Me	<b>exico</b> and skip to item H	<u>.</u>	🗌 Canada	☐ Mexico						
		ate departed United State	s	Date entered United State		arted United	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	r	mm/dd/yy					
Н	Give number of days (including vac 2021			were present in the United and 2023 365							
I	Did you file a U.S. income tax retu	urn for any prior year?.				⊠ Yes	$\square$ No				
J	If "Yes," give the latest year and for Are you filing a return for a trust?	ommuniber you med		1040NK		☐ Yes	⊠ No				
J	If "Yes," did the trust have a U.S. U.S. person, or receive a contribu	. or foreign owner under	the grantor trus	t rules, make a distribution	n or loan to a	□ Yes	□ No				
K	Did you receive total compensation					☐ Yes	⊠ No				
	If "Yes," did you use an alternative		Yes	□No							
L	Income Exempt From Tax—If yo complete (1) through (3) below. Se	ou are claiming exemption	on from income	tax under a U.S. income		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) Country		(b) Tax treaty article (c) Number of months (d) Amoun				empt				
		,	(0) (0) (0)	claimed in prior tax ye	, , ,	n current ta					
	(e) Total. Enter this amount on Fo	orm 1040-NR, line 1k. Do	o not enter it any	where else on line 1							
2.	Were you subject to tax in a foreig	• • •		• •		☐ Yes	☐ No				
3.	Are you claiming treaty benefits pursuant to a Competent Authority determination? 🗌 <b>Yes</b> 🛛 <b>N</b>										
	If "Yes," attach a copy of the Competent Authority determination letter to your return.										
М	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 connecte 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										