### 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	ission Identification Number (SID)		-		
Taxpay	er's name	Social securit	y numl	per	
SWE	KSHA SHARMA	738-41-	-053	6	
Spouse	i's name	Spouse's soc	ial secu	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	re au	thorizing	g.)
	whole dollars only on lines 1 through 5.	, ,		`	<i>5</i> /
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	4	1,509.
2	Total tax		2		4,541.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5 <b>,</b> 917.
4	Amount you want refunded to you		4		1 <b>,</b> 376.
5	Amount you owe		5	L .	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for ry delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the form 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 terminated, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives 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 hall identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury andicated in the ta ition to debit the atte the authoriza equests must be ne processing of payment. I furt	ansmised the control of the control	ssion, (b) designate paration s to this acc fo revoke ved no la ectronic p knowledge	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the
	onic Funds Withdrawal Consent.	_			٦
-	ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generat	2 my DIN 1	0	5 3 6	00 001
×	I authorize GLOBAL TAXES LLC to enter or generat  ERO firm name	ř Ent		digits, but	
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your	signature ► Date ►	04/05/2024			
Snou	se's PIN: check one box only				
Spous		a my DIN			]
	I authorize to enter or generat	_	er five	digits, but	」 as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1
		Don't ente	er all ze	eros	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	omitting this retu	rn in a	accordanc	) I am now ce with the
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This 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	ı. 1–D	ec. 31, 2023, or other tax year beginning		, 2023,	ending _		,	20		See separate instructions.
Your first name	and r	niddle initial Las	st nar	ne				1		fying number
								(see in:	struc	tions)
SWEKSHA								738	-41	-0536
		r and street). If you have a P.O. box, see instructions.								Apt. no.
-	ost of	fice. If you have a foreign address, also co	omple	ete spaces below.						
		l e								614
Foreign country	nam	e Foi	reign	province/state/county			Foreign	oostal co	ode	
<b>F</b> :::			Last name							
	X	Single	ly (M	FS) Qualifyin	g surviv	ing spouse (	QSS)	□ Es	state	☐ Trust
	lf y	ou checked the QSS box, enter the child	's nar	me if the qualifying pers	on is a c	hild but not	your dep	endent:		
,										
Home address (number and street). If you have 600 W DIVERSEY PKWY  City, town, or post office. If you have a foreign a CHICAGO  Foreign country name  Filing Status Check only one box.  Digital Assets (see instructions):  If more than four dependents, see instructions and check here    Income Effectively Connected With U.S. d Medicaid waiver payment Trade or Business  Attach Form(s) W-2, 1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) U199-R if tax was withheld.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a Form G-2, see instructions.  If you did not get a	ny time during 2023, did you; (a) receive (a	as a r	eward, award, or payme	ent for pr	operty or se	rvices): o	r (b) sell.	excl	nange. or	
<b>2</b> 191ta: 7100010										
Dependents							(4) Ch	eck the bo	x if q	ualifies for (see inst.):
-	1	(1) First name			(2) Pole	tionship to vo	Chi	d tax cred	dit	
If more than four dependents, see instructions and check here Income Effectively Connected With U.S. Trade or		(i) ilistilaine Lastilaine	-	identifying namber	(3) 1 (6)	tiloriship to yo	<u> </u>			dependents
								$\Box$		
•								$\overline{\Box}$		
Income	1a	Total amount from Form(s) W-2, box 1 (s	see in	structions)			· .	. 1a		39,009.
	b Household employee wages not reported on Form(s) W-2									
-								. 10	:	
With U.S.	d	Medicaid waiver payments not reported	on Fo	orm(s) W-2 (see instruct	ons) .			. 10		
Trade or	е	Taxable dependent care benefits from Fe	orm 2	2441, line 26				. 16		
Business	f	Employer-provided adoption benefits fro	m Fo	orm 8839, line 29				. 11		
Δttach	g	•								
	_	,			- 1			. 1h		
•					٠ ـ ا	11		4:		
,								. 1	-	
	K	' '		,,	em L,	114				
	7	Add lines 1a through 1h			٠ .	IK		12		39.009
Form(s)		1 1	•	1	able inte	rest				33,003.
		·							_	
	4a			<b>b</b> Tax	able am	ount				
	5a	Pensions and annuities 5a		<b>b</b> Tax	able am	ount		. 5b		
	6	Reserved for future use								
	7	Capital gain or (loss). Attach Schedule D	(For	m 1040) if required. If no	t require	ed, check he	re [	7		
	8	Additional income from Schedule 1 (Form	n 104	10), line 10				. 8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. Th	d lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income					. 9	_	41,509.
	10	•	•	,··	•	-			,	
	11	Subtract line 10 from line 9. This is your	adjus	sted gross income				. 11		41,509.
	12	Itemized deductions (from Schedule A	(For	m 1040-NR)) or, for cert	ain resid	dents of Indi	a, standa	ırd		
		· ·			1			. 12	_	1,811.
	13a									
	b				-					
	15	Subtract line 14 from line 11. If zero or le	ess, e	nter -0 This is your <b>tax</b>	able inc	come		.   15		39 <b>,</b> 698.

Form 1040-NR (	2023)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any	from For	rm(s): <b>1</b>	314 <b>2</b> [	4972	2 3			16	4,541.
Credits	17	Amount from Schedule 2 (Form 10	040), line	3						17	0.
	18	Add lines 16 and 17								18	4,541.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (F	orm 104	10) .			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 ze	ro or less	s, enter -0						22	4,541.
	23a	Tax on income not effectively con-	nected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR), lin					23a				
	b	Other taxes, including self-employ	•	•	,	, ,					
		line 21					23b				
	C	Transportation tax (see instruction	,				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is your		<b>x</b>			· ·			24	4,541.
Payments	25	Federal income tax withheld from							- 015		
	a	Form(s) W-2				- t	25a		5 <b>,</b> 917.	_	
	b	Form(s) 1099					25b				
	C	Other forms (see instructions) . Add lines 25a through 25c				_	25c			054	5 017
	d	J								25d 25e	5,917.
	e f	Form(s) 8805								25e	
		Form(s) 1042-S								25g	
	g 26	2023 estimated tax payments and								26	
	27	Reserved for future use				1	27			20	
	28	Additional child tax credit from Sc					28			-	
	29	Credit for amount paid with Form		•	•	l l	29				
	30	Reserved for future use					30				
	31	Amount from Schedule 3 (Form 10					31				
32 Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b> .							edits .		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, a								33	5,917.
Refund	34	If line 33 is more than line 24, sub								34	1,376.
	35a	Amount of line 34 you want refun	ded to y	ou. If Form 888	3 is attache	d, check	k here		$\square$	35a	1,376.
Direct deposit?	b										
See instructions.	d	Account number 2 6 0 9	8 0	7 3 4 8							
	е	If you want your refund check ma	iled to ar	n address outsid	de the Unite	ed State	s not s	shown or	n page 1,		
		enter it here.									
	36	Amount of line 34 you want applied	ed to you	ur 2024 estimat	ed tax .		36				
Amount	37	Subtract line 33 from line 24. This		-							
You Owe		For details on how to pay, go to w	_	-		tions .				37	
	38	Estimated tax penalty (see instruc					38				
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.									low. 🗵 <b>No</b>	
Party Designee	•	Designee's Phone Personal identifing no. number (PIN)							ication		
Designee	name	penalties of perjury, I declare that I have		no.							of many leading and
		they are true, correct, and complete. De									
Sign	Your	signature		Date	Your occu	ıpation			If th	e IRS s	ent you an Identity
Here		3.9.1.4.1.0			. 50. 5555	.puo					PIN, enter it here
					ANALYS	ST			(see	inst.)	
	Phone			Email address			_		· ·		
Paid	Prepa	rer's name	Preparer'	's signature			Date		PTIN		Check if:
Preparer				PRIYA RAM	SAGAR G	UPTA	04/0	6/2024	P0208		Self-employed
Use Only		s name GLOBAL TAXES L							Phone n		78) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's Ell						IN 8	4-3171965			

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# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SWEKSHA SHARMA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 738-41-0536

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C			
4	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	. 5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
	Other Income from box 3 of 1099-Misc 2,500.  Total other income. Add lines 8a through 8z	<b>8z</b> 2,	500.	
9				2,500.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and on F	orm	
	1040, 1040-SR, or 1040-NR, line 8		10	2,500.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	🗀	17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	:	26	

# SCHEDULE A (Form 1040-NR)

#### **Itemized Deductions**

Attach to Form 1040-NR.

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

2023 Attachment Sequence No. 7A

Your identifying number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

SWEKSHA SHARMA 738-41-							36
Taxes You Paid	1a	State and local income taxes	1a	1	,811.		
i did	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if married filing separate	1b	1,811.			
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2				
Caution: If you made a gift and got	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	3				
a benefit for it, see	4	Carryover from prior year	4				
instructions.	5	Add lines 2 through 4	5				
Casualty and Theft Losses	6	Casualty and theft loss(es) from a federally declared disaster (oth disaster losses). Attach Form 4684 and enter the amount from line instructions	ualified	6			
Other Itemized Deductions	7	Other—from list in instructions. List type and amount:				7	
Total						-	
Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also, Form 1040-NR, line 12				8	1,811.

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#### **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

connected with a U.S. business

on Schedule D (Form 1040).

Form 4797, or both.

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

Your identifying number

SWEKSHA SHARMA 738-41-0536 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

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-

17 Add columns (f) and (g) of line 16

18

# 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

Name s	hown on Form 1040-NR				Your identifying number						
SWEK	KSHA SHARMA				738-41-0536						
Α	Of what country or countries w	vere you a citizen or nationa	al during the tax year	? NEPAL							
В	In what country did you claim	residence for tax purpose	s during the tax year?	? United States							
С	Have you ever applied to be a	green card holder (lawful p	ermanent resident) o	f the United States? .	Yes	⊠ No					
D	Were you ever:										
2.	A green card holder (lawful per	,			L Yes	⊠ No					
	If you answer "Yes" to (1) or (2										
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 yearF1										
F	Have you ever changed your v If you answered "Yes," indicate	risa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigrati e change:	on status?	Yes	⊠ No					
G	List all dates you entered and	left the United States durin	g 2023. See instruction	ons.							
	Note: If you're a resident of C				_						
	check the box for Canada or				☐ Mexico						
	Date entered United States	Date departed United Stat	es D	ate entered United States							
	mm/dd/yy	mm/dd/yy	_	mm/dd/yy	mm/dd/y	/					
			_								
н	Give number of days (including	vacation, nonworkdavs, and	 d partial davs) vou wer	e present in the United S	tates during:						
	2021	•		•	•						
ı	Did you file a U.S. income tax					☐ No					
	If "Yes," give the latest year ar	nd form number you filed:	10	40NR							
J	Are you filing a return for a trus	st?			Yes	⊠ No					
	If "Yes," did the trust have a l										
1.7	U.S. person, or receive a contr	·									
K	Did you receive total compens					_					
L	If "Yes," did you use an alternational Income Exempt From Tax—If			•							
_	complete (1) through (3) below				ax ileaty with a loreit	gir Courtiy,					
1.	Enter the name of the country,	the applicable tax treaty art	icle, the number of m	onths in prior years you	claimed the treaty bene	efit, and the					
	amount of exempt income in th		· · · · · · · · · · · · · · · · · · ·								
	<b>(a)</b> Cou	ntry	(b) Tax treaty article	(c) Number of months claimed in prior tax year	` '	•					
				J.a.mod III prior tax you	incomo in ourient						
	(e) Total. Enter this amount or		-								
	Were you subject to tax in a fo										
3.	Are you claiming treaty benefit		<del>-</del>		Yes	⊠ No					
M	If "Yes," attach a copy of the C	competent Authority detern	nination letter to your	return.							
M 1	Check the applicable box if: This is the first year you are many	aking an election to treat in	come from real prope	erty located in the United	d States as effectively	connected					
٠.	with a U.S. trade or business u										
2.	You have made an election in	n a previous year that has	not been revoked, to	o treat income from rea		the United					