Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	ver's name	Social secur	ity numb	per		
PRI	YANKA M AWATRAMANI	174-83	-413	0		
Spouse	e's name	Spouse's social security number				
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er year you a	are au	thorizina.)		
Enter	whole dollars only on lines 1 through 5.	- <b>, ,</b>		57		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	38,544.		
2	Total tax		2	2,741.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,420.		
4	Amount you want refunded to you		4	679.		
5	Amount you owe		5			

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. 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

X	l authorize	GLOBAL TAXES LL	to enter or generate my PIN
17 1	i uuunonzo	0200112 1111120 22	

	3	4	1	3	0	25		
Enter five digits, but don't enter all zeros								

my

as mv

ERO firm name 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 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

Enter five digits, but don't enter all zeros

ERO firm name 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 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 Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur 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 Don't Submi		
For Denominary Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

<b>1040</b>	-N	Department of the Treasury-Inte U.S. Nonresident AI	mal Rever	<sup>nue Service</sup>	eturn	2023	OMB No	. 1545-00	74 IF	IS Use Only-E or staple in th	
For the year Jan	. 1–D	ec. 31, 2023, or other tax year beginr	ning	, 2	2023, er	nding		, 20	20 See separate instructions.		
Your first name and middle initial Last name You							You	four identifying number see instructions)			
PRIYANKA										83-4130	
Home address (number and street). If you have a P.O. box, see instructions.									Apt.	no.	
1009 S FI										30	
City, town, or po	ost of	fice. If you have a foreign address, al	so comp	plete spaces below.			State		2	ZIP code	
CHAMPAIGN							IL			6182066	49
Foreign country	nam	9	Foreig	n province/state/co	ounty		Forei	gn postal	cod	e	
Filing Status Check only one box.		Single I Married filing sep rou checked the QSS box, enter the	• •			surviving spouse n is a child but no	` '		Esta t:	ate 🗌	Trust
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a									r 🗙 No
Dependents							(4)	Check the	box	if qualifies for	(see inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying numb		(3) Relationship to	VOU	Child tax o	redit	Credit fo depen	
							you				
If more than four											<u></u> ]
dependents, see instructions and											<u>-</u>
check here											1
Income	1a	Total amount from Form(s) W-2, bo	k 1 (see i	instructions)					1a	38	,544.
Effectively	b	Household employee wages not rep	orted or	n Form(s) W-2				[	1b		
Connected	с	Tip income not reported on line 1a							1c		
With U.S.	d	Medicaid waiver payments not repo	rted on l	Form(s) W-2 (see in	structio	ns)		[	1d		
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 26				[	1e		
Business	f	Employer-provided adoption benefi	ts from F	orm 8839, line 29				🗋	1f		
A ++  -	g	g         Wages from Form 8919, line 6         .          .							1g		
Attach Form(s) W-2,	h								1h		
1042-S,	i	i Reserved for future use									
SSA-1042-S, RRB-1042-S,	j	Reserved for future use				1 1	• •	· ·	1j		
and 8288-A	k	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,									
here. Also		line 1(e)									
attach Form(s)	z	Add lines 1a through 1h		$\cdot$				-	1z	38	,544.
1099-R if	2a	Tax-exempt interest 2				ole interest			2b		
tax was withheld.	3a ⊿a	Qualified dividendsIRA distributions4	a a			ary dividends .		-	3b 4b		
If you did not	4a 5a							-	40 5b		
get a Form	5a 6	Pensions and annuities  5a  b  Taxable amount  .    Reserved for future use  .  .  .  .  .									
W-2, see	7	Capital gain or (loss). Attach Sched						-	6 7		
instructions.	8	Additional income from Schedule 1	•	, ,		•			8		
9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income								-	9	38	,544.
	10	Adjustments to income from Scheo									
		-				•	-		10		
	11	Subtract line 10 from line 9. This is	/our <b>adj</b> i	usted gross incom	ne .			🗋	11	38	,544.
	12	Itemized deductions (from Scheduction (see instructions)							12	13	,850.
	13a	Qualified business income deduction					-	-			
	b	Exemptions for estates and trusts of									
	С	Add lines 13a and 13b		,					13c		
	14							-	14	13	,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is yo	our taxa	ble income			15	24	,694.
For Disclosure,	Priva	cy Act, and Paperwork Reduction Ac	t Notice,	see separate instru	uctions.				F	orm <b>1040-I</b>	NR (2023)

Form 1040-NR (2	2023)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16	2,741.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17	0.
	18	Add lines 16 and 17	18	2,741.
	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	2,741.
	23a	Tax on income not effectively connected with a U.S. trade or business from         Schedule NEC (Form 1040-NR), line 15		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),		
		line 21	-	
	C	Transportation tax (see instructions)         .	-	
	d	Add lines 23a through 23c	23d	
	24	Add lines 22 and 23d. This is your <b>total tax</b>	24	2,741.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2	_	
	b	Form(s) 1099	-	
	С	Other forms (see instructions)	_	
	d	Add lines 25a through 25c	25d	3,420.
	е	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         .	4	
	28	Additional child tax credit from Schedule 8812 (Form 1040) 28	_	
	29	Credit for amount paid with Form 1040-C	_	
	30	Reserved for future use         .		
	31	Amount from Schedule 3 (Form 1040), line 15		
	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	3,420.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	679.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	679.
Direct deposit?	b	Routing number       X       X       X       X       X       X       X       X       C Type:       C Checking       C Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	е	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	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instructions.	lete below.	🗙 No
Party Designee	Desig name		fication	
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the 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 th	ne IRS sent you	, an Identity
Here	Tour		tection PIN, er	
nere		STUDENT (see	e inst.)	
	Phone	e no. Email address		
Paid	Prepa	arer's name Preparer's signature Date PTIN	Check	k if:
	SYAM	4 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/04/2024 P0208	2703 S	elf-employed
Preparer		s name GLOBAL TAXES LLC Phone r		65-9522
Use Only	Firm's	s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E		71965
Go to www.irs.g	gov/Foi	rm1040NR for instructions and the latest information. BAA REV 03/07/24 PRO	Form <b>10</b>	40-NR (2023)

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

on Schedule D (Form 1040),

Form 4797, or both.

Internal Revenue Service

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

OMB No. 1545-0074

Sequence No. 7B

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Your identifying number

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Attachment

174-83-4130

PRIYANKA M AWATRAMANI

Enter a	amount of income und	er the a	appropriate rate of tax. See instru	ctions.								
	Nature of Income						<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	er (specify)	
							(a) 1070	(b) 1370	(0) 30 70	%	%	
1	Dividends and divide											
а	Dividends paid by U					1a						
b		-	corporations			1b						
С	Dividend equivalent p	aymen	ts received with respect to section	on 871(m) t	transactions	1c						
2	Interest:											
а						2a						
b			S			2b						
С						2c						
3	Industrial royalties (p	atents	, trademarks, etc.)			3						
4	•		ight royalties			4						
5		-	recording, publishing, etc.) .			5						
6			natural resources royalties .			6						
7						7						
8	Social security benef	fits .				8						
9			elow			9						
10	Gambling-Resident If zero or less, ente	:s of Ca <b>r -0-</b> .	anada only. Enter net income in	column (c	:).							
а	Winnings											
b						10c						
11	Campling_Posidont	s of co	untrice other than Canada									
	Note: Enter winnings	s only.	Losses aren't allowed			11						
12	Other (specify):											
						12						
13	•		columns (a) through (d)			13						
14			tax at top of each column .			14		<u> </u>				
15	Tax on income not e	ffective	ely connected with a U.S. trade					<ol> <li>Enter the total her</li> <li>Enges of Proper</li> </ol>		-NR, line 23a <b>15</b>		
Futur a		40				FIOIII			ly			
losses	nly the capital gains and from property sales or	16	(a) Kind of property and description (if necessary, attach statement of		(b) Date acc	quired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d),	(g) GAIN If (d) is more than (e),	
exchan within t	ges that are from sources the United States and not		descriptive details not shown below		`mm/dd/y	ууу	mm/dd/yyyy		other basis	subtract (d) from (e).	subtract (e) from (d).	
effectively connected with a U.S. business. Do not include a gain												
or loss	on disposing of a U.S. real											
gains a	ty interest; report these nd losses on Schedule D											
(Form 1												
	property sales or ges that are effectively											
	ted with a U.S. business	17	Add columns (f) and (g) of line	16					17	(		

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- . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

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SCHE	DULE	ΟΙ
(Form	1040-N	IR)

## **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074

Your identifying number

Department of the Treasury Internal Revenue Service			
Name shown on Form 1040-NF			

PRIY	ANKA M AWATRAMANI				174-83-4130		
Α							
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.						
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 of	lay of the tax year. F1					
F	Have you ever changed your v	isa type (nonimmigrant stat	us) or U.S. immigr	ration 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					
	Note: If you're a resident of C				uent intervals,		
	check the box for Canada or	Mexico and skip to item H	I	🗌 Canada			
	Date entered United States	Date departed United State	es	Date entered United Stat	es Date departed United States		
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy		
н	Give number of days (including						
	2021	, 2022	, and	2023 314	·		
I.	Did you file a U.S. income tax						
	If "Yes," give the latest year an	nd form number you filed:	- 	1040NR			
J	Are you filing a return for a true						
	If "Yes," did the trust have a l						
	U.S. person, or receive a contr						
κ	Did you receive total compens						
	If "Yes," did you use an alterna			•			
L					e tax treaty with a foreign country,		
_	complete (1) through (3) below						
1.	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.						
			· · ·				
	<b>(a)</b> Cou	ntry	(b) Tax treaty artic	cle (c) Number of mon claimed in prior tax y			
	(e) Total. Enter this amount of	n Form 1040-NR line 1k D	o not enter it anv	vhere else on line 1			
2					· Yes 🗌 No		
	Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
0.	If "Yes," attach a copy of the Competent Authority determination letter to your return.						
м	Check the applicable box if:						
	<ol> <li>This is the first year you are making an election to treat income from real property located in the United States as effectively connected</li> </ol>						
••	with a U.S. trade or business u	-			·		
2.				d, to treat income from i	real property located in the United		
	States as effectively connected with a U.S. trade or business under section 871(d). See instructions						
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR. BAA REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023						