Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

| талраз | | Social Securit | y numb | | | |
|--------|---|---------------------------------|--------|-------------|--|--|
| AME | YA AJIT GATE | 022-59-2532 | | | | |
| Spouse | s' name | Spouse's social security number | | | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | year you a | re aut | horizing.) | | |
| 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 | 25,010. | | |
| 2 | Total tax | | 2 | 1,121. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 2,131. | | |
| 4 | Amount you want refunded to you | | 4 | 1,010. | | |
| 5 | Amount you owe | | 5 | | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and I | keep a cop | y of y | our 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

| <u></u> | | | - | ERO firm name | | E |
|---------|-------------|--------|-------|---------------|-----------------------------|---|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | L |

| Ent | er fiv i't er | /e dig | gits, all ze | but | as my |
|-----|------------------|--------|-----------------|-----|-------|
| 9 | 2 | 5 | 3 | 2 | |

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

as mv 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 signa | ature Da Da | ate 🕨 | | | | | | | | |
|----------------|---|-------|----|---|--|--------------|-------|---|---|--|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | | |
| Part III Co | ertification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/P | PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | 2 | | 0 all zer | 2 | 7 | 1 | |

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 Must Retain This F Don't Submit This Form to the I | | |
| For Donorwork Poduction | at Nation and your tax raturn instructions | DEV 02/07/24 DBO | Form 8879 (Pov. 01 2021) |

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

| 1040 |)- | VR Department of the Treasury-Inter U.S. Nonresident AI | | | turn | 2023 | OMB N | o. 154 | 5-0074 | | Only—Do not write ple in this space. | |
|------------------------------------|------------------------------|---|-----------------------|---------------------------------------|-----------|---|---------|----------------|-----------------------------|------------|---|--|
| For the year Jan | ı. 1– | Dec. 31, 2023, or other tax year beginr | ning, 2023, ending, 2 | | | | | .0 | ee separate nstructions. | | | |
| Your first name and middle initial | | | | | | | | | Your identifying number | | | |
| | | | | | | | | | (see ins | structio | ns) | |
| AMEYA AJI | Т | | GATE | | | | | | 022 | -59-2 | 2532 | |
| Home address (| num | ber and street). If you have a P.O. bo> | k, see insti | ructions. | | | | | | | Apt. no. | |
| 415 LIBER | | | | | | | | | | | | |
| | | ffice. If you have a foreign address, al | so comple | ete spaces below. | | | Stat | е | | ZIP co | | |
| JERSEY CI | | | | | | | NJ | | | 0730 |)7 | |
| Foreign country | nar | le | Foreign | province/state/cou | unty | | Fore | eign po | ostal co | de | | |
| | | | | | | | | | | | | |
| Filing Status | | Single Married filing separate | arately (M | FS) 🗌 Qua | alifying | surviving spous | e (QSS) |) | 🗌 Es | state | Trust | |
| Check only | H | you checked the QSS box, enter the | child's nar | me if the qualifying | persor | n is a child but n | ot your | deper | ndent: | | | |
| one box. | | | | | | | | | | | | |
| Digital Assets | At | any time during 2023, did you: (a) rece | ive (as a r | eward, award, or p | aymen | t for property or | service | s); or | (b) sell, | exchar | nge, or | |
| | oth | erwise dispose of a digital asset (or a | financial ir | nterest in a digital a | asset)? | (See instruction | s.) . | | • • | | Yes 🔀 No | |
| Dependents | | | | | | | (4 | 4) Cheo | ck the bo | x if quali | ifies for (see inst.): | |
| (see instructions) | | (1) First name Last name | | (2) Dependent's identifying number | | (3) Relationship to | vou | Child | tax cred | dit C | Credit for other dependents | |
| | | () | | , , | | (,, , , , , , , , , , , , , , , , , , , | , | | \Box | | | |
| If more than four | | | | | | | | | | | | |
| dependents, see instructions and | | | | | | | | | | | | |
| check here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | x 1 (see in | structions) | | | | | 1a | 1 | 25,010. | |
| Effectively | b | Household employee wages not rep | ported on l | Form(s) W-2 | | | | | 1b | | | |
| Connected | С | Tip income not reported on line 1a (| | | | | | | 10 | _ | | |
| With U.S. | d | Medicaid waiver payments not repo | | | | | | | 10 | | | |
| Trade or | e | Taxable dependent care benefits fro | | - | | | • • | • • | 1e | _ | | |
| Business | f | Employer-provided adoption benefi Wages from Form 8919, line 6 | | | | | • • | • • | 1f | | | |
| Attach | g h | Other earned income (see instructio | | | | | | | 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, and 8288-A | k | Total income exempt by a treaty from | m Schedu | lle OI (Form 1040-N | NR), itei | m L, | | | | | | |
| here. Also | | line 1(e) | | | | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | | | 1z | | 25,010. | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2 | a | b | Taxab | ole interest | | | 2b | | | |
| tax was | 3a | Qualified dividends 3 | | | | ary dividends . | | | 3b | | | |
| withheld. | 4a | IRA distributions 44 | | | | ole amount | | | 4b | _ | | |
| If you did not get a Form | 5a 6 | Pensions and annuities 5 Reserved for future use | | | | ole amount | | | 5b 6 |) | | |
| W-2, see | 7 | Capital gain or (loss). Attach Schedu | | | | | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 | | | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | | | | 25,010. | |
| | 10 | Adjustments to income from Sched | | - | | | | | - | - | | |
| | | income | • | | | • | - | | | | | |
| | 11 | Subtract line 10 from line 9. This is y | your adjus | sted gross incom | e. | | | | 11 | | 25,010. | |
| | 12 | Itemized deductions (from Schedu | | | | | | | | | | |
| | deduction (see instructions) | | | | | | | ty 12 | : | 13,850. | | |
| | 13a | Qualified business income deductio | | | | | | | _ | | | |
| | b | Exemptions for estates and trusts o | | | | | | | _ | | | |
| | C A A | Add lines 13a and 13b | | | | | | | 13 | | 10 050 | |
| | 14 15 | Add lines 12 and 13c | | | | | | | | | <u>13,850.</u> 11,160. | |
| | 15 | Subtract line 14 from line 11. If zero | | | | | • • | | 15 | | $\frac{11,100}{0000}$ | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-NR** (2023)

| Form 1040-NR (2 | 2023) | | Page 2 |
|-------------------|---------|--|---------------------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌 | 16 1,121. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | 17 0. |
| | 18 | Add lines 16 and 17 | 18 1,121. |
| | 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 1,121. |
| | 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 | |
| | с | Transportation tax (see instructions) | |
| | d | Add lines 23a through 23c | 23d |
| | 24 | Add lines 22 and 23d. This is your total tax | 24 1,121. |
| Payments | 25 | Federal income tax withheld from: | |
| i aj memo | а | Form(s) W-2 | |
| | b | Form(s) 1099 | |
| | с | Other forms (see instructions) | |
| | d | Add lines 25a through 25c | 25d 2,131. |
| | 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 | |
| | 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 2,131. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 1,010. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 35a 1,010. |
| Direct deposit? | b | Routing number 0 2 1 2 0 2 3 3 7 c Type: Checking Savings | |
| See instructions. | d | Account number 8 8 9 0 5 0 2 9 7 | |
| | 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 amount you owe . | |
| 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. | ete below. 🛛 No |
| Party | 0 | nee's Phone Personal identifi | cation |
| Designee | name | | |
| 0. | | 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 performance of the true of true of the tru | |
| Sign | Your | - J | IRS sent you an Identity |
| Here | | | ection PIN, enter it here |
| - | Dhara | | inst.) |
| | Phone | e no. Email address arer's name Preparer's signature Date PTIN | Chool: if: |
| Paid | • | | Check if: |
| Preparer | | M PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P02082 | |
| Use Only | | s name GLOBAL TAXES LLC Phone no | · · · · · · · · · · · · · · · · · · · |
| | | s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El | |
| GO TO WWW.IPS. | jov/Foi | rm1040NR for instructions and the latest information. BAA REV 03/07/24 PRO | Form 1040-NR (2023) |

| SCHEDULE NEC |
|----------------|
| (Form 1040-NR) |

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

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

Attachment Sequence No. 7B Your identifying number

2

AMEYA AJIT GATE

022-59-2532

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) |
|--|---|---|-----------------------------------|--------|-----------------------------|---------------------|--------------------------------|--|--|
| | | | | | (a) 10% | (b) 15% | (C) 30% | % | % |
| 1 | Dividends and divide | nd equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by for | reign corporations | | 1b | | | | | |
| с | Dividend equivalent p | ayments received with respect to section 871(m) tra | ansactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | Paid by foreign corpo | prations | | 2b | | | | | |
| с | Other | | | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | r | 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuiti | es | | 7 | | | | | |
| 8 | | ïts | | 8 | | | | | |
| 9 | Capital gain from line | e 18 below | | 9 | | | | | |
| 10 | Gambling-Resident | s of Canada only. Enter net income in column (c). r -0 | | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Note: Enter winnings | s of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | 0 | 12 in columns (a) through (d) | + | 13 | | | | | |
| 14 | | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not ef | ffectively connected with a U.S. trade or business | | | | | | NR, line 23a 15 | |
| | | Capital Gains and | Losses F | rom | Sales or Excha | nges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yyy | | (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). |
| | vely connected with a U.S. ss. 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 | | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | | |
| | eted with a U.S. business edule D (Form 1040), | | | | | | | | |
| | 1797, or both. | 18 Capital gain. Combine columns (f) and (g | g) of line 17. | . Ente | r the net gain here | e and on line 9 abo | ove. If a loss, enter | r-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

20 23

OMB No. 1545-0074

| | ent of the Treasury Revenue Service | Go t | o www.irs.gov/Form1040N Ans | R for instructions an wer all questions. | d the latest information | | Attachment Sequence N | . 70 |
|--------|--|------------------------|--|---|---------------------------------------|---------------|----------------------------|--------------|
| | nown on Form 1040 | -NR | | wer an questions. | | Your identify | | 0.70 |
| | A AJIT GAT | | | | | 022-59- | • | |
| Α | | | vere you a citizen or nation | al during the tax yea | ? INDIA | | | |
| в | In what country | , / did you claim | residence for tax purpose | s during the tax yea | ? United States | | | |
| С | Have you ever | applied to be a | green card holder (lawful p | permanent resident) of | of the United States? . | | . 🗌 Yes | 🛛 No |
| D | Were you ever: | | | | | | | |
| | A U.S. citizen? | | | | | | | 🛛 No |
| 2. | - | | rmanent resident) of the Ur | | | | . Yes | 🛛 No |
| - | - | |), see Pub. 519, chapter 4, | | | | ` | |
| E | | | day of the tax year, enter day of the tax year. $\underline{F1}$ | | u didn't nave a visa, en | - | | |
| F | | | risa type (nonimmigrant sta e the date and nature of th | | ion status? | | | 🛛 No |
| G | | | left the United States durin | ig 2023. See instruct | ons. | | | |
| | | | anada or Mexico AND co | | | | | |
| | | | Mexico and skip to item I | | | Mexico | | |
| | | United States dd/yy | Date departed United Stat mm/dd/yy | es [| Date entered United State mm/dd/yy | s Date de | eparted United mm/dd/yy | d States |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| н | | | vacation, nonworkdays, and | | | | 1: | |
| I. | Did you file a U | .S. income tax | , 2022, return for any prior year? . | | | | . 🗌 Yes | 🛛 No |
| | If "Yes," give th | ie latest year ar | nd form number you filed: | | | | | _ |
| J | Are you filing a | return for a true | st? | | | | . 🗌 Yes | 🗙 No |
| | | | J.S. or foreign owner under ribution from a U.S. persor | | | | _ | |
| к | - | | ation of \$250,000 or more | | | | | □ No ⊠ No |
| ĸ | | | ative method to determine | | | | | |
| L | | | you are claiming exempt | | • | | | |
| | | | . See Pub. 901 for more in | | | | 0 | |
| 1. | | | the applicable tax treaty an | | | claimed the | treaty benefi | t, and the |
| | | · | e columns below. Attach F | · · · · · · · · · · · · · · · · · · · | | | | |
| | | (a) Cou | ntry | (b) Tax treaty article | | | Amount of exe | |
| | | | | | claimed in prior tax ye | ars incom | ne in current ta | ax year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | _ | | |
| | | | | | | | | |
| | (e) Total. Ente | r this amount o | n Form 1040-NR, line 1k. [| Do not enter it anywh | ere else on line 1 | | | |
| | | | preign country on any of the | | | | | 🗌 No |
| 3. | - | | s pursuant to a Competen | - | | | . 🗌 Yes | 🗙 No |
| | | | Competent Authority deterr | mination letter to you | r return. | | | |
| M 1 | Check the appl | | aking an election to treat ir | come from real pror | perty located in the Linit | ad States as | offoctivoly o | onnected |
| | | | under section 871(d). See in | | | | | |

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

BAA

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

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023