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

| Submission Identification Number (SID) | |
|--|---|
| Taxpayer's name | Social security number |
| MANOJKUMAR KURAPATI | 762-48-6300 |
| Spouse's name | Spouse's social security number |
| | |
| | 3 (Enter year you are authorizing.) |
| 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 | |
| 2 Total tax | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | |
| 4 Amount you want refunded to you | 1111 |
| 5 Amount you owe | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you go Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ach payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent. | son for rejection of the transmission, (b) the reason prize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for all institution to debit the entry to this account. This terminate the authorization. To revoke (cancel) a llation requests must be received no later than 2 yed in the processing of the electronic payment of d to the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only | |
| | generate my PIN 8 6 3 0 0 as my |
| ERO firm name | Enter five digits, but don't enter all zeros |
| signature on the income tax return (original or amended) I am now authorizing. | 4011 t 01101 dii 20100 |
| I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below. Your signature ▶ | |
| | |
| Spouse's PIN: check one box only | |
| | generate my PIN as my |
| ERO firm name | Enter five digits, but don't enter all zeros |
| 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 amende if you are entering your own PIN and your return is filed using the Practitioner below. | |
| Spouse's signature ▶ | Date ▶ |
| Practitioner PIN Method Returns Only—continu | |
| 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 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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Pro | am submitting this return in accordance with the |
| FRO's signature | Date ► |
| ERO's signature ► ERO Must Retain This Form — See Instruc | |
| LITO INIUSE LICIAILI TIIIS E OFFI IIISIEUU | / LI U I I U |

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

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 | n. 1–D | ec. 31, 2023, or other tax year beginn | ing | , 202 | 23, endin | 9 | , | 20 | See separate instructions. |
|-----------------------------|---|--|-----------|--------------------------|-------------------------|------------------------|-------------|-------------|--|
| | | | | Your id | Your identifying number | | | | |
| | | | | | | ee instructions) | | | |
| MANOJKUMA | MAR KURAPATI 7 | | | | | 762- | 762-48-6300 | | |
| Home address | (numl | per and street). If you have a P.O. box | , see ins | tructions. | | | | | Apt. no. |
| 3412 TULA | NE | DR | | | | | | | 32 |
| City, town, or po | ost o | ffice. If you have a foreign address, als | so comp | lete spaces below. | | | State | | ZIP code |
| HYATTSVIL | LE | | | | | | MD | | 20783 |
| Foreign country | nam | е | Foreigr | n province/state/coun | ty | | Foreign | postal co | de |
| | | | | | | | | | |
| Filing Status | × | Single Married filing sepa | rately (N | ∕/IFS) ☐ Quali | fying sun | viving spouse (| QSS) | ☐ Es | tate Trust |
| | lf : | you checked the QSS box, enter the c | hild's na | ame if the qualifying p | erson is a | a child but not | your dep | endent: | |
| Check only one box. | | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) recei | ve (as a | reward award or pay | ment for | property or se | rvices): c | or (b) sell | exchange or |
| Digital Assets | othe | erwise dispose of a digital asset (or a f | inancial | interest in a digital as | set)? (Se | e instructions.) | | | . Yes No |
| Dependents | | | | | | | (4) Ch | eck the box | x if qualifies for (see inst.): |
| (see instructions): | | (DE) | | (2) Dependent's | (0) | | Chi | ld tax cred | t Credit for other |
| | - | (1) First name Last name | | identifying number | (3) F | delationship to yo | u | | dependents |
| If more than four | | | | | | | | | |
| dependents, see | | | | | | | | | <u> </u> |
| instructions and check here | | | | | | | | | |
| | 1a | Total amount from Form(s) W-2, box | 1 (coo i | netructions) | | | | . 1a | 4,872. |
| Income | b | Household employee wages not rep | • | , | | | | | 4,072. |
| Effectively Connected | C | Tip income not reported on line 1a (s | | , , | | | | | |
| With U.S. | d | Medicaid waiver payments not report | | • | | | | - | |
| Trade or | | | | | | | | | |
| Business | e Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | |
| Dusiness | f Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | |
| Attach | h | • | | | | | | . 1h | |
| Form(s) W-2, 1042-S, | h Other earned income (see instructions) | | | | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | | . 1j | |
| RRB-1042-S, and 8288-A | k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, | | | | | | | | |
| here. Also attach | | line 1(e) | | | | 1k | | | 4 070 |
| Form(s) | z Add lines 1a through 1h | | | | | | | . 1z | 4,872. |
| 1099-R if | 2a | Tax-exempt interest 2a Qualified dividends 3a | | | | dividends . | | . 2b | |
| tax was withheld. | Ja 4a | IRA distributions 4a | | | • | mount | | | |
| If you did not | ч а 5а | Pensions and annuities 5a | | | | mount | | | + |
| get a Form | 6 | Reserved for future use | | | | | | | |
| W-2, see instructions. | 7 | Capital gain or (loss). Attach Schedu | | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 (| • | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | | | | | | 4,872. |
| | 10 | Adjustments to income from Sched | ule 1 (Fo | orm 1040), line 26. Th | ese are y | our total adj u | stments | to | |
| | income Subtract line 10 from line 9. This is your adjusted gross income Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard | | | | | | | | 4,872. |
| | | | | | | | | | 7,0/2. |
| | 12 | | | | | | | | 13,850. |
| | deduction (see instructions) | | | | | | | 12 | 13,000. |
| | | | | | | | | | |
| | c Add lines 13a and 13b | | | | | | | . 130 | |
| | 14 Add lines 12 and 13c | | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero | | | | | | | |

| Form 1040-NR (| 2023) | | | | | | | | Page 2 |
|---|--|---|------------|---------------------|---------------------|---------------|--------------------------|---------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any | from For | m(s): 1 88 | 314 2 497 | ′2 3 🗌 | | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form 10 | 040), line | 3 | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 0. |
| | 19 | Child tax credit or credit for other | depende | ents from Sched | ule 8812 (Form 10 | 40) | | 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 zer | o or less | s, enter -0 | | | | 22 | 0. |
| | 23a | Tax on income not effectively conn | nected w | rith a U.S. trade o | or business from | | | | |
| | | Schedule NEC (Form 1040-NR), lin | ne 15 . | | | 23a | | | |
| | b | Other taxes, including self-employ | ment ta | x, from Schedule | e 2 (Form 1040), | | | | |
| | | line 21 | | | | 23b | | | |
| | С | Transportation tax (see instruction | s) | | | 23c | | | |
| | d | Add lines 23a through 23c | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your | total ta | x | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 477. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 477. |
| | е | Form(s) 8805 | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and | | | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | |
| | 28 | Additional child tax credit from Sch | | ` ' | | 28 | | | |
| | 29 | Credit for amount paid with Form | | | | 29 | | | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 10 | ,. | | | 31 | | | |
| | 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 | 477. |
| Refund | 34 | If line 33 is more than line 24, subt | | | | • | | 34 | 477. |
| | 35a | Amount of line 34 you want refunc | | | _ | | | 35a | 477. |
| Direct deposit? See instructions. | b | Routing number 0 4 4 0 | | | Clype: 🔼 | Checking | Savings | | |
| | d | Account number 7 9 3 1 | | | | | | | |
| | e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. | | | | | | | | |
| | | | | | | | | - | |
| <u> </u> | 36 | Amount of line 34 you want applie | a to you | ur 2024 estimati | е тах | 36 | | | |
| Amount | | | | | | | | | |
| You Owe | | | | | | | | | |
| Third | 38 Do vo | Estimated tax penalty (see instruct bu want to allow another person to d | | | | 38 | es. Compl | oto bol | ow. 🗵 No |
| Third Party | • | • | แรงนรร เเ | | e irio: See iristru | | | | 5W. 🔼 110 |
| Designed | | | | | | | nal identifi er (PIN) | cation | |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statemen belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informat | | | | | | | s, and to the | | |
| Sign | | • | | Date | Your occupation | | | | ent you an Identity |
| | | | | | | | PIN, enter it here | | |
| | | | | | | | | | |
| | Phone | e no. | | Email address | | | | | |
| Paid | Prepa | rer's name F | Preparer' | s signature | | Date | PTIN | | Check if: |
| Preparer | SYAM | 1 PRIYA RAM SAGAR GUPTA S | SYAM I | PRIYA RAM S | SAGAR GUPTA | 04/03/2024 | P02082 | 2703 | Self-employed |
| - | Firm's | s name GLOBAL TAXES LI | LC | | | | Phone no | o. (6 | 78)965-9522 |
| Use Only | JSE OTHY Firm's address 245 DOONEY OT F RRINSWICK N.I. 08816 Firm's FIN | | | | | | | | |

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

gains and losses on Schedule D

Report property sales or exchanges that are effectively connected with a U.S. business

Form 4797, or both.

on Schedule D (Form 1040).

(Form 1040).

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 MANOJKUMAR KURAPATI 762-48-6300 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

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

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

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

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 | | | | | | | | | |
|-----|--|--|----------------------------|-----------------|-----------------|---------------------|--|--|--|--|--|
| | OJKUMAR KURAPATI | | 762-48-63 | 300 | | | | | | | |
| A | 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 purpos | In what country did you claim residence for tax purposes during the tax year? United States Have you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | | |
| С | | I permanent resident) | of the United States? . | | ∐ Yes | ⊠ No | | | | | |
| D . | Were you ever: | | | | | \tag{\tag{1} | | | | | |
| | A U.S. citizen? | | | | ∐ Yes □ Yes | ⊠ No ⊠ No | | | | | |
| 2 | 9 (| | | | | | | | | | |
| E | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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, enter immigration status on the last day of the tax year. | 1 | | - | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant s | | ation 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 du | ring 2023. See instruct | tions. | | | | | | | | |
| | Note: If you're a resident of Canada or Mexico AND of | commute to work in th | ne United States at frequ | ent intervals, | | | | | | | |
| | check the box for Canada or Mexico and skip to iten | 1 <u>H .</u> <u>.</u> | \square Canada | ☐ Mexico | | | | | | | |
| | Date entered United States Date departed United St | tates | Date entered United State | | | d States | | | | | |
| | mm/dd/yy mm/dd/yy | | mm/dd/yy | n | nm/dd/yy | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including vacation, nonworkdays, a | | | | | | | | | | |
| | 2021, 2022 | , and i | 2023 365 | · | ⊠ Yes | □No | | | | | |
| ı | If "Yes," give the latest year and form number you filed | | | | △ res | | | | | | |
| J | Are you filing a return for a trust? | · | 040NK | | Yes | ⊠ No | | | | | |
| • | If "Yes," did the trust have a U.S. or foreign owner un | | | | _ 163 | Z 110 | | | | | |
| | U.S. person, or receive a contribution from a U.S. pers | | | | ☐ Yes | □No | | | | | |
| K | Did you receive total compensation of \$250,000 or more | | | | ☐ Yes | ⊠ No | | | | | |
| | If "Yes," did you use an alternative method to determin | | | | ☐ Yes | □No | | | | | |
| L | Income Exempt From Tax—If you are claiming exem | | • | | a foreign | country, | | | | | |
| | complete (1) through (3) below. See Pub. 901 for more | | | | | • | | | | | |
| 1 | Enter the name of the country, the applicable tax treaty | | | claimed the tre | aty benefi | t, and the | | | | | |
| | amount of exempt income in the columns below. Attach | Form 8833 if required. | | | | | | | | | |
| | (a) Country | (b) Tax treaty articl | | | mount of exempt | | | | | | |
| | | | claimed in prior tax ye | ars income ii | n current t | ax year | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k | . Do not enter it anvwh | nere else on line 1 | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| - | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | | | |
| М | Check the applicable box if: | | | | | | | | | | |
| 1 | | | | | | | | | | | |
| | 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 but | siness under section 8 | 371(d). See instructions . | | | <u> </u> | | | | | |