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 security number						
SAC	HIN KUMAR TRIPATHI		898-94	1-262	7			
Spouse	's name		Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 20	23 (Enter	vear vou	are au	thorizino	1.)		
	whole dollars only on lines 1 through 5.		<i>y y</i>			, ,		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income			1	3:	5,306.		
2	Total tax			2	2	2,357.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3				
4	Amount you want refunded to you			4				
5	Amount you owe			5	2	2,357.		
Part	Taxpayer Declaration and Signature Authorization (Be sure you	get and k	eep a co	py of y	our ret	urn)		
to send for any Agent payme author payme busine taxes person	(original or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or read delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution are to finy federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent and I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancers days prior to the payment (settlement) date. I also authorize the financial institutions involve receive confidential information necessary to answer inquiries and resolve issues relational identification number (PIN) below is my signature for the income tax return (original or and institutions).	ason for rejenorize the U. account indictional institution to terminate ellation requolived in the ped to the p.	ction of the S. Treasury cated in the n to debit the the authoritests must be processing ayment. I further the functions in the same of the categorian cat	transmis and its tax prepe e entry zation. To be recei of the el rther ac	ssion, (b) to designated paration so to this according to the control of the cont	the reason of Financial oftware for count. This (cancel) a ter than 2 payment of e that the		
	onic Funds Withdrawal Consent.					1		
	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or	. a an arata r	m. DINI	1 2 6	6 2 7			
×	I authorize GLOBAL TAXES LLC to enter or ERO firm name	generate i	Ě		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.		a	on t ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.							
Your	signature ▶Sachin Kumar Tripathi	Date ► 0	4/02/2024					
Spous	se's PIN: check one box only					1		
	I authorize to enter or	generate r	nv PIN			as my		
	ERO firm name	Enter five digits, but						
	signature on the income tax return (original or amended) I am now authorizing.		d	on't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.							
Spous	se's signature ▶	Date ►						
	Practitioner PIN Method Returns Only—contin	ue below						
Part	III Certification and Authentication — Practitioner PIN Method Only	у						
FRO'	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		
	ber 11.77 11.41 Eritor your old digit Er 11.7 Tollowood by your 11.70 digit oon oolooted 1 11.7.			nter all ze		. -		
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Programments.	I am subm	itting this re	turn in a	accordanc	I am now e with the		
ERO's	s signature ▶	Date ►						
	ERO Must Retain This Form — See Instru							
	Don't Submit This Form to the IRS Unless Reque		o 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			ning, 2023, ending, 20					, 20	See separa		
Your first name and middle initial						Your	Your identifying number				
							(see i	(see instructions)			
SACHIN KUMAR			TRIP	ATHI				898	898-94-2627		
Home address (number and street). If you have a P.O. box, see				tructions.						Apt. no.	
539, POWE	ER P	LANT CIRC								610	
City, town, or post office. If you have a foreign address, also complete spaces below.							ZIF	code			
WINSTON S	SALE	M					NC		27	7101	
Foreign country	nam nam	e	Foreign	n province/state/o	ounty		Foreign postal code				
Filing Status									Estate	e Trust	
Check only	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depend										
one box.											
Digital Assets	At a	ny time during 2023, did you: (a) receiv	e (as a	reward, award, o	r paym	ent for property or se	rvices); (or (b) se	l, exc	hange, or	
		rwise dispose of a digital asset (or a fi	nancial	interest in a digita	al asset)? (See instructions.)				☐ Yes 🔀 No	
Dependents	;					(4		(4) Check the box if		qualifies for (see inst.):	
(see instructions)	:	(1) First name Last name		(2) Dependen identifying num		(3) Relationship to yo	. Ch	Child tax credit		Credit for other dependents	
		(1) That hame	, identifying na			(b) riciationship to yo	30			dependents	
If more than four								$\overline{\Box}$			
dependents, see											
instructions and check here											
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)				<u> </u>	а	35 , 306.	
Effectively	b	Household employee wages not repo	`	,					b	33,333.	
Connected	c	Tip income not reported on line 1a (se		` ,					c		
With U.S.	d	Medicaid waiver payments not report		,					d		
Trade or	e	Taxable dependent care benefits from		. ,		,			е		
Business	f	Employer-provided adoption benefits		·-					lf		
Buomooo	g	g Wages from Form 8919, line 6							g		
Attach	h										
Form(s) W-2, 1042-S,	i										
SSA-1042-S,	j	Reserved for future use		lj 📗							
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from									
here. Also		line 1(e)				1k					
attach	z	Add lines 1a through 1h						. 1	z	35,306.	
Form(s) 1099-R if	2a	Tax-exempt interest 2a			b Tax	able interest		. 2	2b		
tax was	За	Qualified dividends 3a			b Ord	linary dividends		. 3	b		
withheld.	4a	IRA distributions 4a			b Tax	able amount		. 4	b		
If you did not	5a	Pensions and annuities 5a			b Tax	able amount		. 5	ib		
get a Form W-2, see	6	Reserved for future use									
instructions.	7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here									
	8	Additional income from Schedule 1 (Form 1040), line 10							8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income								35,306.	
	10	Adjustments to income from Schedu income		0							
	11	Subtract line 10 from line 9. This is yo	our adju	ısted gross inco	me			. 1	1	35,306.	
	12										
		deduction (see instructions)				Std Dedn US/I	ndia Tr	eạty _ 1	2	13,850.	
	13a	Qualified business income deduction	from F	orm 8995 or Forn	า 8995-	A . 13a					
	b	Exemptions for estates and trusts on	ly (see i	nstructions) .		13b					
	С	Add lines 13a and 13b						. 1	3с		
	14								4	13,850.	
	15	Subtract line 14 from line 11. If zero of	or less,	enter -0 This is	our ta	xable income		. 1	5	21,456.	

Form 1040-NR (2023)									Page 2
Tax and	16	Tax (see instructions). Check if ar	y from For	rm(s): 1	814 2 [497	2 3 🗌 _		16	2,357.
Credits	17	Amount from Schedule 2 (Form	1040), line	3				[17	0.
	18	Add lines 16 and 17						🛓	18	2,357.
	19	Child tax credit or credit for other	er depende	ents from Sched	lule 8812 (Fo	orm 10	40)	📗	19	
	20	Amount from Schedule 3 (Form		20						
	21	Add lines 19 and 20								
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0				💄	22	2,357.
	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-empl	oyment ta	x, from Schedu	e 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 total ta :	x					24	2,357.
Payments	25	Federal income tax withheld from	n:							
	а	Form(s) W-2					25a			
	b	Form(s) 1099					25b			
	С	Other forms (see instructions) .					25c			
	d	Add lines 25a through 25c						📙	25d	
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A						-	25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar	nd amount	applied from 20	022 return .				26	
	27	Reserved for future use					27			
	28	Additional child tax credit from S		•	•		28			
	29	Credit for amount paid with Forr					29			
	30	Reserved for future use					30			
	31	Amount from Schedule 3 (Form								
	32	Add lines 28, 29, and 31. These	-					_	32	
	33	Add lines 25d, 25e, 25f, 25g, 26,							33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X C Type: Checking Savings								
oce manactions.	d	Account number 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 enter it here.								
		enter it here.					I			
	36	Amount of line 34 you want app				•	36			
Amount	37	Subtract line 33 from line 24. The		-		tions			37	2 257
You Owe	20	For details on how to pay, go to www.irs.gov/Payments or see instructions								2 , 357.
Thind	38 Do vo	u want to allow another person to					38	es. Comple	to bole	ow. 🗵 No
Third Party	•	·	uiscuss ti	Phone		HISTIU				ow. 🔼 NO
Designee	Desig		nal identifica er (PIN)	ation						
200.9.100	name nonumber (PIN) 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									
		they are true, correct, and complete. I								
Sign	Your	signature	Date	Your occu	pation		If the I	RS se	ent you an Identity	
Here				Tour occupation			Protec	ction F	PIN, enter it here	
				RESEARCH SCHOLAR			(see in	ıst.)		
	Phone			Email address						
Paid	Prepa	rer's name	Preparer'	's signature			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR G	UPTA	04/02/2024	P020827	703	Self-employed
Use Only	I Firm's name CIODAI TAVECIIC IPh							Phone no.	, , ,	78) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									

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

898-94-2627 SACHIN KUMAR TRIPATHI 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.

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

Name shown on Form 1040-NR						Your identifying number				
SACHIN KUMAR TRIPATHI					898-94-2627					
Α	Of what country or countries w									
В	Of what country or countries were you a citizen or national during the tax year? INDIA 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 p	ermanent residen	t) of the United States? .		☐ Yes	⊠ No			
D	Were you ever:									
						☐ Yes	⊠ No			
2.	• • •	A green card holder (lawful permanent resident) of the United States?								
_	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 day of the tax year.									
F	Have you ever changed your value of you answered "Yes," indicate	risa type (nonimmigrant star e the date and nature of the	tus) or U.S. immig e change:	ration status?		☐ Yes	⊠ No			
G	List all dates you entered and	left the United States durin	g 2023. See instru	ictions.						
	Note: If you're a resident of C				_					
	check the box for Canada or					☐ Mexico				
	Date entered United States	Date departed United State	es	Date entered United State		arted Unite	d States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy				
			<u> </u>							
			 							
н	Give number of days (including	vacation nonworkdays and	 I nartial days) you	were present in the United	States during:					
_	2021	, 2022	, and	d 2023 242			SZ			
I	Did you file a U.S. income tax return for any prior year?									
J	Are you filing a return for a trus	st?				☐ Yes	⊠ No			
	If "Yes," did the trust have a U					_				
	U.S. person, or receive a contr	•				☐ Yes	☐ No			
K	Did you receive total compens					∐ Yes	⊠ No			
	If "Yes," did you use an alternative method to determine the source of this compensation?									
L	Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.									
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) Cou	ntry	(b) Tax treaty art	(c) Number of montl claimed in prior tax ye	' ' '					
	() T 1 5 11 12 13 14 15 15 15 15 15 15 15	E 4040 ND " =		1 1 " .						
^	(e) Total. Enter this amount of		-							
	Were you subject to tax in a fo					☐ Yes	∐ No ⊠ No			
ა.	Are you claiming treaty benefit If "Yes," attach a copy of the C		-			∐ Yes	△ NO			
М	Check the applicable box if:	Joinpetent Authority detern	шаноп енег ю у	oui i o tuiii.						
	This is the first year you are mount a U.S. trade or business u									
2.	You have made an election in	, ,								
4 .	States as effectively connected									