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.

Submission Identification Number (SID)

Taxpayer's name

| Taxpay | er's name  | Socia        | al securi | ty numb | ber                                   |
|--------|--|--------------|-----------|---------|---------------------------------------|
| DHW    | ANI BHAVESH SANGHAVI   | 81           | L1-98-    | -832    | 7                                     |
| Spouse | ial secu   | urity number |           |         |                                       |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente   | r year       | r you a   | re aut  | thorizing.)                           |
| 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       | 4,664.                                |
| 2      | Total tax  |              |           | 2       | 0.                                    |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          |              |           | 3       | 127.                                  |
| 4      | Amount you want refunded to you  |              |           | 4       | 127.                                  |
| 5      | Amount you owe   |              |           | 5       |                                       |
| Danis  | Termanen Deslanation and Ginnature Authenination (Desame user ant and  |              |           |         | · · · · · · · · · · · · · · · · · · · |

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

Under penalties of perjury, 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

|   | 1 dutiion20 |        | 111111110 | ERO firm name | to enter of generate my ring | Er |
|---|-------------|--------|-----------|---------------|------------------------------|----|
| X | l authorize | GLOBAL | TAXES     | LLC           | to enter or generate my PIN  | 8  |

|  | 8  | 8 | 3 | 2 | 7 | as |
|--|----|---|---|---|---|----|
|  | us |   |   |   |   |    |

my

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  |    |   |  |             | <br> |   |     |  |
|---|-------|----|---|--|-------------|------|---|-----|--|
| Practitioner PIN Method Returns Only—continu  | e bel | ow |   |  |             |      |   |     |  |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |       |    |   |  |             |      |   |     |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | 2 |  | 6<br>nter a |      | 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 >  |  |                  |                                 |
|--|--|------------------|---------------------------------|
| ERO Must Re<br>Don't Submit This For                       | tain This Form — See<br>rm to the IRS Unless |                  |                                 |
| For Paperwork Reduction Act Notice, see your tax return in | nstructions. BAA                             | REV 03/07/24 PRO | Form <b>8879</b> (Rev. 01-2021) |

| <b>1040</b>   | -   | IR Department of the Treasury-Intern<br>U.S. Nonresident Ali   | nal Reven<br><b>en In</b> | ue Service<br>Come Tax R         | eturn     | 2023                | OMB No. 1     | 545-0074     |   | Only—Do not write<br>le in this space. |  |
|---|---|--|---------------------------|----------------------------------|-----------|---------------------|---------------|--------------|---|--|--|
| For the year Jan  | . 1–C   | Dec. 31, 2023, or other tax year beginn  | ing                       | 3                                | 2023, er  | nding               |               | 20           |   | e separate<br>structions.              |  |
| Your first name   |   |  |                           | ast name You                     |           |                     |               |              | Your identifying number<br>(see instructions) |  |  |
| DHWANI BH   | AVE   | SH   | SANG                      | HAVI                             |           |                     |               | 811          | -98-8   | 327                                    |  |
| Home address (  | numl  | per and street). If you have a P.O. box  | , see ins                 | tructions.                       |           |                     |               |              |   | Apt. no.                               |  |
| 4010 LINK   |   |  |                           |                                  |           |                     | _             |              |   | 1052                                   |  |
| City, town, or po   | ost of  | ffice. If you have a foreign address, als  | so comp                   | lete spaces below                | <i>.</i>  |                     | State         |              | ZIP cod                                       |  |  |
| HOUSTON   |   |  |                           |                                  |           |                     | TX            |              | 7702  | 5                                      |  |
| Foreign country   | nam   | e  | Foreigr                   | n province/state/c               | ounty     |                     | Foreign       | postal co    | ode   |  |  |
| Filing<br>Status<br>Check only<br>one box.                            |   | Single Married filing separation of the Separation Separation of the Separation of the Separation Separation of the Separation Separation of the Separation Sepa |                           |                                  |           | surviving spouse    |               | Esendent:    | state   | Trust                                  |  |
| Digital Assets  |   | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f   |                           |                                  |           |                     |               |              |   |  |  |
| Dependents  |   |  |                           |                                  |           |                     | <b>(4)</b> Cł | eck the bo   |   | es for (see inst.):                    |  |
| (see instructions):   |   | (1) First name Last name   |                           | (2) Dependent<br>identifying num |           | (3) Relationship to | you Ch        | ild tax cree |   | redit for other<br>dependents          |  |
|   |   |  |                           |                                  |           |                     |               |              |   |  |  |
| If more than four dependents, see                                     |   |  |                           |                                  |           |                     |               |              |   |  |  |
| instructions and  |   |  |                           |                                  |           |                     |               |              |   |  |  |
| check here  |   |  |                           |                                  |           |                     |               |              |   |  |  |
| Income  | 1a  | Total amount from Form(s) W-2, box   | •                         | ,                                |           |                     |               |              |   | 4,731.                                 |  |
| Effectively   | b   | Household employee wages not rep   |                           |                                  |           |                     |               |              |   |  |  |
| Connected   c   Tip income not reported on line 1a (see instructions) |   |  |                           |                                  |           |                     |               |              |   |  |  |
|   | /ith U.S.   d   Medicaid waiver payments not reported on Form(s) W-2 (see instructions) |  |                           |                                  |           |                     | . 16          |              |   |  |  |
| Business  |   |  |                           |                                  |           |                     |               |              |   |  |  |
|   | g   | Wages from Form 8919, line 6   |                           |                                  |           |                     |               |              | 1   |  |  |
| Attach<br>Form(s) W-2,  | h   | Other earned income (see instruction   | ıs) .                     |                                  |           | <u>.</u>            |               | . 11         | ۱ 📃   |  |  |
| 1042-S,   | i   | Reserved for future use  |                           |                                  |           | . <b>1</b> i        |               |              |   |  |  |
| SSA-1042-S,<br>RRB-1042-S,  | j   | Reserved for future use  |                           |                                  |           | 1 1                 |               | . <b>1</b> j |   |  |  |
| and 8288-A  | k   |  |                           |                                  |           |                     |               |              |   |  |  |
| here. Also<br>attach  | -   | line 1(e)  |                           |                                  |           |                     |               | - 1-         |   | 1 731                                  |  |
| Form(s)   | z<br>2a   | Add lines 1a through 1h  | 1                         | · · · · ·                        |           | ble interest .      |               |              |   | 4,731.                                 |  |
| 1099-R if<br>tax was  | 2a<br>3a  | Qualified dividends 3a   | -                         |                                  |           | ary dividends .     |               |              |   |  |  |
| withheld.   | 4a  | IRA distributions 4a   | -                         |                                  |           | ble amount          |               |              |   |  |  |
| lf you did not  | 5a  | Pensions and annuities 5a  |                           |                                  |           | ble amount          |               |              | )   |  |  |
| get a Form<br>W-2, see  | 6   | Reserved for future use  |                           |                                  |           |                     |               |              |   |  |  |
| instructions.   | 7   | Capital gain or (loss). Attach Schedu  | •                         |                                  |           |                     |               |              |   |  |  |
|   | 8   | Additional income from Schedule 1 (  |                           |                                  |           |                     |               |              |   |  |  |
|   | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   |                           | -                                |           |                     |               |              |   | 4,731.                                 |  |
|   | 10  | Adjustments to income from Schedu  | • •                       |                                  |           |                     |               | . 10         |   | 67.                                    |  |
|   | 11  | Subtract line 10 from line 9. This is y  |                           |                                  |           |                     |               |              |   | 4,664.                                 |  |
|   | 12  | Itemized deductions (from Schedu deduction (see instructions)  |                           |                                  |           |                     |               |              | ,   | 13,850.                                |  |
|   | 13a   | Qualified business income deduction  |                           |                                  |           | 1 1                 |               |              |   |  |  |
|   | b   | Exemptions for estates and trusts or   |                           |                                  |           |                     |               |              |   |  |  |
|   | С   | Add lines 13a and 13b  |                           | ,                                |           |                     |               | . 13         | c   |  |  |
|   | 14  |  |                           |                                  |           |                     |               |              | l 🗌   | 13,850.                                |  |
|   | 15  | Subtract line 14 from line 11. If zero   |                           |                                  |           |                     |               | . 15         |   | 0.                                     |  |
| For Disclosure, I   | Priva   | cy Act, and Paperwork Reduction Act  | Notice,                   | see separate instr               | ructions. |                     |               |              | Form <b>10</b>                                | 040-NR (2023)                          |  |

| 16<br>17<br>18<br>19<br>20<br>21<br>22<br>23a<br>b | Tax (see instructions). Check if anAmount from Schedule 2 (Form 1Add lines 16 and 17Add lines 16 and 17Child tax credit or credit for otheAmount from Schedule 3 (Form 1Add lines 19 and 20Subtract line 21 from line 18. If zerTax on income not effectively cor   | 1040), line 3                            | <br>                  | · · · · ·       |  | 16<br>17<br>18   | 0.<br>0.<br>0.   |
|--|---|--|-----------------------|-----------------|--|--|--|
| 18<br>19<br>20<br>21<br>22<br>23a                  | Add lines 16 and 17 Child tax credit or credit for othe Amount from Schedule 3 (Form 1 Add lines 19 and 20  | r dependents from Sched<br>1040), line 8 | <br>ule 8812 (Form 10 |                 |  |  |  |
| 19<br>20<br>21<br>22<br>23a                        | Child tax credit or credit for othe<br>Amount from Schedule 3 (Form 1<br>Add lines 19 and 20<br>Subtract line 21 from line 18. If ze  | r dependents from Sched<br>1040), line 8 | ule 8812 (Form 10     |                 |  | 18   | 0.   |
| 20<br>21<br>22<br>23a                              | Amount from Schedule 3 (Form 1<br>Add lines 19 and 20<br>Subtract line 21 from line 18. If ze   | 1040), line 8                            | (                     | 40)             |  |  |  |
| 21<br>22<br>23a                                    | Add lines 19 and 20   |  |                       | 40)             |  | 19   |  |
| 22<br>23a  | Subtract line 21 from line 18. If ze  |  |                       |                 |  | 20   |  |
| 23a  | Subtract line 21 from line 18. If ze  |  |                       |                 |  | 21   |  |
|  | Tax on income not effectively cor   | ero or less, enter -0                    |                       |                 |  | 22   | 0.   |
| b  | 5   | nnected with a U.S. trade                | or business from      |                 |  |  |  |
| b  | Schedule NEC (Form 1040-NR), I  |  |                       | 23a             |  |  |  |
|  | Other taxes, including self-emplo   |  |                       |                 |  | -  |  |
|  | line 21   | •  | · · ·                 | 23b             |  |  |  |
| с  | Transportation tax (see instruction   |  |                       | 23c             |  | -  |  |
| d  | Add lines 23a through 23c   | <i>,</i><br>                             |                       | · · · · ·       |  | 23d  |  |
| 24   | Add lines 22 and 23d. This is you   |  |                       |                 |  | 24   | 0.   |
| 25   | Federal income tax withheld fron  |  |                       |                 |  |  |  |
|  |   |  |                       | 25a             | 127  |  |  |
|  |   |  |                       |                 | /  | ·  |  |
|  |   |  |                       |                 |  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·   |  |                       |                 |  | 25d  | 127.   |
|  | Ŭ   |  |                       |                 |  |  |  |
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| -  |   |  |                       |                 | • •  |  |  |
|  |   |  |                       |                 |  | 20   |  |
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|  |   |  |                       |                 |  | -  |  |
|  | · ·   |  |                       | _               |  | 20   |  |
|  |   |  |                       |                 |  |  | 107  |
|  | · · · · · · · · · · · · · · · · · · ·   | · · · · ·                                |                       |                 |  |  | 127.   |
|  |   |  |                       | •               |  |  | <u>127.</u><br>127.  |
|  |   |  |                       |                 |  | 358  | 127.   |
|  |   |  |                       |                 | Savings  |  |  |
|  |   |  |                       |                 |  |  |  |
| е  |   |  |                       |                 |  |  |  |
| ••   |   |  |                       |                 |  |  |  |
|  |   |  |                       | 36              |  |  |  |
| 37   |   |  |                       |                 |  |  |  |
| ••   | 1 37 8  | 0,                                       |                       | <br>            | • •  | 37   |  |
|  |   |  |                       |                 |  |  |  |
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| -  | nee's   |  | )                     |                 |  | fication   |  |
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|  |   |  |                       |                 |  |  |  |
| ,  |   |  |                       |                 |  |  | , ,  |
| rours  | signature   | Dale                                     | Your occupation       |                 |  |  | PIN, enter it here   |
|  |   |  | STUDENT               |                 |  |  |  |
| Phone  | e no.   | Email address                            | 1                     |                 | , , ,  | ,  |  |
|  |   | Preparer's signature                     |                       | Date            | PTIN   |  | Check if:  |
| SYAM   | PRIYA RAM SAGAR GUPTA   | SYAM PRIYA RAM                           | SAGAR GUPTA           | 04/06/2024      | P0208  | 2703   | Self-employed  |
|  |   |  |                       |                 |  |  | 78)965-9522  |
|  | 0202012 10000   |  | τ 0.801 6             |                 |  |  | 34-3171965   |
|  | a<br>a<br>b<br>c<br>d<br>e<br>f<br>g<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34<br>35<br>a<br>b<br>d<br>e<br>33<br>34<br>35<br>a<br>b<br>d<br>e<br>33<br>34<br>35<br>a<br>b<br>d<br>e<br>s<br>37<br>38<br>00 yo<br>0<br>Do yo<br>1<br>Do yo<br>2<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>1<br>DO yo<br>DO Y<br>DO<br>Y<br>DO<br>Y<br>DO<br>Y<br>DO<br>Y<br>DO<br>Y<br>DO<br>Y<br>DO<br>Y | a   Form(s) W-2                          | a   Form(s) W-2       | a   Form(s) W-2 | a   Form(s) W-2   25a     b   Form(s) 1099   25b     c   Other forms (see instructions)   25c     d   Add lines 25a through 25c   25c     f   Form(s) 8805   5     f   Form(s) 828-A   5     g   Form(s) 1042-S   27     2023 estimated tax payments and amount applied from 2022 return   27     28   Additional child tax credit from Schedule 8812 (Form 1040)   28     29   Credit for amount paid with Form 1040-C   29     30   Beserved for future use   30     31   Amount from Schedule 3 (Form 1040), line 15   31     32   Add lines 28, 29, and 31. These are your total other payments and refundable credits   30     33   Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments   5     34   H ine 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   5     b   Routing number   5   3   1   0   9     c   Arount of line 34 you want refunded to your 2024 estimated tax   36< | a   Form(s) W-2   25a   127.     b   Form(s) (1099   25b   25b     c   Other forms (see instructions)   25c   25c     d   Add lines 25a through 25c   25c   25c     e   Form(s) 1042-S   5c   5c     g   Form(s) 1042-S   27   28     2023 estimated tax payments and amount applied from 2022 returm   27     28   Additional child tax credit from Schedule 8812 (Form 1040)   28     29   Credit for amount paid with Form 1040-C   29     20   Reserved for future use   30     31   Add lines 26, 29, and 31. These are your total other payments and refundable credits   34     34   Add lines 26, 29, and 31. These are your total payments   31     351   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   31     36   Amount of line 34 you want refunded to you ware or your 2024 estimated tax   36     37   Subtract line 33 from line 24. This is the amount you over.   53     36   Amount of line 34 you want applied to your 2024 estimated tax   36     37   Subtract line 33 from line 24. This is the amount you over. | a   Form(s) W-2   25a   127.     b   Form(s) 1099   25b   25b     c   Other forms (see instructions)   25c     d   Add lines 25a through 25c   25c     e   Form(s) 8288-A   25c     g   Form(s) 8288-A   25f     g   Form(s) 8288-A   25f     2023 estimated tax payments and amount applied from 2022 return   28     2023 estimated tax payments and amount applied from 2022 return   28     2023 estimated tax payments and amount applied from 2022 return   28     2023 estimated tax payments and amount applied from 2022 return   28     2023 estimated tax payments and amount applied from 2022 return   28     2023 estimated tax payments and amount applied from 2022 return   28     2023 estimated tax payments and amount applied from 2022 return   29     30   31   30     31   Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments   31     32   Add lines 24, subtract line 24, from line 33. This is the amount you overpaid   34     33   If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   34     34 |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

| Department of the Treasury<br>Internal Revenue Service |           | Attachment<br>Sequence No. <b>01</b> |       |
|--|-----------|--------------------------------------|-------|
| Name(s) shown on Fo                                    | Your soci | ial security number                  |       |
| DHWANI BHAVESH   | SANGHAVI  | 811-98                               | -8327 |

| Par     | t 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                                   |      | 3          |                    |
| 4       | Other gains or (losses). Attach Form 4797                                      |      | 4          |                    |
| 5       | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta |      | 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   |            |                    |
| I       | 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 ( | <u>/</u>   |                    |
| t       | Pension or annuity from a nonqualifed deferred compensation plan or            | 0.   |            |                    |
|         | a nongovernmental section 457 plan   | 8t   | -          |                    |
| u<br>_  | Wages earned while incarcerated  | 8u   | -          |                    |
| z       | Other income. List type and amount:  | 8z   |            |                    |
| 0       | Total other income. Add lines 9a through 97                                    |      | 9          |                    |
| 9<br>10 | Total other income. Add lines 8a through 8z                                    |      | 9          |                    |
| 10      | 1040, 1040-SR, or 1040-NR, line 8  |      | 10         |                    |
| For Pa  | perwork Reduction Act Notice, see your tax return instructions.                |      | I          | l (Form 1040) 2023 |
| u       |  |      | - Should I |                    |

| Par | t II Adjustments to Income  |          |             |    |              |                 |
|-----|---|----------|-------------|----|--------------|-----------------|
| 11  | Educator expenses   |          |             |    | 11           |                 |
| 12  | Certain business expenses of reservists, performing artists, and fee-   |          |             |    |              |                 |
|     | 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  |          |             |    | 19a          |                 |
| b   | Recipient's SSN   | ·        |             |    |              |                 |
| С   | Date of original divorce or separation agreement (see instructions):  |          |             |    |              |                 |
| 20  | IRA deduction   |          |             |    | 20           |                 |
| 21  | Student loan interest deduction   |          |             |    | 21           | 67.             |
| 22  | Reserved for future use   |          |             |    | 22           |                 |
| 23  | Archer MSA deduction  | • •      |             |    | 23           |                 |
| 24  | Other adjustments:  |          |             |    |              |                 |
| а   |   | 24a      |             |    | _            |                 |
| b   | Deductible expenses related to income reported on line 8I from the  |          |             |    |              |                 |
|     |   | 24b      |             |    | _            |                 |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals   |          |             |    |              |                 |
| _   |   | 24c      |             |    | _            |                 |
| d   |   | 24d      |             |    | _            |                 |
| е   | Repayment of supplemental unemployment benefits under the Trade   |          |             |    |              |                 |
|     |   | 24e      |             |    | _            |                 |
| f   |   | 24f      |             |    | _            |                 |
| g   |   | 24g      |             |    | _            |                 |
| h   | Attorney fees and court costs for actions involving certain unlawful  |          |             |    |              |                 |
|     |   | 24h      |             |    | -            |                 |
| 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  | <b>.</b> |             |    |              |                 |
| -   | tax law violations  | 24i      |             |    | -            |                 |
| i   | Housing deduction from Form 2555  | 24j      |             |    | _            |                 |
| K   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form   | ~~       |             |    |              |                 |
| _   |   | 24k      |             |    |              |                 |
| Z   | Other adjustments. List type and amount:  | o4-      |             |    |              |                 |
| 05  |   | 24z      |             |    | 05           |                 |
| 25  | Total other adjustments. Add lines 24a through 24z  |          |             |    | 25           |                 |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10 |          |             |    | 26           | 67              |
|     |   |          |             |    | 26           | 67.             |
|     | BAA   | REV      | 03/07/24 PR | 20 | Schedule 1 ( | Form 1040) 2023 |

## SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

# 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.

Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

2

Attachment

811-98-8327

DHWANI BHAVESH SANGHAVI

| Enter              | amount of income und   | er the appropriate rate of tax. See instructions.  |                           |     |                             |                 |                         |  |  |
|--------------------|--|--|---------------------------|-----|-----------------------------|-----------------|-------------------------|--|--|
|                    |  | Nature of Income   |                           |     | <b>(a)</b> 10%              | <b>(b)</b> 15%  | (c) 30%                 |  | r (specify)  |
|                    |  |  |                           |     | (-)                         | (-,             | (-) / -                 | %  | %  |
| 1                  | Dividends and divide   | •  |                           |     |                             |                 |                         |  |  |
| а                  | Dividends paid by U  | •  |                           | 1a  |                             |                 |                         |  |  |
| b                  |  | reign corporations   |                           | 1b  |                             |                 |                         |  |  |
| С                  | Dividend equivalent p  | ayments received with respect to section 871(m) trans  | sactions                  | 1c  |                             |                 |                         |  |  |
| 2                  | Interest:  |  |                           |     |                             |                 |                         |  |  |
| а                  | Mortgage   |  |                           | 2a  |                             |                 |                         |  |  |
| b                  | Paid by foreign corp   | orations   |                           | 2b  |                             |                 |                         |  |  |
| С                  | Other  |  |                           | 2c  |                             |                 |                         |  |  |
| 3                  | Industrial royalties (p  | atents, trademarks, etc.)  |                           | 3   |                             |                 |                         |  |  |
| 4                  | Motion picture or TV   | copyright royalties  |                           | 4   |                             |                 |                         |  |  |
| 5                  | Other royalties (copy  | rights, recording, publishing, etc.)   |                           | 5   |                             |                 |                         |  |  |
| 6                  | Real property incom  | e and natural resources royalties  |                           | 6   |                             |                 |                         |  |  |
| 7                  | Pensions and annuit  | ies  |                           | 7   |                             |                 |                         |  |  |
| 8                  | Social security benef  | fits   |                           | 8   |                             |                 |                         |  |  |
| 9                  | Capital gain from line   | e 18 below   |                           | 9   |                             |                 |                         |  |  |
| 10                 | Gambling-Resident  | ts of Canada only. Enter net income in column (c).   |                           |     |                             |                 |                         |  |  |
| а                  | Winnings   |  |                           |     |                             |                 |                         |  |  |
| b                  | Losses   |  |                           | 10c |                             |                 |                         |  |  |
| 11                 | Gambling-Resident  | ts of countries other than Canada.<br>s only. Losses aren't allowed  |                           | 11  |                             |                 |                         |  |  |
| 12                 | Other (specify):   |  |                           |     |                             |                 |                         |  |  |
| 12                 |  |  |                           | 12  |                             |                 |                         |  |  |
| 40                 |  | 12 in columns (a) through (d)  |                           | 12  |                             |                 |                         |  |  |
| 13                 | •  |  |                           | 13  |                             |                 |                         |  |  |
| 14                 |  | ate of tax at top of each column   |                           |     |                             |                 |                         | )-NR. line 23a <b>15</b>                                       |  |
| 15                 | Tax on income not e  | ffectively connected with a U.S. trade or business. A<br>Capital Gains and L   |                           |     |                             |                 |                         | J-NR, line 23a   15  |  |
| Futur a            |  |  | .05565 F                  |     | Sales of Exclin             |                 | у                       | (0.1.000   |  |
| losses t<br>exchan | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not | 16 (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) (t | b) Date acqu<br>mm/dd/yyy |     | (c) Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
| effectiv           | ely connected with a U.S.<br>s. Do not include a gain  |  |                           |     |                             |                 |                         |  |  |
| or loss            | on disposing of a U.S. real  |  |                           |     |                             |                 |                         |  |  |
|                    | y interest; report these<br>nd losses on Schedule D  |  |                           |     |                             |                 |                         |  |  |
| (Form 1            | 040).  |  |                           |     |                             |                 |                         |  |  |
|                    | property sales or<br>ges that are effectively  |  |                           |     |                             |                 |                         |  |  |
| connec             | ted with a U.S. business   | 17 Add columns (f) and (g) of line 16  |                           |     |                             |                 | 17                      | ( )  |  |
|                    | edule D (Form 1040),<br>797, or both.  | 18 Capital gain. Combine columns (f) and (g)   |                           |     |                             |                 |                         | er-0   |  |

| SCHE  | DULE  | 5 OI |
|-------|-------|------|
| (Form | 1040- | NR)  |

# **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074

|                         | ent of the Treasury<br>Revenue Service   |                   |  | Attachment<br>Sequence No. <b>7C</b> |                                       |                 |                                |            |  |
|-------------------------|--|-------------------|--|--------------------------------------|---------------------------------------|-----------------|--------------------------------|------------|--|
|                         | hown on Form 1040  | -NR               |  |                                      |                                       | Your identifyin |                                | 0.70       |  |
| DHWANI BHAVESH SANGHAVI |  |                   |  |                                      | -98-8327                              |                 |                                |            |  |
| Α                       |  |                   | vere you a citizen or nation                                 | al during the tax yea                | ar? INDIA                             |                 |                                |            |  |
| в                       |  |                   |  |                                      |                                       |                 |                                |            |  |
| С                       | Have you ever applied to be a green card holder (lawful permanent resident) of the United States?  |                   |  |                                      |                                       |                 |                                | 🛛 No       |  |
| D                       | Were you ever:   |                   |  |                                      |                                       |                 |                                |            |  |
|                         | A U.S. citizen?  |                   |  |                                      |                                       |                 |                                | 🗙 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.  |                   |  |                                      |                                       |                 |                                |            |  |
| 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 year. $\underline{F1}$ |                   |  |                                      |                                       |                 |                                |            |  |
| F                       | Have you ever  | changed your v    | risa type (nonimmigrant sta                                  | tus) or U.S. immigra                 | ation status?                         |                 | 🛛 Yes                          | 🗌 No       |  |
|                         | If you answered  | d "Yes," indicat  | e the date and nature of the                                 | e change: 05/08                      | 3/2023 B1/B2 TO B                     | 71              |                                |            |  |
| G                       |  |                   | left the United States durin                                 |                                      |                                       |                 |                                |            |  |
|                         |  |                   | anada or Mexico AND cor                                      |                                      |                                       |                 |                                |            |  |
|                         | check the box  | for Canada or     | Mexico and skip to item H                                    |                                      |                                       | Mexico          |                                |            |  |
|                         | Date entered   | United States     | Date departed United Stat<br>mm/dd/yy                        | es                                   | Date entered United State<br>mm/dd/yy |                 | arted Unite<br>mm/dd/yy        | d States   |  |
|                         |  | uu/yy             | ППЛаалуу   |                                      | ППЛ/dd/уу                             |                 | mm/du/yy                       |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
| н                       |  |                   | vacation, nonworkdays, and                                   |                                      |                                       |                 |                                |            |  |
|                         | 2021   |                   | , 2022   | , and                                | <b>2023</b> <u>157</u>                | ··              |                                |            |  |
| I                       | If "Yes," give th  | ie latest year ar | return for any prior year? .<br>nd form number you filed:    |                                      |                                       |                 | ∐ Yes                          | 🛛 No       |  |
| J                       | Are you filing a   | return for a trus | st?  |                                      |                                       |                 | Ves                            | 🗙 No       |  |
|                         |  |                   | J.S. or foreign owner unde                                   |                                      |                                       |                 | _                              | _          |  |
|                         | •  |                   | ribution from a U.S. person                                  |                                      |                                       |                 | ∐ Yes                          | No No      |  |
| K                       | -  |                   | ation of \$250,000 or more                                   |                                      |                                       |                 |                                | 🛛 No       |  |
|                         |  |                   | ative method to determine i                                  |                                      | •                                     |                 |                                |            |  |
| L                       |  |                   | you are claiming exempt<br>See Pub. 901 for more in          |                                      |                                       | tax treaty wit  | n a toreigi                    | r country, |  |
| 1.                      |  |                   | the applicable tax treaty art<br>in columns below. Attach Fo |                                      |                                       | claimed the tr  | eaty benefi                    | t, and the |  |
|                         | (a) Country  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      | claimed in prior tax ye               |                 | ars income in current tax year |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |
|                         |  |                   |  |                                      |                                       |                 |                                |            |  |

|    | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 |      |
|----|--|------|
| 2. | Were you subject to tax in a foreign country on any of the income shown in 1(d) above?         | 🗌 No |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination?              | 🗙 No |
|    | If "Yes," attach a copy of the Competent Authority determination letter to your return.        |      |

## M Check the applicable box if:

BAA

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

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