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

illemai nevenue Service	···
Submission Identification Number (SID)	
Taxpayer's name	Social security number
PRERNA GIRI	898-04-1119
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	enter year year are dathenently.
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 64 , 736.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insuthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electronic return originator (ERO) or rejection of the transmission, (b) the reason the U.S. Treasury and its designated Financial nt indicated in the tax preparation software for stitution to debit the entry to this account. This minate the authorization. To revoke (cancel) a n requests must be received no later than 2 in the processing of the electronic payment of the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	4 1 1 1 9
X I authorize GLOBAL TAXES LLC to enter or gene	erate my PIN as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	
Your signature ► Prerna Giri Date	e► <u>04/10/2024</u>
Spouse's PIN: check one box only	
I authorize to enter or gene	erate my PIN as my
ERO firm name	Enter five digits, but
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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.	don't enter all zeros am now authorizing. Check this box only
Spouse's signature ▶ Date	e ▶
Practitioner PIN Method Returns Only—continue b	elow
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 inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider	submitting this return in accordance with the
ERO's signature ▶ Date	•▶
FRO Must Ratain This Form — See Instruction	ne

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

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginn			ning, 2023, ending, 20				20	instructions.		
Your first name and middle initial			Last na	ame		:		ntifying number		
			(s				(see insti	(see instructions)		
PRERNA				898-			8-04-1119			
Home address	(numl	ber and street). If you have a P.O. bo	x, see ins	tructions.				Apt. no.		
368 WAVEF								1		
City, town, or p	ost o	ffice. If you have a foreign address, a	lso comp	lete spaces below.		State	2	ZIP code		
MENLO PAR				n province/state/county		CA		94025		
Foreign country	nam	е		Foreign	postal cod	е				
Filing		Single Married filing sep	arately (N	MFS) Qualifyir	ng surviving spouse	(QSS)	☐ Esta	ate 🗌 Trus	t	
Status	lf '	you checked the QSS box, enter the	endent:							
Check only one box.										
	Δta	ny time during 2023, did you: (a) rece	oive (as a	reward award or navm	ent for property or se	arvices): c	or (h) sell e	vchange or		
Digital Assets	othe	erwise dispose of a digital asset (or a	financial	interest in a digital asset)? (See instructions.)			. Yes 🔀 N	٧o	
Dependents					,			if qualifies for (see in		
(see instructions):	1	(4) 5		(2) Dependent's	(O) Deletien eleie te co	Chi	ld tax credit	Credit for other		
		(1) First name Last name	•	identifying number	(3) Relationship to yo	ou		dependents		
If more than four										
dependents, see										
instructions and check here										
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see i	nstructions)			. 1a	61,301		
Effectively	b	Household employee wages not re	•	•				32,332		
Connected	С	Tip income not reported on line 1a								
With U.S.	d	Medicaid waiver payments not repo	orted on I	Form(s) W-2 (see instruct	ions)		. 1d			
Trade or	е	Taxable dependent care benefits fr	om Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption benef	. 1f							
Attach	g	Wages from Form 8919, line 6 .					. 1g			
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h							
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	j	Reserved for future use	. 1j							
and 8288-A	k	Total income exempt by a treaty fro								
here. Also attach	-	line 1(e)			1k		. 1z	61 , 301	ı	
Form(s)	z 2a		 2a	1	able interest			01,301	- •	
1099-R if tax was	3a	Qualified dividends 3	. 3b							
withheld.	4a	IRA distributions 4	. 4b							
If you did not	5a		ia		able amount					
get a Form W-2, see	6	Reserved for future use	. 6							
instructions.	7	Capital gain or (loss). Attach Scheo	7							
	8	Additional income from Schedule 1	. 8	3,435						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively c	onnected income		. 9	64,736	ĵ.	
	10	Adjustments to income from Scherincome	,	orm 1040), line 26. These						
	11	Subtract line 10 from line 9. This is	your adj ı	usted gross income			. 11	64,736	ó.	
	12	Itemized deductions (from Sched deduction (see instructions)		13,850	J.					
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts of								
	С	Add lines 13a and 13b					. 13c			
	14	Add lines 12 and 13c					-	13,850		
	15	Subtract line 1/1 from line 11. If zero	or loce	antar -0 This is your ta	vahla incomo		15	50 886	2	

Form 1040-NR (2023) Page **2**

								•
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1	314 2 🗌	4972 3 🗌 _		16	6,500.
Credits	17	Amount from Schedule 2 (Form 1040), line	17	0.				
	18	Add lines 16 and 17		18	6,500.			
	19	Child tax credit or credit for other depend	19					
	20	Amount from Schedule 3 (Form 1040), line	20					
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0				22	6,500.
	23a	Tax on income not effectively connected v Schedule NEC (Form 1040-NR), line 15	vith a U.S. trade					
	b	Other taxes, including self-employment to line 21		•	·			
	С	Transportation tax (see instructions) .			23c			
	d	Add lines 23a through 23c					23d	
	24	Add lines 22 and 23d. This is your total ta	ax				24	6,500.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a	9,253.		
	b	Form(s) 1099			25b	1,448.		
	С	Other forms (see instructions)				•		
	d	Add lines 25a through 25c					25d	10,701.
	е	Form(s) 8805					25e	·
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and amoun					26	
	27	Reserved for future use	• •					
	28	Additional child tax credit from Schedule					-	
	29	Credit for amount paid with Form 1040-C					-	
	30	Reserved for future use						
	31	Amount from Schedule 3 (Form 1040), line					-	
	32	Add lines 28, 29, and 31. These are your t	32					
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.	33	10,701.				
D o f : d	34	If line 33 is more than line 24, subtract line					34	
Refund	35a	Amount of line 34 you want refunded to y			•		35a	4,201. 4,201.
Direct deposit?		Routing number 3 2 1 1 7 7	SSA	4,201.				
Direct deposit? See instructions.	b	•		c Type:		Savings		
	d	Account number 7 0 2 9 2 7 9 6 6 6						
	е	•	in address outsic	ie the United S	states not snown	on page 1,		
		enter it here.						
	36	Amount of line 34 you want applied to yo			36			
Amount	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to <i>www.irs</i> .	•		00		0.7	
You Owe	20	· · ·			38		37	
-	38	, , , , , , , , , , , , , , , , , , , ,	-4- 11-	w. 🗵 No				
Third	•	ou want to allow another person to discuss				Yes. Compl		W. 🔼 NO
Party Designee	Desig		Phone		n. ir	rsonal identifi	cation	
Designee	name					mber (PIN)		
		penalties of perjury, I declare that I have examine they are true, correct, and complete. Declaration						
Sign	Your signature Date Your occupation						nt you an Identity	
Here	Tour	Signature	Date	Tour occupa	lion			IN, enter it here
11616				POSTDOCT	ORAL RESEAR		inst.)	,
	Phone	e no.	Email address	•		, ·		
Paid	Prepa	rer's name Prepare	r's signature		Date	PTIN		Check if:
	SYAN	1 PRIYA RAM SAGAR GUPTA SYAM	PRIYA RAM :	SAGAR GUP	TA 04/10/202	24 P02082	2703	Self-employed
Preparer	Firm's name CLODAL WAYES LIC							8) 965-9522
Use Only	Firm's address 245 ROONEY CT E BRIINSWICK N.I 08816 Firm's El							-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR PRERNA GIRI

Your social security number 898-04-1119

Par	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. Att	ach Schedule E .	5	-6,906.
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			
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z		10 241		
0	Other Income from box 3 of 1099-Misc 10,341. Total other income. Add lines 8a through 8z		9	10,341.
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente		9	10,341.
IU	1040, 1040-SR, or 1040-NR, line 8		10	3,435.
	1040, 104030N, 01 10403NN, 111150		IU	٠,٤٠٠.

Schedule 1 (Form 1040) 2023 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	_
12	Certain business expenses of reservists, performing artists, and fee-l	basis government		
	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	_
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 8l from the			
		24b	-	
С	The state of the s			
		24c	-	
d		24d	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	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			
	tax law violations	24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k		
Z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE NEC (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Attachment Sequence No. **7B**

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 898-04-1119 PRERNA GIRI

Enter a	amount of income und	ler the	appropriate rate of tax. See instructions.							
	Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other	er (specify)		
			Nature of income			(a) 1070	(b) 1370	(6) 30 %	%	%
1	Dividends and divide	end ed	quivalents:							
а	Dividends paid by U		·		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent payments received with respect to section 871(m) transactions Interest:		1c							
2										
а					2a					
b	Paid by foreign corp	oratio	ns		2b					
С					2c					
3	Industrial royalties (p	oatent	s, trademarks, etc.)		3					
4	-		right royalties		4					
5		_	s, recording, publishing, etc.)		5					
6			natural resources royalties		6					
7	Pensions and annuit	ies .			7					
8	Social security bene	fits .			8					
9			pelow		9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0									
а	Winnings									
b	Losses				10c					
11	Gambling—Resident Note: Enter winnings	ts of c s only	countries other than Canada. . Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	ո 12 in	columns (a) through (d)		13					
14			f tax at top of each column		14					
_15	Tax on income not e	ffective	vely connected with a U.S. trade or business						-NR, line 23a 15	
			Capital Gains and	Losses F	From	Sales or Excha	anges 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 acquir mm/dd/yyyy		(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).
busines	ely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real y interest; report these									
gains a	nd losses on Schedule D									
(Form 1	040). property sales or									
exchan	ges that are effectively									
on Sche	ted with a U.S. business edule D (Form 1040),								,	
Form 4797, or both.		18	Capital gain. Combine columns (f) and (g	g) of line 17	′. Ente	er tne net gain her	e and on line 9 ab	ove. It a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Attachment Sequence No. **7C**

PREF	RNA GIRI				898-04-1119)					
Α	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 purposes during the tax year? United States										
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?										
D	Were you ever:										
1.	A U.S. citizen?				🗆	Yes [⊠ No				
2.	A green card holder (lawful per	🗆	Yes [⊠ No							
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.										
Ε	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.										
	immigration status on the last of	day of the tax year. $J1$									
F	Have you ever changed your v	isa type (nonimmigrant sta	tus) or U.S. immig	ration status?	·	Yes [X No				
	If you answered "Yes," indicate	e the date and nature of the	e change:								
G	List all dates you entered and	left the United States during	g 2023. See instru	ictions.							
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item H	<u>! .</u>	🗌 Canada	☐ Mexico						
	Date entered United States	Date departed United State	es	Date entered United States			States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/	dd/yy					
Н	Give number of days (including										
	2021	, 2022	, and	d 2023 365	·	_					
I	Did you file a U.S. income tax					Yes [No				
	If "Yes," give the latest year an	d form number you filed:		1040NR		_	_				
J	Are you filing a return for a trus					Yes	X No				
	If "Yes," did the trust have a L				_	_	_				
	U.S. person, or receive a contr	•				_	No				
K	Did you receive total compens		-			_	⊠ No				
	If "Yes," did you use an alterna					_	No				
L	Income Exempt From Tax—If				tax treaty with a f	oreign c	ountry,				
	complete (1) through (3) below										
1.	Enter the name of the country, amount of exempt income in the				claimed the treaty	benefit, a	and the				
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		(0 0						
	(a) Cou	ntry	(b) Tax treaty arti	cle (c) Number of month claimed in prior tax ye		ount of exempt ourrent tax year					
				oranii oa iii prioi tax ye		oni tux	, oui				
	(e) Total. Enter this amount or		o not enter it anv	where else on line 1							
2.	Were you subject to tax in a fo		•			Yes	No				
	Are you claiming treaty benefit				· · · · · <u>-</u>		_ No ⊠ No				
٥.	If "Yes," attach a copy of the C		•		⊔						
М	Check the applicable box if:	potont/tathonty dotom	alion lottor to y								
	This is the first year you are ma	aking an election to treat in	come from real pr	operty located in the Unite	ed States as effect	ivelv con	nected				
	with a U.S. trade or business u										
2.	You have made an election in										
	States as effectively connected with a U.S. trade or business under section 871(d). See instructions										

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Name(s) shown on return Your social security number PRERNA GIRI 898-04-1119 **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) 4/89 SECTOR-4, JANKIPURAM EXTENSION LUCKNOW, U.P IN 226031 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 634. 3 Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 1,420. 7 7 Cleaning and maintenance . . . 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 748. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 14 1,808. 14 Repairs 15 15 2,541. Supplies 16 16 Taxes 17 Utilities 17 1,023. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 7,540. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -6,906. file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,906.)l 634. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 7,540. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 6,906. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-6,906.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2