8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)						
Taxpayer's name	Social securit	v number				
SUPRITH REDDY ANNAPUREDDY		882-38-0805				
Spouse's name	Spouse's social security number					
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you a	re authorizing.)				
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1				
1 Adjusted gross income		1 11,7				
2 Total tax		2	0.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			82.			
4 Amount you want refunded to you			82.			
5 Amount you owe	nd koon a con	5 of your roturn				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato 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 to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 amended Electronic Funds Withdrawal Consent.	or rejection of the trache U.S. Treasury are indicated in the tatitution to debit the ninate the authorization requests must be the processing of the payment. I furti	ansmission, (b) the read its designated Finance preparation softwater to this accountation. To revoke (can received no later the electronic payment acknowledge that	eason ancial are for t. This ncel) a han 2 ent of at the			
Taxpayer's PIN: check one box only	8	0 8 0 5				
X I authorize GLOBAL TAXES LLC to enter or generation by the signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but 't enter all zeros	s my			
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Your signature ▶ Date	>					
Spouse's PIN: check one box only						
☐ I authorize to enter or generation	rate my PIN		s my			
ERO firm name		er five digits, but	3 iiiy			
signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Spouse's signature ▶ Date	>					
Practitioner PIN Method Returns Only—continue be	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.		6 0 8 2 7 1 er all zeros	1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommutation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance wit	n now th the			
ERO's signature ▶ Date	>					
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requested						

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 beginn			nning, 2023, ending, 20						e separat structions	
Your first name and middle initial							Your ide	Your identifying number		
						(see insti	(see instructions)			
SUPRITH REDDY ANNAPUREDDY							882-3	882-38-0805		
Home address (number and street). If you have a P.O. box, see instructions.									Apt. no.	
11500 LAG	O V	ISTA E								
City, town, or po	ost o	ffice. If you have a foreign address, a	also comp	lete spaces below.		State	2	ZIP co	de	
FARMERS B	RAN	ICH				TX		7523	4	
Foreign country	nam	е	Foreig	n province/state/county		Foreign postal code				
Filing Status		Single Married filing se	oarately (N	MFS) Qualifyir	ng surviving spouse ((QSS)	☐ Esta	ate	☐ Tru	ıst
	If	you checked the QSS box, enter the	child's n	ame if the qualifying pers	on is a child but not	your dep	endent:			
Check only one box.										
	At a	ny time during 2023, did you: (a) rec	eive (as a	reward award or payme	ent for property or se	ervices): o	r (b) sell e	xchan	ge or	
Digital Assets	othe	erwise dispose of a digital asset (or a	financial	interest in a digital asset)? (See instructions.)					No
Dependents	+			_			eck the box	if qualif	ies for (see	inst.):
(see instructions):	1	(A) = .		(2) Dependent's	(a) D	Chi	ld tax credit		redit for ot	
		(1) First name Last nam	e	identifying number	(3) Relationship to yo	ou			dependent	ts
If more than four										
dependents, see									-	
instructions and check here										
Income	1a	Total amount from Form(s) W-2, be	ny 1 (see i	netructions)			. 1a		11 , 74	 1 1
Effectively	b	Household employee wages not re	•	,						<u> </u>
Connected	С	Tip income not reported on line 1a								
With U.S.	d	Medicaid waiver payments not rep					. 1d			
Trade or	е	Taxable dependent care benefits f	rom Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption bene	fits from F	orm 8839, line 29 .			. 1f			
A44 I-	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	. <u>1j</u>							
and 8288-A	k	Total income exempt by a treaty fr								
here. Also attach	_	line 1(e)	. 1z		11 7/	11				
Form(s)		z Add lines 1a through 1h							11,74	<u> </u>
1099-R if	2a 3a									
tax was withheld.	4a	IRA distributions								
If you did not	5a		5a		able amount able amount					
get a Form	6	Reserved for future use								
W-2, see instructions.	7	Capital gain or (loss). Attach Sche								
	8	Additional income from Schedule	. 8							
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	. 9		11,74	11.				
	10	Adjustments to income from Scheincome								
	11	Subtract line 10 from line 9. This is	your adj ı	usted gross income			. 11		11,74	41.
	12	Itemized deductions (from Sched deduction (see instructions)			13,85	50.				
	13a	Qualified business income deducti								
	b Exemptions for estates and trusts only (see instructions)									
	С	Add lines 13a and 13b					. 13c			
	14								13,85	50.
	15	Subtract line 1/1 from line 11. If zer	o or less	antar - 1 This is your tax	vahla incomo		15	1		Λ

Form 1040-NR (2023)						Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814	2 497	2 3 🗌		16	0.		
Credits	17	Amount from Schedule 2 (Form 1040), line 3				17	0.		
	18	Add lines 16 and 17	18	0.					
	19	Child tax credit or credit for other dependents from Schedule 8812	(Form 10	40)		19			
	20	Amount from Schedule 3 (Form 1040), line 8				20			
	21	Add lines 19 and 20				21			
	22	Subtract line 21 from line 18. If zero or less, enter -0				22	0.		
	23a	Tax on income not effectively connected with a U.S. trade or business.	ess from						
		Schedule NEC (Form 1040-NR), line 15		23a					
	b	Other taxes, including self-employment tax, from Schedule 2 (Form	m 1040),						
		line 21		23b					
	С	Transportation tax (see instructions)		23c					
	d	Add lines 23a through 23c				23d			
	24	Add lines 22 and 23d. This is your total tax				24	0.		
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2		25a	782.				
	b	Form(s) 1099		25b					
	С	Other forms (see instructions)		25c					
	d	Add lines 25a through 25c				25d	782.		
	е	Form(s) 8805				25e			
	f	Form(s) 8288-A				25f			
	g	Form(s) 1042-S				25g			
	26	2023 estimated tax payments and amount applied from 2022 retur				26			
	27	Reserved for future use		27					
	28	Additional child tax credit from Schedule 8812 (Form 1040)		28					
	29	Credit for amount paid with Form 1040-C		29					
	30	Reserved for future use							
	31	Amount from Schedule 3 (Form 1040), line 15							
	32	Add lines 28, 29, and 31. These are your total other payments an	32						
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total pay	33	782.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is	34	782.					
neiuna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attact	35a	782.					
Direct deposit?	b				Savings	Jour	702.		
See instructions.	d	Account number 7 6 3 8 9 0 8 9 1							
	u 0	If you want your refund check mailed to an address outside the U							
	-	enter it here.	illeu State	55 HOL SHOWN ON	page 1,				
	36	Amount of line 34 you want applied to your 2024 estimated tax		36					
Amount	37	Subtract line 33 from line 24. This is the amount you owe .	• •	30					
You Owe	01	For details on how to pay, go to www.irs.gov/Payments or see inst	ructions			37			
rou Owe	38	Estimated tax penalty (see instructions)		38		31			
Thind		· · · · · · · · · · · · · · · · · · ·			e Comple	ata bak	ow. 🗵 No		
Third Party									
Designee	name	signee's Phone Personal identification number (PIN)							
200.900	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. Declaration of preparer (other than taxpa							
Sign	Your	signature Date Your o	ccupation		If the	IRS se	ent you an Identity		
Here		Signature Paris	· ·				PIN, enter it here		
		inst.)							
	Phone	e no. Email address							
Paid	Prepa	rer's name Preparer's signature		Date	PTIN		Check if:		
	SYAN	1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR	GUPTA	04/08/2024	P02082	703	Self-employed		
Preparer	Firm's	s name GLOBAL TAXES LLC			Phone no	D. (67	78)965-9522		
Use Only	Firm's	saddress 245 ROONEY CT E BRUNSWICK NJ 088	16		Firm's El		4-3171965		

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

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**

Name shown on Form 1040-NR Your identifying number 882-38-0805 SUPRITH REDDY ANNAPUREDDY

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)	
					(a) 1070		(b) 15%	(6) 30 %	%	%
1	Dividends and divide	end ed	quivalents:							
а	Dividends paid by U		·		1a					
b	Dividends paid by fo	vividends paid by foreign corporations								
С	Dividend equivalent payments received with respect to section 871(m) transactions				1c					
2	Interest:									
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—Residents of countries other than Canada. Note: Enter winnings only. 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	rom	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 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		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired 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).
(Form 1	040). property sales or									
exchan	ges that are effectively									
connected with a U.S. business on Schedule 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**

SUP	RITH REDDY ANNAPUREDD	882-38-0805									
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	manent resident) of the Uni	ted States?			☐ Yes	⊠ No				
	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. F1										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
	If you answered "Yes," indicate	e the date and nature of the	change:								
G	List all dates you entered and le	eft the United States during	2023. See instruc	ctions.							
	Note: If you're a resident of Ca				ent intervals,						
	check the box for Canada or	Mexico and skip to item H	<u>.</u> <u>.</u>	🗌 Canada	☐ Mexico						
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United States mm/dd/yy		rted United nm/dd/yy	d States				
		, ,		, ,		, ,					
			- -								
Н	Give number of days (including	vacation, nonworkdays, and	partial days) you w	vere present in the United S	States during:						
		, 2022									
ı	Did you file a U.S. income tax r	eturn for any prior year? .				X Yes	☐ No				
	If "Yes," give the latest year an	d form number you filed:	1	.040NR							
J	Are you filing a return for a trus	t?				☐ Yes	⊠ No				
	If "Yes," did the trust have a U										
	U.S. person, or receive a contri	•				Yes	☐ No				
K	Did you receive total compensa	ation of \$250,000 or more o	during the tax year	?		☐ Yes	⊠ No				
	If "Yes," did you use an alterna			•		☐ Yes	☐ No				
L	Income Exempt From Tax—If complete (1) through (3) below.				ax treaty with	a foreign	country,				
1.	Enter the name of the country, t		•	. , ,	claimed the tre	aty benefi	t, and the				
	amount of exempt income in the	e columns below. Attach Fo	rm 8833 if required	I. See instructions.							
	(a) Cour	ntry	(b) Tax treaty artic								
				claimed in prior tax yea	ars income in	n current ta	ax year				
	(e) Total. Enter this amount or	Form 1040-NR line 1k D	not enter it anyw	here else on line 1							
2	• •		•			Yes	No				
	2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?										
0.	If "Yes," attach a copy of the C		-			63	<u>~</u> 110				
М	Check the applicable box if:	ompotont Authority determ	acion locali to yo	ar rotuini.							
	This is the first year you are ma	aking an election to treat inc	come from real pro	operty located in the Unite	d States as eff	ectively c	onnected				
-	with a U.S. trade or business u						. 🗆				
2.	You have made an election in										
	States as effectively connected	d with a U.S. trade or busing	ess under section	871(d). See instructions .			. 🔲				

BAA