Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)				
Taxpayer's name	Social security	y number		
SATEESH DUBBU	716-04-	1-8709		
Spouse's name		social security number		
	Enter year you ar	e 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	0.000	_	
1 Adjusted gross income	1	1 9,896	6. 0.	
 Total tax				
4 Amount you want refunded to you	· ·	= + + + = + =		
5 Amount you owe		4 1,179	<u> </u>	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keen a conv		—	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame			et of	
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 in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, 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.	for rejection of the tra the U.S. Treasury an nt indicated in the ta stitution to debit the minate the authoriza n requests must be in the processing of the payment. I furth	ansmission, (b) the reast of its designated Finance preparation software entry to this account. To revoke (cance received no later than the electronic payment acknowledge that	son icial for This el) a in 2 it of the	
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or general states. Taxes	erate my PIN	8 7 0 9 as n	mv	
ERO firm name	ř Ente	er five digits, but 't enter all zeros	ıı y	
signature on the income tax return (original or amended) I am now authorizing.	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 ▶ Date	e▶			
Spouse's PIN: check one box only				
l authorize to enter or gene		as n	my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but '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.				
Spouse's signature ▶ Date				
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 Don't ente	5 0 8 2 7 1 or 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 <i>e-file</i> Provider	submitting this retur	rn in accordance with	now the	
ERO's signature ▶ Date	e >			
ERO Must Retain This Form — See Instruction			_	

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 Jar	n. 1–C	Dec. 31, 2023, or other tax year begin	ning	, 2023,	ending	,	20	See separate instructions.		
Your first name							ntifying number			
								(see instructions)		
SATEESH			U		716-0	716-04-8709				
Home address (number and street). If you have a P.O. box, see instructions.								Apt. no.		
1006 W ST								21		
-	ost o	ffice. If you have a foreign address, a	also comp	olete spaces below.		State		IP code		
URBANA			- ·			IL.		51801		
Foreign country	nam	е	Foreig	n province/state/county		Foreign	postal cod	9		
Filing	×	Single	oarately (N		ng surviving spouse	(QSS)	Esta	ate 🗌 Trust		
Status		you checked the QSS box, enter the		· · · · · · · · · · · · · · · · · · ·						
Check only one box.		·								
	Δt a	ny time during 2023, did you: (a) rec	oivo (as a	reward award or payme	ent for property or se	anvicas): o	r (b) sell e	vchange or		
Digital Assets	othe	erwise dispose of a digital asset (or a	financial	interest in a digital asset)? (See instructions.)			. Yes X No		
Dependents						(4) Ch	eck the box	f qualifies for (see inst.):		
(see instructions):	1	(A) First same	_	(2) Dependent's	(O) Deletienelsie te	Chi	ld tax credit	Credit for other		
		(1) First name Last name	9	identifying number	(3) Relationship to yo	ou		dependents		
If more than four								+		
dependents, see										
instructions and check here							\dashv			
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see i	instructions)			. la	9,896.		
Effectively	b	Household employee wages not re	•	•				2,000		
Connected	С	Tip income not reported on line 1a								
With U.S.	d	Medicaid waiver payments not rep								
Trade or	е	Taxable dependent care benefits for	om Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption bene-	fits from F	orm 8839, line 29 .			. 1f			
A11 1:	g	Wages from Form 8919, line 6 .	. 1g							
Attach Form(s) W-2,	h	Other earned income (see instructi	. 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 from								
here. Also		line 1(e)	. 1z	0.006						
attach Form(s)	Z O-							9,896.		
1099-R if	2a	' <u>-</u>								
tax was withheld.	3a 4a	· ·								
If you did not	ч а 5а		ta 5a		able amount able amount					
get a Form	6	Reserved for future use								
W-2, see instructions.	7	Capital gain or (loss). Attach Scheo								
instructions.	8 Additional income from Schedule 1 (Form 1040), line 10									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	. 9	9,896.						
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income									
	11	Subtract line 10 from line 9. This is		9,896.						
	12	Itemized deductions (from Sched deduction (see instructions)	ard	13,850.						
	13a	Qualified business income deducti		,						
	13a Qualified business income deduction from Form 8995 or Form 8995-A . b Exemptions for estates and trusts only (see instructions)									
	С	. 13c								
	14	Add lines 12 and 13c	. 14	13,850.						
	15	Subtract line 1/1 from line 11. If zer	n or lace	enter -0- This is your tax	vahla incomo		15	<u> </u>		

Form 1040-NR (2023)							Page 2
Tax and	16	Tax (see instructions). Check if any from I	Form(s): 1 88	814 2 🗌 4	1972 3 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), li	ne 3				17	0.
	18	Add lines 16 and 17	18	0.				
	19	Child tax credit or credit for other deper	19					
	20	Amount from Schedule 3 (Form 1040), li	ne 8				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0				22	0.
	23a	Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15						
	b	Other taxes, including self-employment 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					24	0.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a	1,179.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				:	25d	1,179.
	е	Form(s) 8805				[25e	
	f	Form(s) 8288-A				[25f	
	g	Form(s) 1042-S				[25g	
	26	2023 estimated tax payments and amou	unt applied from 20	022 return		[26	
	27	Reserved for future use			27			
	28	Additional child tax credit from Schedule			28			
	29	Credit for amount paid with Form 1040-	,	•	29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 1040), li	ne 15		31			
	32	Add lines 28, 29, and 31. These are you	32					
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32	33	1,179.				
Refund	34	If line 33 is more than line 24, subtract li	ne 24 from line 33.	. This is the amo	ount you overpaid		34	1,179.
	35a	Amount of line 34 you want refunded to	you. If Form 8888	B is attached, ch	neck here	🗆 🏗	35a	1,179.
Direct deposit?	b	Routing number 0 7 1 9 2				Savings		
See instructions.	d	Account number 4 7 3 9 5	8 2 2 4 6					
	e	If you want your refund check mailed to			tates not shown o	page 1.		
		enter it here.				, ,		
	36	Amount of line 34 you want applied to	our 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the	amount you owe					
You Owe		For details on how to pay, go to www.irs	s.gov/Payments or	see instruction	s		37	
	38	Estimated tax penalty (see instructions)			38			
Third	Do yo	ou want to allow another person to discus	s this return with th	ne IRS? See ins	tructions.	es. Complet	e below	. 🗵 No
Party Designee	Designee's Phone Personal identification no. number (PIN)							
		penalties of perjury, I declare that I have examithey are true, correct, and complete. Declaration		. , .				, ,
Sign	Your	signature	Date	Your occupati	ion	If the I	RS sent	you an Identity
Here					l l		l, enter it here	
				POSTDOCT	ORAL FELLOW	(see in	st.)	
	Phone	1	Email address					
Paid	Prepa	rer's name Prepar	er's signature		Date	PTIN	Ch	neck if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA SYAM	PRIYA RAM	SAGAR GUPI	A 04/08/2024	P020827	03 [Self-employed
•	Leirm's name כד המאד שא עוד כי די בי Lehone no						(678	965-9522
Use Only	Firm's	address 245 ROONEY CT E	BRIINSWICK N	T 08816		Firm's EIN	84-	3171965

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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 SATEESH DUBBU

Your identifying number 716-04-8709

Entera	amount of income und	er the appropriate rate of tax. See instructions.						() 0	· · · · · · · ·	
		Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Othe	er (specify)	
1	Dividends and divide	and aquivalents:						70	70	
ı a	Dividends paid by U.	·		1a						
a b	•	reign corporations		1b						
C	•	payments received with respect to section 871(m		1c						
2	Interest:	ayments received with respect to section or itin	i) transactions	10						
a				2a						
b		orations		2b						
c				2c						
3		atents, trademarks, etc.)		3						
4	- "	copyright royalties		4						
5	-	rights, recording, publishing, etc.)		5						
6		e and natural resources royalties		6						
7		ies		7						
8		fits		8						
9										
10	Gambling—Resident If zero or less, ente	s of Canada only. Enter net income in column r -0								
а	Winnings									
b	Losses	<u> </u>		10c						
11	Gambling – Resident	s of countries other than Canada. s only. Losses aren't allowed		11						
12	Other (specify):									
				12						
13	Add lines 1a through	12 in columns (a) through (d)		13						
14	_	ate of tax at top of each column		14						
15		ffectively connected with a U.S. trade or busin		nns (a) t	through (d) of line 1	4. Enter the total here	and on Form 104	0-NR, line 23a 15		
-						anges of Propert			1	
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 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).	
effectiv	ely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real									
	nd losses on Schedule D									
	property sales or									
connec	ges that are effectively ted with a U.S. business	17 Add columns (f) and (g) of line 16 .					17	' ()	
	edule D (Form 1040), 797, or both.	18 Capital gain. Combine columns (f) and							/	

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.

2023	
Attachment Sequence No. 7C	

SATE	ESH DUBBU				716-04-8709					
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?									
2.	2. A green card holder (lawful permanent resident) of the United States?									
	If you answer "Yes" to (1) or (2)	•				s 🗵 No				
Е	If you had a visa on the last of	•	-		ter your U.S.					
	immigration status on the last day of the tax year. J1									
F	Have you ever changed your v					s 🗵 No				
	If you answered "Yes," indicate		· .			_				
G	List all dates you entered and I			ctions.						
	Note: If you're a resident of C		-		ent intervals,					
	check the box for Canada or				Mexico					
	Date entered United States	Date departed United State	es	Date entered United States	s Date departed Un	ited States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/y					
			-							
Н	Give number of days (including	vacation, nonworkdays, and	I partial days) you w	vere present in the United S	States during:					
		, 2022			-					
ı	Did you file a U.S. income tax	return for any prior year?.			Ye	s 🗵 No				
	If "Yes," give the latest year an	d form number you filed:								
J	Are you filing a return for a trus	st?			Yes	s 🛛 No				
	If "Yes," did the trust have a U				or loan to a					
	U.S. person, or receive a contr	ibution from a U.S. person	?		🗌 Ye :	s 🗌 No				
K	Did you receive total compens	ation of \$250,000 or more	during the tax year	?	Ye	s 🗵 No				
	If "Yes," did you use an alterna					s 🗌 No				
L	Income Exempt From Tax-If					ign country,				
	complete (1) through (3) below				•					
1.	Enter the name of the country,	the applicable tax treaty art	icle, the number of	months in prior years you	claimed the treaty ber	efit, and the				
	amount of exempt income in th	e columns below. Attach Fo	orm 8833 if required	d. See instructions.						
	(a) Cou	ntry	(b) Tax treaty artic			exempt				
				claimed in prior tax yea	ars income in currer	t tax year				
	(e) Total. Enter this amount or									
2.	Were you subject to tax in a fo				Ye					
3.	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?									
	If "Yes," attach a copy of the Competent Authority determination letter to your return.									
M	Check the applicable box if:									
1.	This is the first year you are ma					/ connected				
	with a U.S. trade or business u					🗆				
2.	You have made an election in									
	States as effectively connected	a with a U.S. trade or busin	ess under section	81 (a). See instructions.		<u> </u>				

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