## 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			
HEMANTH SAI ALOKAM	670-81-	570-81-3759			
Spouse's name	al security number				
Part I Tax Return Information — Tax Year Ending December 31, 202	3 (Enter year you ar	re authorizing.)			
Enter whole dollars only on lines 1 through 5.		<u> </u>			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		<b>1</b> 7,964.			
2 Total tax		<b>2</b> 0.			
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 29.			
4 Amount you want refunded to you		4 29.			
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you g Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or		<u> </u>			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in F return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell business days prior to the payment (settlement) date. I also authorize the financial institutions involutaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	er, transmitter, or electroson for rejection of the tra- rize the U.S. Treasury ar account indicated in the ta- al institution to debit the terminate the authorizal ation requests must be used in the processing of the to the payment. I furth	nic return originator (ERO) ansmission, (b) the reason of its designated Financial ex preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the			
Taxpayer's PIN: check one box only					
	generate my PIN $\begin{bmatrix} 1 \\ - \end{bmatrix}$	3 7 5 9 as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	f Ent	er five digits, but 't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner F below.					
Your signature ► [	Date >				
Charles a DIN shoot and have sub-					
Spouse's PIN: check one box only	vanavata vav DINI				
I authorize to enter or g	generate my PIN	er five digits, but			
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner F below.					
Spouse's signature ▶ [	Date ►				
Practitioner PIN Method Returns Only—continu	e below				
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			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the process of the practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the process of the	am submitting this retu	rn in accordance with the			
ERO's signature ► [	Date ►				
ERO Must Retain This Form — See Instruc					

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 OMB No. 1545-0074

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

For the year Jar	ear Jan. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending					·,	20	See separate instructions.		
Your first name	irst name and middle initial			Last name				entifying number		
	(se						(see inst	see instructions)		
HEMANTH S										
Home address	(num	ber and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
1111 SPIR								3		
City, town, or p	ost o	ffice. If you have a foreign address, al	so comp	lete spaces below.		State		ZIP code		
DEKALB						IL .		60115		
Foreign country	nam	e	Foreigr	n province/state/county		Foreign p	oostal coo	de		
Filing Status	$\boxtimes$	Single Married filing sepa	☐ Est	ate 🗌 Trust						
	If	you checked the QSS box, enter the o	endent:							
Check only one box.										
	Δta	ny time during 2023, did you: (a) rece	ve (as a	reward award or navm	ent for property or se	rvices). O	r (h) sell e	exchange or		
Digital Assets		erwise dispose of a digital asset (or a f								
Dependents						(4) Ch	eck the box	if qualifies for (see inst.):		
(see instructions):		(A) E:		(2) Dependent's	(0) 5 1 11 11 1	Chil	d tax credi	Credit for other		
		(1) First name Last name		identifying number	(3) Relationship to yo	ou		dependents		
If more than four										
dependents, see							$\Box$			
instructions and check here										
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)			. 1a	7,964.		
Effectively	b	Household employee wages not rep	,	,				,		
Connected	С	Tip income not reported on line 1a (		• •						
With U.S.	d	Medicaid waiver payments not repo	rted on F	Form(s) W-2 (see instruct	tions)		. 1d			
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29 .			. 1f			
Attach	g	Wages from Form 8919, line 6					. 1g			
Form(s) W-2,	h	Other earned income (see instructio	ns) .				. 1h			
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			1 1		. <u>1j</u>			
and 8288-A	k	Total income exempt by a treaty from								
here. Also attach	_	line 1(e)			1k		1-	7,964.		
Form(s)	z 2a	Add lines 1a through 1h Tax-exempt interest   2a	1	1			. 1z . 2b	7,304.		
1099-R if		Qualified dividends 3a	_		dinary dividends .		. 3b			
tax was withheld.	4a	IRA distributions 4			kable amount					
If you did not	5a	Pensions and annuities 5a	_		cable amount					
get a Form	6	Reserved for future use	· .	<del></del>			. 6			
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	ıle D (Fo	rm 1040) if required. If n	ot required, check he	ere [	7			
	8	Additional income from Schedule 1	(Form 10	040), line 10			. 8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	B. This is	your total effectively c	onnected income		. 9	7,964.		
	10	Adjustments to income from Schedincome	•	•	•					
	11	Subtract line 10 from line 9. This is y	our <b>adj</b> u	ısted gross income			. 11	7,964.		
	12	Itemized deductions (from Schedu								
		deduction (see instructions)				ndia Tre	aty <b>12</b>	13,850.		
	13a	Qualified business income deductio								
	b	Exemptions for estates and trusts o								
	C	Add lines 13a and 13b						10.055		
	14						+	13,850.		
	15	Subtract line 14 from line 11. If zero	.   15	0.						

Form 1040-NR (2	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 88	14 <b>2</b> [	497	2 <b>3</b>			16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line							17	0.
	18	Add lines 16 and 17	18	0.						
	19	Child tax credit or credit for other depende	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	s, enter -0						22	0.
	23a	Tax on income not effectively connected w	rith a U.S. trade o	or business	from					
		Schedule NEC (Form 1040-NR), line 15				23a				
	b	Other taxes, including self-employment ta	x, from Schedule	e 2 (Form 1	040),					
		line 21				23b				
	С	Transportation tax (see instructions)				23c				
	d	Add lines 23a through 23c				<del>.</del> .			23d	
	24	Add lines 22 and 23d. This is your total ta	<b>x</b>						24	0.
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2				25a		29.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	29.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and amount							26	
	27	Reserved for future use				27				
	28	Additional child tax credit from Schedule 8				28				
	29	Credit for amount paid with Form 1040-C				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1040), line								
	32	Add lines 28, 29, and 31. These are your to	32							
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T							33	29.
Refund	34	If line 33 is more than line 24, subtract line	34	29.						
11014114	35a	Amount of line 34 you want refunded to y	35a	29.						
Direct deposit?	b	Routing number 0 7 1 0 0 0		<b>c</b> Type				Savings		
See instructions.	d	Account number 9 1 9 2 3 0	<del></del>		$I \overline{I}$			Ü		
	е	If you want your refund check mailed to a		e the Unite	ed State	es not s	: shown on	page 1.		
		enter it here.								
	36	Amount of line 34 you want <b>applied to you</b>	ur 2024 estimate	ed tax .		36				
Amount	37	Subtract line 33 from line 24. This is the ar								
You Owe		For details on how to pay, go to www.irs.g	ov/Payments or	see instruc	tions .				37	
	38	Estimated tax penalty (see instructions) .				38				
Third	Do yo	u want to allow another person to discuss t	his return with th	e IRS? See	e instruc	ctions.		es. Comp	lete be	ow. 🛛 No
Party	Designee's Phone Personal identif								ication	
Designee	name nonumber (PIN)									
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Sign	Your	signature	Date Your occupation				If the	e IRS s	ent you an Identity	
Here			Pate Four occupation							PIN, enter it here
	STUDENT (6							(see	inst.)	
	Phone	e no.	Email address				<u> </u>			
Paid	Prepa	rer's name Preparer	's signature			Date		PTIN		Check if:
	SYAM PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGAR GUPTA   04/11/2024   P020						P02082	2703	Self-employed	
Preparer	Firm's name CI∩DAI TAVEC IIC   Pho							Phone no. (678) 965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'									4-3171965

BAA

#### **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. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number HEMANTH SAI ALOKAM 670-81-3759 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)				
					(a) 1070	(b) 1370	(C) 30%	%	%	
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	.S. cor	porations		1a					
b	Dividends paid by fo	reign o	corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:	•	,							
а	Mortgage				2a					
b	~ ~		ns		2b					
С					2c					
3			s, trademarks, etc.)		3					
4	• "		right royalties		4					
5	Other royalties (copy	rights,	, recording, publishing, etc.)		5					
6		-	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9	Capital gain from line	e 18 b	elow		9					
10	Gambling—Resident	ts of C <b>r -0</b>	anada only. Enter net income in column	(c).						
а	Winnings									
b	Losses				10c					
11	Note: Enter winnings	s only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine						-NR, line 23a <b>15</b>	
			Capital Gains a	nd Losses F	rom	Sales or Excha	inges 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 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).
	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									
	ted with a U.S. business edule D (Form 1040),									
Form 4797, or both.		18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0 <b>18</b>	

# SCHEDULE OI (Form 1040-NR)

#### **Other Information**

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	Name shown on Form 1040-NR  Your identifying number										
HEMA	NTH SAI ALOKAM				670-81-3	759					
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		☐ Yes	⊠ No							
D	Were you ever:										
1.	A U.S. citizen?			⊠ No							
2.											
	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. $_{F1}$										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	left the United States durin	g 2023. See instruc	tions.							
	Note: If you're a resident of C										
	check the box for Canada or	Mexico and skip to item I	<u> </u>	🗌 Canada	☐ Mexico	Mexico					
	Date entered United States	Date departed United Stat	es	Date entered United State		arted United	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	r	mm/dd/yy					
			_								
			$\dashv$								
Н	Give number of days (including 2021										
1	Did you file a U.S. income tax If "Yes," give the latest year ar	return for any prior year?.				☐ Yes	⊠ No				
J	Are you filing a return for a trus	2+7				Yes	⊠ No				
Ü	If "Yes," did the trust have a l					163	<b>Z</b> 140				
	U.S. person, or receive a contr					Yes	☐ No				
K	Did you receive total compens	·				☐ Yes	⊠ No				
	If "Yes," did you use an alterna					☐ Yes	☐ No				
L	Income Exempt From Tax-If			•		a foreign	country,				
	complete (1) through (3) below	. See Pub. 901 for more in	formation on tax tre	aties.	-	_	_				
1.	Enter the name of the country,				claimed the tre	eaty benefi	t, and the				
	amount of exempt income in th	e columns below. Attach Fo	orm 8833 if required	. See instructions.							
	<b>(a)</b> Cou	ntry	(b) Tax treaty artic		, ,	ount of exe	•				
				claimed in prior tax ye	ears income i	n current ta	x year				
	/o\ Total Enterthic	2 Form 1040 ND 15 41 D	 	nore also ser lies 4							
0	(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1										
	-					∐ Yes □ Yes	∐ No ⊠ No				
J.	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?										
М	Check the applicable box if:	competent Authority determ	imation letter to you	ui rotuiri.							
	This is the first year you are ma	aking an election to treat in	come from real pro	perty located in the Unite	ed States as ef	fectively c	onnected				
•	with a U.S. trade or business u						. 🗆				
2.	You have made an election in	, ,					e United				
	States as effectively connected										
			· · · · · · · · · · · · · · · · · · ·								