IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Department of the Treasury Internal Revenue Service

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

| | - | \ \ |
|----------------------|--------------------|--------|
| | | |
| Submission Identific | ation Number (CID) | |
| SUDITISSION IDENLING | | |

| 00.0 | | | | |
|--------|--|---------------|--------------------|--------|
| Тахрау | er's name | Social securi | ty number | |
| VEN | KATA KUMAR REDDY KODUMURU | 650-88 | -9471 | |
| Spouse | 's name | Spouse's soc | cial security numb | er |
| | | | | |
| Part | Tax Return Information – Tax Year Ending December 31, 2023 (Enter | ' year you a | are authorizing | g.) |
| 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 | 3,038. |
| 2 | Total tax | | 2 | 0. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | |
| 4 | Amount you want refunded to you | | 4 | |
| 5 | Amount you owe | | 5 | 0. |

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

Under penalties of periury. 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

| l authorize | GLOBAL TAXES | LLC | to enter or generate my PIN | |
|-------------|--------------|---------------|-----------------------------|--|
| | | ERO firm name | | |

| Ent don | er fiv i't er | ve di nter a | gits, all ze | but ros | as my |
|------------|------------------|-----------------|-----------------|------------|-------|
| 8 | 9 | 4 | 7 | 1 | |

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

X

Date 🕨

Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

as mv 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 🕨 | | | | | | | | | |
|---|--------|---|--|--|--|--|--------------|-------|----|---|
| Practitioner PIN Method Returns Only—continue 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. | 2 | 2 | | | | | 6 all zei | 9 | 89 | } |

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 🕨 | Da | ate 🕨 |
|--|---|--------------------------------|
| | Must Retain This Form — See Instructi it This Form to the IRS Unless Requester | |
| For Denominarily Deduction Act Nation and your | | Earm 8870 (Pay 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

| 1040 | - | NR Department of the Treasury-Inter U.S. Nonresident Al | nal Revenue Service en Income Ta | ax Return | 2023 | OMB No. 1 | 545-0074 | · · · · · · · · · · · · · · · · · · · | Dnly—Do not write le in this space. |
|--|--|---|-------------------------------------|------------------|---------------------|-----------|--------------|---------------------------------------|---|
| For the year Jan | ı. 1- | Dec. 31, 2023, or other tax year beginr | ing | , 2023, e | ending | | , 20 | | e separate structions. |
| Your first name | | | Last name | | | | | | ng number |
| | | | | | | | (see in | structior | ıs) |
| VENKATA K | UM | AR REDDY | KODUMURU | | | | 650 | -88-9 | 471 |
| | | ber and street). If you have a P.O. box | , see instructions. | | | | | | Apt. no. |
| 1430,9ТН | | | | | | | | | |
| | | office. If you have a foreign address, al | so complete spaces | below. | | State | | ZIP co | |
| CHARLESTO | | | | | | IL | | 6192 | 0 |
| Foreign country | na | ne | Foreign province/s | state/county | | Foreigr | postal co | bae | |
| | | | | | | | | | |
| Filing Status Check only one box. | Single Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependency | | | | | | | | Trust |
| Digital Assets | At | any time during 2023, did you: (a) recei erwise dispose of a digital asset (or a t | | | | | | | |
| | 01 | erwise dispose of a digital asset (of a l | | | | | | | |
| Dependents (see instructions): | | | (2) Dep | endent's | | | | Í | ies for (see inst.): redit for other |
| | | (1) First name Last name | identifyir | ng number | (3) Relationship to | you Cr | nild tax cre | | dependents |
| If more than four | | | | | | | | | |
| dependents, see | | | | | | | | | |
| instructions and check here | | | | | | | | | |
| | 10 | Total amount from Form(a) W/ 2, has | | | | | | | 3,038. |
| Income Effectively | 1a b | Total amount from Form(s) W-2, boy Household employee wages not rep | | | | | | - | |
| Connected | c | Tip income not reported on line 1a (| | | | | | - | |
| With U.S. | d | Medicaid waiver payments not repo | | | | | | | |
| Trade or | e | Taxable dependent care benefits fro | () | · | , | | | - | |
| Business | f | Employer-provided adoption benefit | s from Form 8839, I | ine 29 | | | . 11 | • | |
| | g | Wages from Form 8919, line 6 | | | | | . 10 | 1 | |
| Attach Form(s) W-2, | h | Other earned income (see instructio | , | | | | . 1ł | 1 | |
| 1042-S, | i | Reserved for future use | | | . 1i | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | 1 1 | | . 1j | | |
| and 8288-A | k | Total income exempt by a treaty from | | | | | | | |
| here. Also attach | _ | | | | | | | | 2 N 2 0 |
| Form(s) | z 2a | Add lines 1a through 1h | . | 1 | able interest | | | | 3,038. |
| 1099-R if tax was | 2a 3a | Qualified dividends 3a | | | nary dividends . | | | - | |
| withheld. | 4a | IRA distributions 4a | | | able amount | | | | |
| lf you did not | 5a | Pensions and annuities 5a | | b Taxa | able amount | | | - | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | . 6 | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | le D (Form 1040) if | required. If not | t required, check | here | 7 | | |
| | 8 | Additional income from Schedule 1 | ,, | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | 3. This is your total | effectively co | nnected income | | . 9 | | 3,038. |
| | 10 | | | | | | . 10 |) | |
| | 11 | Subtract line 10 from line 9. This is y | | | | | | | 3,038. |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) | | | | | | 2 | 13,850. |
| | 13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a | | | | | | | | |
| | b | Exemptions for estates and trusts o | | | | | | | |
| | C | Add lines 13a and 13b | | | | | | | |
| | 14 | | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero | | | able income . | | | | 0. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-NR** (2023)

| Form 1040-NR (| 2023) | | | | Page 2 |
|-------------------|---------|--|--------------------|----------------|----------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 497 | 72 3 | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | 0. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 10 | | | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | | 20 | |
| | 21 | Add lines 19 and 20 | | | |
| | 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 from | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | 23a | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 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 | | | 0. |
| Payments | 25 | Federal income tax withheld from: | | 27 | |
| Fayments | 20 a | Form(s) W-2 | 25a | | |
| | b | Form(s) 1099 | 25b | | |
| | c | Other forms (see instructions) | 250 25c | | |
| | | | | 25d | |
| | d | Add lines 25a through 25c | | | |
| | e | Form(s) 8805 | | <u>25e</u> | |
| | f | Form(s) 8288-A | | 25f | |
| | g | Form(s) 1042-S | | <u>25g</u> | |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | | 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 | 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 refundation | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments . | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour | • | | |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check | | . 🗌 35a | |
| Direct deposit? | b | Routing number X X X X X X X X C Type: Image: Complex comp | | vings | |
| See instructions. | d | Account number X X X X X X X X X X X X X X X X X X X | | | |
| | е | If you want your refund check mailed to an address outside the United Stat | es not shown on pa | ige 1, | |
| | | enter it here. | | | |
| | 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 . | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions . | | 37 | 0. |
| | 38 | Estimated tax penalty (see instructions) | 38 | | |
| Third | Do yo | ou want to allow another person to discuss this return with the IRS? See instru | ictions. 🗌 Yes. | Complete be | elow. 🛛 No |
| Party | Desig | nee's Phone | Personal | identification | 1 |
| Designee | name | no | number (| PIN) | |
| | | penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is bas | | | |
| Sign | Your | signature Date Your occupation | 1 | │ If the IRS ∉ | sent you an Identity |
| Here | | | | | PIN, enter it here |
| | | STUDENT | | (see inst.) | |
| | Phone | e no. Email address | | | |
| Paid | Prepa | arer's name Preparer's signature | Date P | TIN | Check if: |
| Preparer | VENKA | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI | P | 02470833 | Self-employed |
| - | Firm's | s name GLOBAL TAXES LLC | Р | hone no. (6 | 578)965-9522 |
| Use Only | Firm's | saddress 245 ROONEY CT E BRUNSWICK NJ 08816 | Fi | irm's EIN 8 | 38-2145487 |
| Go to www.irs.g | gov/Foi | rm1040NR for instructions and the latest information. BAA | REV 03/07/24 PRO | F | Form 1040-NR (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

Sequence No. 7B

3

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Your identifying number

6

12

Attachment

650-88-9471

VENKATA KUMAR REDDY KODUMURU

| Enter a | amount of income und | er the | appropriate rate of tax. See instructions. | | | | | | | |
|--------------------|--|---|--|----------------|----------|------------------------------------|-------------------------|--------------------------------|--|--|
| | | | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) |
| | | | | | (a) 1070 | (b) 1378 | (c) 30 70 | % | % | |
| 1 | Dividends and divide | end eo | | | | | | | | |
| а | Dividends paid by U | .S. co | rporations | | 1a | | | | | |
| b | Dividends paid by fo | reign | corporations | | 1b | | | | | |
| С | Dividend equivalent p | bayme | nts received with respect to section 871(m) to | ransactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | Paid by foreign corp | oratio | ns | | 2b | | | | | |
| с | Other | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atent | s, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | ′ сору | right royalties | | 4 | | | | | |
| 5 | Other royalties (copy | /rights | s, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | | natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies . | | | 7 | | | | | |
| 8 | Social security bene | fits . | | | 8 | | | | | |
| 9 | Capital gain from line | elow | 9 | | | | | | | |
| 10 | If zero or less, ente | r -0 | |). | | | | | | |
| а | Winnings | | | | | | | | | |
| b | | | | | 10c | | | | | |
| 11 | Gambling—Resident Note: Enter winning | ts of c s only | ountries other than Canada. . Losses aren't allowed | | 11 | | | | | |
| 12 | Other (specify): | - | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | Add lines 1a through | n 12 ir | columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by r | ate o | f tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffecti | vely connected with a U.S. trade or busines | s. Add colum | nns (a) | through (d) of line 1 | 4. Enter the total here | e and on Form 1040 |)-NR, line 23a 15 | |
| | | | Capital Gains and | d Losses I | From | Sales or Excha | anges of Proper | ty | | |
| losses f exchan | nly the capital gains and from property sales or ges that are from sources he United States and not | 16 (a) Kind of property and description (b) Date acquire | | | | (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. | | | | | | | | | |
| or loss | on disposing of a U.S. real y interest; report these | | | | | | | | | |
| gains a | nd losses on Schedule D | | | | | | | | | |
| (Form 1 | | | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | ļ | | |
| | ted with a U.S. business edule D (Form 1040), | | Add columns (f) and (g) of line 16 | | | | | 17 | | |
| | 797, or both. | 18 | Capital gain. Combine columns (f) and (| (g) of line 17 | 7. Ente | er the net gain he | re and on line 9 ab | ove. If a loss, ente | er-0 18 | |

| SCHE | DULE | 0 |
|-------|--------|-----|
| (Form | 1040-1 | √R) |

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

| | ment of the Treasury I Revenue Service | Go t | o www.irs.gov/Form1040Ni Anst | R for instructions a wer all questions. | nd the latest information. | | Attachment Sequence N | |
|------|---|------------------|---|--|-----------------------------|-----------------|--------------------------|------------|
| Name | shown on Form 1040-1 | NR | | | | Your identifyin | | |
| VEN | KATA KUMAR F | REDDY KODI | UMURU | | | 650-88-9 | 9471 | |
| Α | Of what country | or countries v | vere you a citizen or nationa | al during the tax yea | ar? INDIA | | | |
| В | In what country | did you claim | residence for tax purposes | s during the tax yea | ar? United States | | | |
| С | Have you ever a | pplied to be a | green card holder (lawful p | ermanent resident) | of the United States? . | | Yes | 🛛 No |
| D | Were you ever: | | | | | | | |
| | A U.S. citizen? | | | | | | Yes | 🗙 No |
| 2. | 0 | · · | rmanent resident) of the Un | | | | Yes | 🔀 No |
| | | |), see Pub. 519, chapter 4, | | | | | |
| Е | If you had a visa | a on the last | day of the tax year, enter y | our visa type. If yo | ou didn't have a visa, ent | er your U.S. | | |
| _ | immigration statu | us on the last (| day of the tax year. <u>F1</u> | | | | | |
| F | Have you ever cl | hanged your v | visa type (nonimmigrant stat | tus) or U.S. immigra | ation status? | | Yes | 🗙 No |
| ~ | li you answered | res, indicat | e the date and nature of the left the United States during | | | | | |
| G | | | anada or Mexico AND con | | | ont intorvale | | |
| | | | Mexico and skip to item H | | | | | |
| | Date entered U | Inited States | Date departed United State | | Date entered United States | | parted Unite | d States |
| | mm/do | а/уу | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| н | Give number of d | lavs (including | vacation, nonworkdays, and | I partial days) you w | ere present in the United S | States during: | | |
| | | | , 2022 | | | | | |
| I | Did you file a U.S | S. income tax | return for any prior year? . nd form number you filed: | | | | | 🗌 No |
| J | | | st? | | | | | 🗙 No |
| | If "Yes," did the | trust have a | U.S. or foreign owner unde | r the grantor trust i | rules, make a distribution | or loan to a | | |
| | U.S. person, or r | eceive a cont | ribution from a U.S. person | ? | | | Yes | 🗌 No |
| Κ | - | | ation of \$250,000 or more | | | | | 🛛 No |
| | | | ative method to determine t | | • | | | 🗌 No |
| L | | | f you are claiming exempti v. See Pub. 901 for more inf | | | ax treaty wit | th a foreign | country, |
| 1. | | | the applicable tax treaty art the columns below. Attach Fo | | | claimed the t | reaty benefi | t, and the |
| | | (a) Cou | ntry | (b) Tax treaty artic | | | mount of exe | |
| | | | | | claimed in prior tax yes | ars income | in current ta | ax year |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Total Enter t | this amount o | n Form 1040-NR, line 1k. D | o not enter it anyw | here else on line 1 | | | |
| 2. | | | preign country on any of the | | | | ☐ Yes | No |

If "Yes," attach a copy of the Competent Authority determination letter to your return. **M** Check the applicable box if:

3. Are you claiming treaty benefits pursuant to a Competent Authority determination?

BAA

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

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

🔀 No

Yes