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.

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number |
|--|---------------------------------|
| PRUDVISH KORRAPATI | 354-97-4573 |
| 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. | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | |
| 1 Adjusted gross income | 1 6,796. |
| 2 Total tax | 2 0. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 225. |
| 4 Amount you want refunded to you | 4 225. |
| 5 Amount you owe | 5 |

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

| | | | | EBO firm name | . . | Ē | r |
|--------------|-------------|--------|-------|---------------|-----------------------------|---|---|
| <u>~</u> | rauthorize | GLUDAL | IAVEO | | to enter or generate my PIN | _ | Î |
| \mathbf{v} | l authorize | CTORAT | TAVEC | TTC | to optor or gonorato my DIN | | |

| 7 | 4 | 5 | 7 | 3 | as | | | | |
|--|---|---|---|---|----|--|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | |

my

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 🕨

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 | 2 | | _ | | 6 all ze | | 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 > | | Date 🕨 | | | | | |
|---|----------------|------------------|--------------------------|--|--|--|--|
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | | |
| For Paperwork Reduction Act Notice, see your tax return ins | tructions. BAA | REV 03/07/24 PRO | Form 8879 (Rev. 01-2021) | | | | |

| 1040 | - | IR Department of the Treasury-Inter U.S. Nonresident Ali | nal Reven | nue Service Come Tax R | eturn | 2023 | OMB No. 1 | 545-0074 | | Dnly—Do not write le in this space. | |
|--|----------|--|-----------------------|----------------------------------|-----------|---------------------|--------------|-------------|---|--|--|
| For the year Jan | . 1–C | Dec. 31, 2023, or other tax year beginn | ning, 2023, ending, 2 | | | | | , 20 | 20 See separate instructions. | | |
| Your first name and middle initial | | | | ame | | | | Your i | Your identifying number (see instructions) | | |
| PRUDVISH | | | KORR | APATI | | | | 354 | -97-4 | 573 | |
| Home address (| numl | per and street). If you have a P.O. box | , see ins | tructions. | | | | - | | Apt. no. | |
| 1604 SW C | | | | | | | _ | | | 203 | |
| City, town, or po | ost of | ffice. If you have a foreign address, als | so comp | lete spaces belov | /. | | State | | ZIP co | de | |
| PORTLAND | | | | | | | OR | | 9720 | 1 | |
| Foreign country | nam | e | Foreigr | n province/state/c | ounty | | Foreign | postal co | ode | | |
| Filing Status Check only one box. | | Single Difference Married filing separation of the Single Difference Single Sin | | | | surviving spouse | | Espendent: | state | Trust | |
| Digital Assets | | ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f | | | | | | | | | |
| Dependents | | | | | ,_ | | (4) C | heck the bo | i | ies for (see inst.): | |
| (see instructions): | | (1) First name Last name | | (2) Dependent identifying num | | (3) Relationship to | you Ch | ild tax cre | | redit for other dependents | |
| | | | | | | | | | | | |
| If more than four dependents, see | | | | | | | | | | | |
| instructions and | | | | | | | | | | | |
| check here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | • | , | | | | | | 6,796. | |
| Effectively | b | Household employee wages not rep | | | | | | | - | | |
| Connected With U.S. | c d | Tip income not reported on line 1a (s Medicaid waiver payments not report | | | | | | | | | |
| Trade or | e | Taxable dependent care benefits fro | | | | | | . 16 | | | |
| Business | f | Employer-provided adoption benefit | | | | | | | | | |
| | g | Wages from Form 8919, line 6 | | | | | | | J | | |
| Attach Form(s) W-2, | h | Other earned income (see instruction | ns) . | | | <u>.</u> | | . 11 | ۱ 📃 | | |
| 1042-S, | i | Reserved for future use | | | | . 1 i | | | | | |
| 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 | - | line 1(e) | | | | | | - 1- | | 6 796 | |
| Form(s) | z 2a | Add lines 1a through 1h | 1 | · · · · i | | ble interest . | | | | 6,796. | |
| 1099-R if tax was | 2a 3a | Qualified dividends 3a | | | | ary dividends . | | | | | |
| withheld. | 4a | IRA distributions 4a | - | | | ble amount | | | | | |
| lf you did not | 5a | Pensions and annuities 5a | ı | | | ble amount | | |) | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | • | | | | | | | | |
| | 8 | Additional income from Schedule 1 (| | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | - | | | | | | 6,796. | |
| | 10 | Adjustments to income from Schedu | • • | | | | | . 10 |) | | |
| | 11 | Subtract line 10 from line 9. This is y | | | | | | | | 6,796. | |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) | | | | | | | 2 | 13,850. | |
| | 13a | Qualified business income deduction | | | | 1 1 | · · | | | | |
| | b | Exemptions for estates and trusts or | | | | | | | | | |
| | с | Add lines 13a and 13b | | | | | | . 13 | c | | |
| | 14 | | | | | | | | ۱ | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | | | | | | . 18 | | 0. | |
| For Disclosure, | Priva | cy Act, and Paperwork Reduction Act | Notice, | see separate inst | ructions. | | | | Form 1 (| 040-NR (2023) | |

| Form 1040-NR (| 2023) | | | | | Page 2 |
|-------------------|---------|---|---------------|----------------|-----------------|------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 2 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 | | | 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 from | | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | 23a | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), | | | | |
| | ~ | | 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: | | | 27 | 0. |
| Payments | 25 a | Form(s) W-2 | 25a | 225 | | |
| | | | 25a 25b | 225 | · | |
| | b | Form(s) 1099 | 250 25c | | - | |
| | C L | Other forms (see instructions) | | | 054 | 225. |
| | d | Add lines 25a through 25c | | | 25d | |
| | e | 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 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 | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments . | | | 33 | 225. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour | • | | 34 | 225. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check | | | 35a | 225. |
| Direct deposit? | b | | Checking | Savings | | |
| See instructions. | d | Account number 4 8 5 0 1 6 3 7 7 9 3 1 | | | | |
| | е | If you want your refund check mailed to an address outside the United State | es not sho | wn on page 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 | |
| | 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. Com | plete below | . 🛛 🗙 No |
| Party | Desig | nee's Phone | | Personal ident | ification | |
| 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 based on the true of true of the true of the true of the true of true of true of the true of true | | | | |
| Sign | Your | signature Date Your occupation | 1 | If t | ne IRS sent | you an Identity |
| Here | | | | Pro | tection PIN | l, enter it here |
| | | AIDE II (STU | JDENT TH | EACHER) (se | e inst.) | |
| | Phone | | | | | |
| Paid | Prepa | rer's name Preparer's signature | Date | PTIN | Cł | neck if: |
| Preparer | VENKA | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI | | P0247 | <u>0833 [</u> | Self-employed |
| Use Only | Firm's | sname GLOBAL TAXES LLC | | Phone | no. (678 |)965-9522 |
| | Firm's | address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Firm's | EIN 88- | 2145487 |
| Go to www.irs.g | gov/Fo | rm1040NR for instructions and the latest information. BAA | REV 03/0 |)7/24 PRO | Form | 1040-NR (2023) |

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

Attachment Sequence No. 7B Your identifying number

2

PRUDVISH KORRAPATI

354-97-4573

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) | | |
|--|--|---|-----------------------------------|----------------|------------------------------------|-------------------------|-------------------------|--|--|
| | | | | | (a) 10% | (d) 15% | (C) 30% | % | % |
| 1 | Dividends and divide | nd equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | |
| с | | ayments received with respect to section 871(m) training | t t | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | | prations | t t | 2b | | | | | |
| с | | | | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | | copyright royalties | | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | F | 5 | | | | | |
| 6 | | e and natural resources royalties | F | 6 | | | | | |
| 7 | | es | | 7 | | | | | |
| 8 | | its | | 8 | | | | | |
| 9 | | e 18 below | | 9 | | | | | |
| 10 | | | | - | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Gambling—Resident Note: Enter winnings | s of countries other than Canada. | [| 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or business | s. Add columr | ns (a) t | through (d) of line 14 | 4. Enter the total here | and on Form 1040 | -NR, line 23a 15 | |
| | | Capital Gains and | d Losses F | rom | Sales or Excha | nges 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 acqu mm/dd/yyy | | (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 | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | |
| | eted with a U.S. business edule D (Form 1040), | 17 Add columns (f) and (g) of line 16 | | • | | | 17 | | |
| Form 4797, or both. | | 18 Capital gain. Combine columns (f) and (| g) of line 17. | . Ente | er the net gain her | e and on line 9 abo | ove. If a loss, ente | er-0 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Co to usual in any/Form1040NP for instructions and the latest information

2023

OMB No. 1545-0074

| | ent of the Treasury Go t Revenue Service | to www.irs.gov/Form1040N Ans | <i>IR</i> for instructions and swer all questions. | | Attachment Sequence N | o. 7C | |
|---------|---|---------------------------------|--|-------------------------|--------------------------|----------------|---------------|
| Name sł | nown on Form 1040-NR | | | | Your identifyi | ng number | |
| PRUD | VISH KORRAPATI | | | | 354-97- | | |
| Α | Of what country or countries w | vere you a citizen or nation | al during the tax year? | INDIA | | | |
| в | In what country did you claim | residence for tax purpose | es during the tax year? | United States | | | |
| С | Have you ever applied to be a | green card holder (lawful p | permanent resident) of | the United States? . | | Yes | 🛛 No |
| D | Were you ever: | | | | | | |
| | | | | | | | 🛛 No |
| 2. | A green card holder (lawful pe | , | | | | Ves | 🗙 No |
| _ | If you answer "Yes" to (1) or (2 | | | | | | |
| Е | If you had a visa on the last | day of the tax year, enter | | | | | |
| _ | immigration status on the last | | · · · · · · · · | | | | |
| F | Have you ever changed your v | /isa type (nonimmigrant sta | atus) or U.S. immigratic | on status? | | Yes | 🗙 No |
| ~ | If you answered "Yes," indicat | le the date and hature of th | | | | | |
| G | List all dates you entered and Note: If you're a resident of C | | • | | uont intonvolo | | |
| | check the box for Canada of | | | | | | |
| | Date entered United States | Date departed United Stat | | te entered United State | | parted Unite | d States |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | u States |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| н | Give number of days (including | vacation, nonworkdays, and | d partial days) you were | present in the United | States during: | | |
| | 2021 | , 2022 | , and 20 | 23 365 | · · · | | |
| I. | Did you file a U.S. income tax | return for any prior year? . | | | | | 🗌 No |
| | If "Yes," give the latest year an | nd form number you filed: | 104 | IONR | | | _ |
| J | Are you filing a return for a true | | | | | | 🗙 No |
| | If "Yes," did the trust have a | | | | | | — |
| 14 | U.S. person, or receive a cont | | | | | | ∐ No |
| K | Did you receive total compens | | • • | | | | X No |
| L | If "Yes," did you use an altern Income Exempt From Tax-I | | | | | | |
| - | complete (1) through (3) below | | | | ian irealy wi | li a loreigi | r country, |
| 1. | Enter the name of the country, | | | | claimed the | treaty benefi | it and the |
| | amount of exempt income in th | | | | | | , and mo |
| | (a) Cou | untry | (b) Tax treaty article | (c) Number of month | ns (d) A | mount of ex | empt |
| | | | | claimed in prior tax ye | | e in current t | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| - | (e) Total. Enter this amount o | | - | | - | | |
| | Were you subject to tax in a fo | | | | | | No No |
| 3. | Are you claiming treaty benefit | | - | | | ∐ Yes | 🗙 No |
| м | If "Yes," attach a copy of the C | Joinpetent Authority deterr | mination letter to your l | etum. | | | |
| M 1 | Check the applicable box if: This is the first year you are m | aking an election to treat in | ncome from real propo | rty located in the Unit | ed States as | effectively o | onnected |
| 1. | with a U.S. trade or business | | | | | | |
| • | | | | | | | ل امعان مع |

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

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

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