

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                              |                                       |
|------------------------------|---------------------------------------|
| Taxpayer's name<br>NEHA SALI | Social security number<br>774-29-8404 |
| 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 | 29,750. |
| 2 | Total tax   | 2 | 1,638.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 2,535.  |
| 4 | Amount you want refunded to you                               | 4 | 897.    |
| 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 perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 8 | 4 | 0 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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 my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- 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 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

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 the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

|  |                       |   |
|--|-----------------------|---|
| Your first name and middle initial<br><br>NEHA | Last name<br><br>SALI | Your identifying number (see instructions)<br><br>774-29-8404 |
|--|-----------------------|---|

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
 125 TERRYVILLE ROAD 4B

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code  
 PORT JEFFERSON STATION NY 11776

Foreign country name Foreign province/state/county Foreign postal code

**Filing Status**  
 Single     Married filing separately (MFS)     Qualifying surviving spouse (QSS)     Estate     Trust  
 If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:  
 \_\_\_\_\_  
 Check only one box.

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)     Yes     No

| Dependents (see instructions):   | (1) First name |  | Last name | (2) Dependent's identifying number | (3) Relationship to you | (4) Check the box if qualifies for (see inst.): |                             |
|--|----------------|--|-----------|------------------------------------|-------------------------|---|-----------------------------|
|  |                |  |           |                                    |                         | Child tax credit                                | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> |                |  |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |
|  |                |  |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |
|  |                |  |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |
|  |                |  |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |

|   |  |  |            |           |            |                |                    |           |  |
|---|--|--|------------|-----------|------------|----------------|--------------------|-----------|--|
| <b>Income Effectively Connected With U.S. Trade or Business</b><br><br>Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.<br><br>If you did not get a Form W-2, see instructions. | <b>1a</b>  | Total amount from Form(s) W-2, box 1 (see instructions)                            |            |           |            | <b>1a</b>      | 29,750.            |           |  |
|   | <b>b</b>   | Household employee wages not reported on Form(s) W-2                               |            |           |            | <b>1b</b>      |                    |           |  |
|   | <b>c</b>   | Tip income not reported on line 1a (see instructions)                              |            |           |            | <b>1c</b>      |                    |           |  |
|   | <b>d</b>   | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)            |            |           |            | <b>1d</b>      |                    |           |  |
|   | <b>e</b>   | Taxable dependent care benefits from Form 2441, line 26                            |            |           |            | <b>1e</b>      |                    |           |  |
|   | <b>f</b>   | Employer-provided adoption benefits from Form 8839, line 29                        |            |           |            | <b>1f</b>      |                    |           |  |
|   | <b>g</b>   | Wages from Form 8919, line 6   |            |           |            | <b>1g</b>      |                    |           |  |
|   | <b>h</b>   | Other earned income (see instructions)   |            |           |            | <b>1h</b>      |                    |           |  |
|   | <b>i</b>   | Reserved for future use  |            |           |            | <b>1i</b>      |                    |           |  |
|   | <b>j</b>   | Reserved for future use  |            |           |            | <b>1j</b>      |                    |           |  |
|   | <b>k</b>   | Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e) |            |           |            | <b>1k</b>      |                    |           |  |
|   | <b>z</b>   | Add lines 1a through 1h  |            |           |            | <b>1z</b>      | 29,750.            |           |  |
|   | <b>2a</b>  | Tax-exempt interest  |            | <b>2a</b> |            | <b>2b</b>      | Taxable interest   | <b>2b</b> |  |
|   | <b>3a</b>  | Qualified dividends  |            | <b>3a</b> |            | <b>3b</b>      | Ordinary dividends | <b>3b</b> |  |
|   | <b>4a</b>  | IRA distributions  |            | <b>4a</b> |            | <b>4b</b>      | Taxable amount     | <b>4b</b> |  |
| <b>5a</b>   | Pensions and annuities   |  | <b>5a</b>  |           | <b>5b</b>  | Taxable amount | <b>5b</b>          |           |  |
| <b>6</b>  | Reserved for future use  |  |            |           | <b>6</b>   |                |                    |           |  |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>  |  |            |           | <b>7</b>   |                |                    |           |  |
| <b>8</b>  | Additional income from Schedule 1 (Form 1040), line 10   |  |            |           | <b>8</b>   |                |                    |           |  |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>   |  |            |           | <b>9</b>   | 29,750.        |                    |           |  |
| <b>10</b>   | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>  |  |            |           | <b>10</b>  |                |                    |           |  |
| <b>11</b>   | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>  |  |            |           | <b>11</b>  | 29,750.        |                    |           |  |
| <b>12</b>   | Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) <span style="float:right">Std Dedn US/India Treaty</span> |  |            |           | <b>12</b>  | 13,850.        |                    |           |  |
| <b>13a</b>  | Qualified business income deduction from Form 8995 or Form 8995-A  |  | <b>13a</b> |           | <b>13c</b> |                |                    |           |  |
| <b>b</b>  | Exemptions for estates and trusts only (see instructions)  |  | <b>13b</b> |           |            |                |                    |           |  |
| <b>c</b>  | Add lines 13a and 13b  |  |            |           | <b>13c</b> |                |                    |           |  |
| <b>14</b>   | Add lines 12 and 13c   |  |            |           | <b>14</b>  | 13,850.        |                    |           |  |
| <b>15</b>   | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>  |  |            |           | <b>15</b>  | 15,900.        |                    |           |  |

|                        |  |   |            |        |
|------------------------|--|---|------------|--------|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b>  | 1,691. |
|                        | <b>17</b>  | Amount from Schedule 2 (Form 1040), line 3 . . . . .  | <b>17</b>  | 0.     |
|                        | <b>18</b>  | Add lines 16 and 17 . . . . .   | <b>18</b>  | 1,691. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) . . . . .  | <b>19</b>  |        |
|                        | <b>20</b>  | Amount from Schedule 3 (Form 1040), line 8 . . . . .  | <b>20</b>  | 53.    |
|                        | <b>21</b>  | Add lines 19 and 20 . . . . .   | <b>21</b>  | 53.    |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .   | <b>22</b>  | 1,638. |
|                        | <b>23a</b>   | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 . . . . .   | <b>23a</b> |        |
| <b>b</b>               | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 . . . . . | <b>23b</b>  |            |        |
| <b>c</b>               | Transportation tax (see instructions) . . . . .  | <b>23c</b>  |            |        |
| <b>d</b>               | Add lines 23a through 23c . . . . .  | <b>23d</b>  |            |        |
| <b>24</b>              | Add lines 22 and 23d. This is your <b>total tax</b> . . . . .                              | <b>24</b>   | 1,638.     |        |

|                 |   |   |            |        |
|-----------------|---|---|------------|--------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2 . . . . .   | <b>25a</b> | 2,535. |
|                 | <b>b</b>  | Form(s) 1099 . . . . .  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions) . . . . .                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c . . . . .                                       | <b>25d</b> | 2,535. |
|                 | <b>e</b>  | Form(s) 8805 . . . . .  | <b>25e</b> |        |
|                 | <b>f</b>  | Form(s) 8288-A . . . . .  | <b>25f</b> |        |
|                 | <b>g</b>  | Form(s) 1042-S . . . . .  | <b>25g</b> |        |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return . . . . . | <b>26</b>  |        |
|                 | <b>27</b>   | Reserved for future use . . . . .   | <b>27</b>  |        |
| <b>28</b>       | Additional child tax credit from Schedule 8812 (Form 1040) . . . . .                                  | <b>28</b>   |            |        |
| <b>29</b>       | Credit for amount paid with Form 1040-C . . . . .   | <b>29</b>   |            |        |
| <b>30</b>       | Reserved for future use . . . . .   | <b>30</b>   |            |        |
| <b>31</b>       | Amount from Schedule 3 (Form 1040), line 15 . . . . .   | <b>31</b>   |            |        |
| <b>32</b>       | Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>   |            |        |
| <b>33</b>       | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . . . . .              | <b>33</b>   | 2,535.     |        |

|               |  |   |            |      |
|---------------|--|---|------------|------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .                        | <b>34</b>  | 897. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>             | <b>35a</b> | 897. |
|               | <b>b</b>   | Routing number 0 2 1 0 0 0 0 2 1 . . . . . <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |      |
|               | <b>d</b>   | Account number 5 1 9 9 9 1 1 7 1 . . . . .  |            |      |
|               | <b>e</b>   | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____                  |            |      |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . . | <b>36</b>   |            |      |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . . | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions) . . . . .  | <b>38</b> |  |

|                             |  |                 |  |
|-----------------------------|--|-----------------|--|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |                 |  |
|                             | Designee's name _____  | Phone no. _____ | Personal identification number (PIN) _____ |

|                  |  |                     |                                 |   |
|------------------|--|---------------------|---------------------------------|---|
| <b>Sign Here</b> | 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                     |                                 |   |
|                  | Your signature _____   | Date _____          | Your occupation<br>SCIENTIST QC | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
|                  | Phone no. _____  | Email address _____ |                                 |   |

|                               |   |  |                    |                   |   |
|-------------------------------|---|--|--------------------|-------------------|---|
| <b>Paid Preparer Use Only</b> | Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA   | Date<br>04/15/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name<br>GLOBAL TAXES LLC               | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816 |                    |                   | Phone no.<br>(678) 965-9522                         |
|                               | Firm's EIN<br>84-3171965                      |  |                    |                   |   |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
NEHA SALI

Your social security number  
774-29-8404

**Part I Nonrefundable Credits**

|           |   |           |     |
|-----------|---|-----------|-----|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  | <b>1</b>  |     |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |     |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   | <b>3</b>  |     |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  | 53. |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   | <b>5a</b> |     |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |     |
| <b>6</b>  | Other nonrefundable credits:  |           |     |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |     |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |     |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |     |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |     |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |     |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> |     |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |     |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |     |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |     |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |     |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |     |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |     |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |     |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____<br>_____   | <b>6z</b> |     |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  |     |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 53. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |  |
|-----------|--|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:  |            |           |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |  |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |           |  |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |           |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____                           | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . |            | <b>15</b> |  |

**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**

Attach to Form 1040-NR.

Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **7B**

Name shown on Form 1040-NR

NEHA SALI

Your identifying number

774-29-8404

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

| Nature of Income  |            | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) |   |
|---|------------|---------|---------|---------|---------------------|---|
|   |            |         |         |         | %                   | % |
| <b>1</b> Dividends and dividend equivalents:  |            |         |         |         |                     |   |
| <b>a</b> Dividends paid by U.S. corporations . . . . .  | <b>1a</b>  |         |         |         |                     |   |
| <b>b</b> Dividends paid by foreign corporations . . . . .   | <b>1b</b>  |         |         |         |                     |   |
| <b>c</b> Dividend equivalent payments received with respect to section 871(m) transactions  | <b>1c</b>  |         |         |         |                     |   |
| <b>2</b> Interest:  |            |         |         |         |                     |   |
| <b>a</b> Mortgage . . . . .   | <b>2a</b>  |         |         |         |                     |   |
| <b>b</b> Paid by foreign corporations . . . . .   | <b>2b</b>  |         |         |         |                     |   |
| <b>c</b> Other . . . . .  | <b>2c</b>  |         |         |         |                     |   |
| <b>3</b> Industrial royalties (patents, trademarks, etc.) . . . . .   | <b>3</b>   |         |         |         |                     |   |
| <b>4</b> Motion picture or TV copyright royalties . . . . .   | <b>4</b>   |         |         |         |                     |   |
| <b>5</b> Other royalties (copyrights, recording, publishing, etc.) . . . . .  | <b>5</b>   |         |         |         |                     |   |
| <b>6</b> Real property income and natural resources royalties . . . . .   | <b>6</b>   |         |         |         |                     |   |
| <b>7</b> Pensions and annuities . . . . .   | <b>7</b>   |         |         |         |                     |   |
| <b>8</b> Social security benefits . . . . .   | <b>8</b>   |         |         |         |                     |   |
| <b>9</b> Capital gain from line 18 below . . . . .  | <b>9</b>   |         |         |         |                     |   |
| <b>10</b> Gambling—Residents of Canada only. Enter net income in column (c).<br>If zero or less, enter -0-.   |            |         |         |         |                     |   |
| <b>a</b> Winnings _____   |            |         |         |         |                     |   |
| <b>b</b> Losses _____   | <b>10c</b> |         |         |         |                     |   |
| <b>11</b> Gambling—Residents of countries other than Canada.<br>Note: Enter winnings only. Losses aren't allowed . . . . .  | <b>11</b>  |         |         |         |                     |   |
| <b>12</b> Other (specify): _____  |            |         |         |         |                     |   |
|   | <b>12</b>  |         |         |         |                     |   |
| <b>13</b> Add lines 1a through 12 in columns (a) through (d) . . . . .  | <b>13</b>  |         |         |         |                     |   |
| <b>14</b> Multiply line 13 by rate of tax at top of each column . . . . .   | <b>14</b>  |         |         |         |                     |   |
| <b>15</b> Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a | <b>15</b>  |         |         |         |                     |   |

**Capital Gains and Losses From Sales or Exchanges of Property**

| 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 (Form 1040).<br><br>Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | <b>16</b> | (a) Kind of property and description<br>(if necessary, attach statement of descriptive details not shown below)                   | (b) Date acquired<br>mm/dd/yyyy | (c) Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS  | (g) GAIN  |  |
|--|-----------|---|---------------------------------|-----------------------------|-----------------|-------------------------|---|---|--|
|  |           |   |                                 |                             |                 |                         | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). |  |
|  |           |   |                                 |                             |                 |                         |   |   |  |
|  |           |   |                                 |                             |                 |                         |   |   |  |
|  |           |   |                                 |                             |                 |                         |   |   |  |
|  |           |   |                                 |                             |                 |                         |   |   |  |
|  | <b>17</b> | Add columns (f) and (g) of line 16 . . . . .  |                                 |                             |                 |                         | ( )   |   |  |
|  | <b>18</b> | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . . . . . |                                 |                             |                 |                         |   |   |  |

SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR

NEHA SALI

Your identifying number

774-29-8404

- A Of what country or countries were you a citizen or national during the tax year? INDIA
B In what country did you claim residence for tax purposes during the tax year? India
C 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. A green card holder (lawful permanent resident) of the United States?
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 during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H.

Table with 2 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

Table with 2 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

- H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021, 2022, and 2023 365
I Did you file a U.S. income tax return for any prior year?
J Are you filing a return for a trust?
K Did you receive total compensation of \$250,000 or more during the tax year?
L Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

- (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1
M Check the applicable box if: 1. This is the first year you are making an election 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. 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.

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
774-29-8404

NEHA SALI

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2 0.  |
| <b>3</b>  | If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 3,850.  |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4 0.  |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | 5 3,850.  |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .   | 6 3,850.  |
| <b>7</b>  | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .   | 7 0.  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | 8 3,850.  |
| <b>9</b>  | Employer contributions made to your HSAs for 2023 . . . . .  | 9 212.  |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | 10  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | 11 212.   |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 3,638.   |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 0.   |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |     |
|------------|--|-----|
| <b>14a</b> | Total distributions you received in 2023 from all HSAs (see instructions) . . . . .  | 14a |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | 14b |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | 14c |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | 15  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | 16  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |     |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | 17b |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |    |
|-----------|--|----|
| <b>18</b> | Last-month rule . . . . .  | 18 |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | 19 |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | 21 |



**Credit for Qualified Retirement Savings Contributions**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

**2023**  
Attachment  
Sequence No. **54**

Name(s) shown on return  
NEHA SALI

Your social security number  
774-29-8404



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- Enter the applicable decimal amount from the table below.

|          | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| <b>1</b> |         |                 |
| <b>2</b> | 525.    |                 |
| <b>3</b> | 525.    |                 |
| <b>4</b> |         |                 |
| <b>5</b> | 525.    |                 |
| <b>6</b> | 525.    |                 |
| <b>7</b> |         | 525.            |
| <b>8</b> | 29,750. |                 |

| If line 8 is—    |               | And your filing status is— |                   |   |
|------------------|---------------|----------------------------|-------------------|---|
| Over—            | But not over— | Married filing jointly     | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| Enter on line 9— |               |                            |                   |   |
| ---              | \$21,750      | 0.5                        | 0.5               | 0.5   |
| \$21,750         | \$23,750      | 0.5                        | 0.5               | 0.2   |
| \$23,750         | \$32,625      | 0.5                        | 0.5               | 0.1   |
| \$32,625         | \$35,625      | 0.5                        | 0.2               | 0.1   |
| \$35,625         | \$36,500      | 0.5                        | 0.1               | 0.1   |
| \$36,500         | \$43,500      | 0.5                        | 0.1               | 0.0   |
| \$43,500         | \$47,500      | 0.2                        | 0.1               | 0.0   |
| \$47,500         | \$54,750      | 0.1                        | 0.1               | 0.0   |
| \$54,750         | \$73,000      | 0.1                        | 0.0               | 0.0   |
| \$73,000         | ---           | 0.0                        | 0.0               | 0.0   |

**Note:** If line 9 is zero, **stop**; you can't take this credit.

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>10</b> | Multiply line 7 by line 9 . . . . .   | <b>10</b> | 53.    |
| <b>11</b> | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .   | <b>11</b> | 1,691. |
| <b>12</b> | <b>Credit for qualified retirement savings contributions.</b> Enter the <b>smaller</b> of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . . | <b>12</b> | 53.    |

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.