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

| Subm | nission Identification Number (SID) | | | | |
|---|---|--|--|--|---|
| Taxpay | er's name | Social security number | | | |
| ROH | AN KUMARIYA | 032-49-5331 | | | |
| Spouse | o's name | Spouse's social security number | | | |
| Par | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | year you a | re autho | rizing.) | |
| 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 | 3,1 | 150. |
| 2 | Total tax | | 2 | | 0. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 221. |
| 4 | Amount you want refunded to you | | 4 | 2 | <u> 221.</u> |
| 5 | Amount you owe | | 5 | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and le penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) | | | | |
| return to sen for any Agent payme author payme busine taxes persor | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Ucto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated from the function of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent. | tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizatests must be processing of ayment. I furt | nic return ansmission and its desi ax prepara entry to the tion. To re- received the electron | originator on, (b) the r ignated Fir ition softw his accour evoke (car no later ronic paym | r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the |
| | ayer's PIN: check one box only | | | | |
| | I authorize GLOBAL TAXES LLC to enter or generate | nv PIN | 5 3 | 3 1 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ent | er five digi n't enter all | ts, but | , |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methodolow. | | | | |
| Your | signature ▶ Date ▶ | 4/12 | /2024 | | |
| Spou | se's PIN: check one box only | | | | |
| Г | I authorize to enter or generate | nv PIN | | | as my |
| | ERO firm name | | er five digi | | 10 111y |
| | signature on the income tax return (original or amended) I am now authorizing. | | n't enter all | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN and your return is filed using the Practitioner PIN methology. | | | | |
| Spou | se'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 0 8 er all zeros | | 1 |
| author | by that the above numeric entry is my PIN, which is my signature for the electronic individual income take ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In | tting this retu | rn in acco | ordanće w | |
| FRO' | s signature ▶ Date ▶ | | | | |
| <u> </u> | ERO Must Retain This Form — See Instructions | | | | |
| | | | | | |

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 Jan | . 1–C | Dec. 31, 2023, or other tax year begin | nning | , 2023, | ending | | | , 2 | 0 | See separate instructions. |
|--|--|--|----------------|-----------------------------------|----------------|--------------|---------|----------|-------------|---------------------------------------|
| Your first name | and r | middle initial | Last na | ame | | | | , | Your ider | ntifying number |
| | | | | | | | | | (see instru | |
| ROHAN | | | KUMA | ARIYA | | | | | 032-4 | 9-5331 |
| Home address (| numl | per and street). If you have a P.O. bo | ox, see ins | structions. | | | | | | Apt. no. |
| 2301 W WH | ITE | : AVE | | | | | | | | 1218 |
| City, town, or po | ost of | ffice. If you have a foreign address, | also comp | olete spaces below. | | | St | ate | Z | IP code |
| MCKINNEY | | | | | | | T | X | 7 | 5071 |
| Foreign country | nam | e | Foreig | n province/state/county | | | Fo | reign po | stal code | • |
| | | | | | | | | | | |
| Filing | × | Single Married filing se | narately (I | MES) 🗍 Qualifvii | na surviv | ina spoi | ise (OS | (S) | ☐ Estat | te 🗌 Trust |
| ROHAN Home address (num 2301 W WHITE City, town, or post or MCKINNEY Foreign country nam Filling Status Check only one box. Digital Assets Check only one box. Digital Assets See instructions): If more than four dependents, see instructions and check here mcome Effectively Connected With U.S. Trade or Business Attach Form(s) W-2, 1042-S, 10 | ☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ Qualifying surviving spouse (QSS) ☐ Qualifying person is a child but not your dependent of the qualifying person is a child but not your dependent. | | | | | | | | | |
| Check only | | , | | | | | , | | | |
| | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rec erwise dispose of a digital asset (or a | | | | | | | | |
| . | Othe | erwise dispose or a digital asset (or a | ı ııı aı ıcıaı | linerest iii a digital asser | .): (See i | i isti uctic | 115.) | | | ☐ Yes ☒ No qualifies for (see inst.): |
| - | | | | (2) Dependent's | | | | 1 | | Credit for other |
| (see instructions). | | (1) First name Last name | е | identifying number | (3) Rel | ationship | to you | Child | tax credit | dependents |
| If mare then four | | | | | | | | | | |
| dependents, see | | | | | | | | | <u> </u> | |
| instructions and | | | | | | | | | <u> </u> | <u> </u> |
| check here | | | | | | | | | | |
| Income | | Total amount from Form(s) W-2, b | , | , | | | | | 1a | 3,150. |
| _ | | Household employee wages not re | • | ` ' | | | | | 1b | |
| | _ | Tip income not reported on line 1a | ` | , | | | | | 1c | |
| | | Medicaid waiver payments not rep | | ., | , | | | | 1d | |
| | | Taxable dependent care benefits f | | · | | | | | 1e | |
| Business | | Employer-provided adoption bene Wages from Form 8919, line 6. | | • | | | | | 1f | |
| Attach | | • | | | | | | | 1g 1h | |
| Form(s) W-2, | _ | Other earned income (see instructions) | | | | | | | 111 | |
| 1042-5, SSA-1042-S, | i | Reserved for future use | | | | | | | 1j | |
| RRB-1042-S, | , k | | | | | | | | | |
| | ĸ | line 1(e) | | , | | 1k | | | | |
| attach | z | Add lines 1a through 1h | | | | | | | 1z | 3,150. |
| Form(s) | 2a | | 2a | b Tax | able inte | erest . | | | 2b | |
| tax was | За | Qualified dividends | 3a | b Ord | dinary di | vidends | | | 3b | |
| withheld. | 4a | | 4a | b Tax | able am | ount . | | | 4b | |
| lf you did not | 5a | Pensions and annuities | 5а | b Tax | able am | ount . | | | 5b | |
| • | 6 | Reserved for future use | | | | | | | 6 | |
| instructions. | 7 | Capital gain or (loss). Attach Schee | 7 | | | | | | | |
| | 8 | Additional income from Schedule | 1 (Form 10 | 040), line 10 | | | | | 8 | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | d 8. This is | s your total effectively c | onnecte | ed incon | ъ. | | 9 | 3,150. |
| | 10 | Adjustments to income from Scheincome | • | orm 1040), line 26. Thes | • | | - | | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 3,150. |
| | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) | | | | | | | | | 13,850. |
| | | | | | | | | | | · |
| | | Exemptions for estates and trusts | | | | 13b | | | | |
| | С | Add lines 13a and 13b | • • | • | | | | | 13c | |
| | 14 | Add lines 12 and 13c | | | | | | | 14 | 13,850. |
| | 15 | Subtract line 1/1 from line 11. If zer | o or loce | enter -0- This is your ta | vabla in | aama | | | 15 | Λ |

| Form 1040-NR (2 | 2023) | | | | | | | | | Page 2 |
|-------------------|--|---|---------------------|----------------|---------|--------|--------------------|-------------|-------------------------------------|---------------|
| Tax and | 16 | Tax (see instructions). Check if any from Fo | rm(s): 1 | 14 2 | 4972 | : ; | 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 dependent | 19 | | | | | | | |
| | 20 | Amount from Schedule 3 (Form 1040), line | 20 | | | | | | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or les | s, enter -0 | | | | | | 22 | 0. |
| | 23a | Tax on income not effectively connected v Schedule NEC (Form 1040-NR), line 15 | vith a U.S. trade o | | | 23a | | | | |
| | b | Other taxes, including self-employment talline 21 | ax, from Schedule | e 2 (Form 10 | 040), | 23b | | | | |
| | С | Transportation tax (see instructions) . | | | Г | 23c | | | | |
| | d | Add lines 23a through 23c | | | - | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total ta | x | | | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| , | а | Form(s) W-2 | | | | 25a | | 221. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 221. |
| | 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 | | | 1 | 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 | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These are your t | | | _ | | edits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. | | | | | | | 33 | 221. |
| Refund | 34 | If line 33 is more than line 24, subtract line | | | | | | | 34 | 221. |
| neiuliu | 35a | Amount of line 34 you want refunded to y | | | | - | = | | 35a | 221. |
| Direct deposit? | b | Routing number 1 1 1 9 0 0 | | c Type: | _ | Check | | Savings | OGA | 221. |
| See instructions. | d | Account number 2 7 7 7 0 1 | | | | | g | Oavings | | |
| | e | If you want your refund check mailed to a | | | d State | e not | Ebown on | nage 1 | | |
| | C | enter it here. | ii addiess odisid | e the Office | Jolaic | 3 1101 | SHOWIT OF | i page i, | | |
| | 36 | Amount of line 34 you want applied to yo | | | | 36 | | | - | |
| Amount | 37 | Subtract line 33 from line 24. This is the au | | ou tux . | • | | | | | |
| You Owe | 0, | For details on how to pay, go to www.irs.g | • | see instruct | ions . | | | | 37 | |
| rou Owe | 38 | Estimated tax penalty (see instructions) | | | | 38 | • • | | 01 | |
| Third | | , | | | inetruc | | | es. Comp | lete hel | ow. 🗵 No |
| Party | · | | | | | | | | IOW. 140 | |
| Designee | Designee's Phone Persona name no. number | | | | | | ication | | | |
| | 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. | | | | | | | | | |
| Sign | Your signature Date Your occupation | | | nation | | | If th | e IRS s | ent you an Identity | |
| Here | STUDENT | | | | Pro | | PIN, enter it here | | | |
| ļ | Phon | e no. | Email address | | | | | 1, | | |
| Deid | | | 's signature | | | Date | | PTIN | | Check if: |
| Paid | • | ' | PRIYA RAM S | SAGAR GII | JPTA | 04/1 | 2/2024 | P0208 | 2703 | Self-employed |
| Preparer | Firm's name CIODAT TAVES IIC | | | | | | | 78)965-9522 | | |
| Use Only | Firm's address 245 ROONEY CT E BRIINSWICK NJ 08816 Firm's E | | | | | | | | 78/903-9522 4-3171965 | |

BAA

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

ROHAN KUMARIYA 032-49-5331 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 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 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). 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). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

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.

Attachment Sequence No. **7C**

OMB No. 1545-0074

| Name sl | nown on Form 1040-NR | | | | Your identifying number | | | | | | |
|---------|---|---|---------------------------|---|-----------------------------|--------------|--|--|--|--|--|
| ROHA | AN KUMARIYA | 032-49-5331 | | | | | | | | | |
| 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 purpose | s during the tax ye | ar? United States | | | | | | | |
| С | Have you ever applied to be a |) of the United States? . | 🗌 Yes | ⊠ No | | | | | | | |
| D | Were you ever: | | | | | | | | | | |
| 1. | A U.S. citizen? | | 🗌 Yes | ⊠ No | | | | | | | |
| 2. | A green card holder (lawful pe | 🗌 Yes | ⊠ No | | | | | | | | |
| | 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 | | | | | | | | | |
| | Note: If you're a resident of C | | | | ent intervals, | | | | | | |
| | check the box for Canada or | check the box for Canada or Mexico and skip to item H | | | | | | | | | |
| | Date entered United States | Date departed United Stat | es | Date entered United State | s Date departed Unite | d States | | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | mm/dd/yy | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including 2021 | vacation, nonworkdays, and | | | | | | | | | |
| I | Did you file a U.S. income tax | return for any prior year?. | | | Yes | ⊠ No | | | | | |
| J | If "Yes," give the latest year and form number you filed: Are you filing a return for a trust? | | | | | | | | | | |
| | U.S. person, or receive a contr | | | | = | ☐ No | | | | | |
| K | Did you receive total compens | | | | | ⊠ No | | | | | |
| | If "Yes," did you use an alterna | | | • | | □No | | | | | |
| 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 t amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | | | | | |
| | (a) Cou | ntry | (b) Tax treaty arti | cle (c) Number of month claimed in prior tax ye | ',' | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount of | n Form 1040-NR line 1k Γ | L On not enter it anvw | where else on line 1 | | | | | | | |
| 2. | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 | | | | | | | | | | |
| | Are you claiming treaty benefit | | | | Yes | ∐ No ⊠ No | | | | | |
| ٥. | If "Yes," attach a copy of the (| • | • | | | <u> </u> | | | | | |
| М | Check the applicable box if: | zampotom rationty doton | aon to ye | | | | | | | | |
| | This is the first year you are m with a U.S. trade or business u | | | | | | | | | | |
| 2. | You have made an election in States as effectively connecte | n a previous year that has | not been revoked | d, to treat income from re | eal property located in the | he United | | | | | |