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

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	per	
CHAI	RAN TEJA BATTHINA	692-93	-318	3	
Spouse'	's name	Spouse's soo	ial secu	urity number	'
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	re au	thorizina '	<u> </u>
	whole dollars only on lines 1 through 5.	ci yeai you a	ic au	triorizing.	<u>/</u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1] 3	,734.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		291.
4	Amount you want refunded to you		4		291.
5	Amount you owe		5		
Part		l keep a cop	y of y	our retu	rn)
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendo by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transforms of the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the amounter, or electro- ejection of the tr U.S. Treasury andicated in the traition to debit the atte the authorizate quests must be the processing of payment. I further	ounts for the counts of the country settion. The country settion. The country settion is the country settion.	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		e my PIN	3 2	1 8 3	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your s	signature ▶ Date ▶				
Snous	se's PIN: check one box only				
Opous	I authorize to enter or generat	e my DINI			as my
	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
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 4 9	6 6	1 9 8	9
		Don't ent	er all Z6	2108	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordance	
ERO's	s signature ► Date ►				
	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 Ja	n. 1–C	ec. 31, 2023, or other tax year beginr	ning	, 2023,	ending	, 2	0	See separate instructions.		
Your first name	and	niddle initial						Your identifying number		
								(see instructions)		
CHARAN TI	ΞJA		BATT	HINA			692-9	3-3183		
Home address	(num	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
4017 FOX	MEA	DOW WAY								
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.	;	State	ZI	P code		
PROSPECT						KY		0059		
Foreign country	/ nam	e	Foreign	n province/state/county		oreign po	ostal code			
-	1									
Filing	×	Single Married filing sep	arately (N	/IFS) Qualifyii	ng surviving spouse (C	(SS)	☐ Estat	e 🗌 Trust		
Status	lf :	you checked the QSS box, enter the	child's na	ame if the qualifying pers	son is a child but not y	our deper	ndent:			
Check only one box.										
Digital Assets	At a	ny time during 2023, did you: (a) rece	ive (as a	reward, award, or paym	ent for property or ser	vices): or	(b) sell, exc	change, or		
Digital Assets		rwise dispose of a digital asset (or a				,				
Dependents	;					(4) Chec	k the box if	qualifies for (see inst.):		
(see instructions)		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to you	Child	tax credit	Credit for other		
				identifying number	(3) Nelationship to you	+		dependents		
If more than four								 		
dependents, see instructions and	· —									
check here										
Income	1a	Total amount from Form(s) W-2, box	x 1 (see i	nstructions)			1a	3,734.		
Effectively	b	Household employee wages not rep	orted or	Form(s) W-2			1b			
Connected	С	Tip income not reported on line 1a (see instr	uctions)			1c			
With U.S.	d	Medicaid waiver payments not repo	rted on F	Form(s) W-2 (see instruc	tions)		1d			
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			1e			
Business	f	Employer-provided adoption benefi		·			1f			
Attach	g	Wages from Form 8919, line 6					1g			
Form(s) W-2,	h :	Other earned income (see instruction	,				1h			
1042-S, SSA-1042-S,	i :	Reserved for future use					1;			
RRB-1042-S,	J k	Total income exempt by a treaty fro			1 1		1j			
and 8288-A here. Also	Α.	line 1(e)			1k					
attach	z	Add lines 1a through 1h					1z	3,734.		
Form(s)	2a	Tax-exempt interest 2	1	1	cable interest		2b	·		
1099-R if tax was	За	Qualified dividends 3	а	b Ord	dinary dividends		3b			
withheld.	4a	IRA distributions 4	а	b Tax	cable amount		4b			
If you did not	5a	Pensions and annuities 5	а	b Tax	cable amount		5b			
get a Form W-2, see	6	Reserved for future use	6							
instructions.	7	Capital gain or (loss). Attach Sched								
	8	Additional income from Schedule 1		2 724						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and		-			9	3,734.		
	10	Adjustments to income from Scheolincome	10							
	11	Subtract line 10 from line 9. This is					11	3,734.		
	12	Itemized deductions (from Schedu						3,731.		
	-	deduction (see instructions)	,	,,				13,850.		
	13a	Qualified business income deduction		•						
	b	Exemptions for estates and trusts o								
	С	Add lines 13a and 13b					13c			
	14							13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta	xable income		15	0.		

Form 1040-NR (2	2023)										Page 2
Tax and	16	Tax (see instructions). Check if any	from For	m(s): 1 88	314 2 497	'2 3			16		0.
Credits	17	Amount from Schedule 2 (Form 10	040), line	3					17		0.
	18	Add lines 16 and 17							18		0.
	19	Child tax credit or credit for other	depende	ents from Schedi	ule 8812 (Form 10	40) .			19		
	20	Amount from Schedule 3 (Form 10	040), line	8					20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18. If zer	o or less	s, enter -0					22		0.
	23a	Tax on income not effectively conr	nected w	rith a U.S. trade o	or business from						
		Schedule NEC (Form 1040-NR), lin	ne 15 .			23a					
	b	Other taxes, including self-employ	ment ta	x, from Schedule	e 2 (Form 1040),						
		line 21				23b					
	С	Transportation tax (see instruction	ıs)			23c					
	d	Add lines 23a through 23c							23d		
	24	Add lines 22 and 23d. This is your	total tax	x					24		0.
Payments	25	Federal income tax withheld from:									
,	а	Form(s) W-2				25a		291.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c				·			25d		291.
	е	Form(s) 8805							25e		
	f	Form(s) 8288-A							25f		
	g	Form(s) 1042-S							25g		
	26	2023 estimated tax payments and							26		
	27	Reserved for future use				27					
	28	Additional child tax credit from Sci				28					
	29	Credit for amount paid with Form		` '		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3 (Form 10				31					
	32	Add lines 28, 29, and 31. These ar	,.			$\overline{}$	dits		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, a							33		291.
Refund	34	If line 33 is more than line 24, subt		-					34		291.
riorana	35a	Amount of line 34 you want refund				•	-		35a		291.
Direct deposit?	b	Routing number 2 1 1 3			c Type:			Savings			
See instructions.	d	Account number 6 5 2 1] _				
	e										
	36										
Amount	37	Subtract line 33 from line 24. This				1 00					
You Owe	٠.	For details on how to pay, go to w		-	see instructions.				37		
rou owe	38		_	-		38			0.		
Third	38 Estimated tax penalty (see instructions)								lete be	low	⊠ No
Party	, ·									OW.	<u></u> 110
Designee	Designee's Phone Personal identifi name no. number (PIN)							lication			
	Under	penalties of perjury, I declare that I have they are true, correct, and complete. Dec	examined	d this return and ac			tatements	s, and to th			
Sign			1								an Identity
_	Your	signature		Date	Your occupation					•	iter it here
Here	SPECIAL PARTNERS.						ORDINATO		inst.)	,	
1	Phone	e no.		Email address		00		(-30	/		
			Preparer'	's signature		Date		PTIN		Check	cif:
Paid	•		•	J	דיובסדחוות אאוו			P0247	0833		elf-employed
Preparer	Firm's name CIODAI TAVES IIC										
Use Only	Firm's name GLOBAL TAXES LLC Phone no. (678) 965-952 Firm's address 245 DOONEY CT F DRINGWICK NI 08816 Firm's FIN 88-2145487										

BAA

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number CHARAN TEJA BATTHINA 692-93-3183 Enter **amount of income** under the appropriate rate of tax. See instructions.

Natura of Income		4 > 4004	# N 450/	4 3 0004	(d) Other (specify)					
	Nature of Income				(a) 10% (b)	(b) 15%	(c) 30%	%	%	
1	Dividends and divide	end ec	uivalents:							
а	Dividends paid by U.	.S. co	rporations		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	ayme	nts received with respect to section 871(m) t	transactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corp	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights/	, recording, publishing, etc.)		5					
6	Real property incom-	e and	natural resources royalties		6					
7	Pensions and annuit	ies .			7					
8	Social security benefits									
9			elow		9					
10	Gambling—Resident If zero or less, ente	ts of C	anada only. Enter net income in column (c	c).						
_									+	
a	Winnings				10c				+	
b 11	Losses Gambling—Resident	ts of c	· · · · · · · · · · · · · · · · ·		100					
••	Note: Enter winnings	s only.	Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14	Multiply line 13 by r	ate o	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines	ss. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	e and on Form 1040	-NR, line 23a 15	
			Capital Gains an	d Losses F	rom	Sales or Excha	anges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. s. Do not include a gain									
or loss on disposing of a U.S. real property interest; report these										
gains ai	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively							1		
	ted with a U.S. business edule D (Form 1040),								()	
Form 4797, or both.		18	Capital gain. Combine columns (f) and	(g) of line 17	7. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r-0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name	shown on Form 1040-NR				Your identifying	number				
СНА	RAN TEJA BATTHINA				692-93-33	183				
Α	Of what country or countries we	ere you a citizen or nationa	al during the tax y	/ear? INDIA						
В	In what country did you claim residence for tax purposes during the tax year? United States									
С	Have you ever applied to be a g		Yes	⊠ No						
D	Were you ever:		_	_						
_						Yes	⊠ No			
	A green card holder (lawful perr						⊠ No			
	If you answer "Yes" to (1) or (2),	-					<u></u>			
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.									
_	inspecimental and attack on any the close sleep of the text years									
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? \square Yes									
•	If you answered "Yes," indicate the date and nature of the change:									
G	List all dates you entered and le		·	uctions						
u	Note: If you're a resident of Ca		-		ent intervals					
	check the box for Canada or				Mexico					
	Date entered United States	Date departed United State		Date entered United State		rtad I Inita	d States			
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy				
				,,						
н	Give number of days (including v	acation, nonworkdays, and	ــــا I partial davs) vou	were present in the United	States during:					
				id 2023 365						
ı	Did you file a U.S. income tax re	eturn for any prior vear? .				⊠ Yes	□No			
	If "Yes," give the latest year and									
J	Are you filing a return for a trust					☐ Yes	⊠ No			
	If "Yes," did the trust have a U									
	U.S. person, or receive a contril					☐ Yes	□No			
K	Did you receive total compensa	ation of \$250,000 or more	during the tax vea	ar?		Yes	⊠ No			
	If "Yes," did you use an alternat					Yes	□No			
L	Income Exempt From Tax-If					a foreign	country,			
	complete (1) through (3) below.				,	J	3,			
1.	Enter the name of the country, tl	he applicable tax treaty art	icle, the number o	of months in prior years you	claimed the tre	aty benefi	t, and the			
	amount of exempt income in the					•				
	(a) Coun	try	(b) Tax treaty art	ticle (c) Number of montl	ns (d) Am	mount of exempt				
			•	claimed in prior tax ye	ars income i	n current t	ax year			
										
	(e) Total. Enter this amount on	Form 1040-NR, line 1k. D	o not enter it any	where else on line 1						
2.	Were you subject to tax in a for	eign country on any of the	income shown ir	n 1(d) above?		☐ Yes	☐ No			
3.	. Are you claiming treaty benefits pursuant to a Competent Authority determination?									
	If "Yes," attach a copy of the Competent Authority determination letter to your return.									
М	Check the applicable box if:									
1.						fectively c	onnected			
	with a U.S. trade or business ur						🗌			
2.	You have made an election in						ne United			
	States as effectively connected	with a U.S. trade or busin	ess under section	n 871(d). See instructions .			<u> Ц</u>			