Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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)

Taxpay	er's name	Social security number							
SAI	NIKITHA ANUMAKONDA	651-93-6877							
Spouse	s's name	Spouse's so	ocial secu	urity number					
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year you	are aut	thorizing.)					
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	6,913.					
2	Total tax		2	0.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	328.					
4	Amount you want refunded to you		4	328.					
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

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

3	6	8	7	7	
Ent don	as my				

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. AS MANY

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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 D						 		
Practitioner PIN Method Returns Only—contin	ie be	low						
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	8 9	9

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 F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)

1040	-	Department of the Treasury-Inter U.S. Nonresident AI	nal Revenue Ser	vice e Tax Return	2023	OMB No. 15	545-0074	IRS Use C or stap	Dnly—Do not write le in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20						20	See separate			
Your first name and middle initial							Your identifying number			
							(see in	structior	1S)	
SAI NIKIT	HA		ANUMAKON	IDA			651	651-93-6877		
Home address (num	ber and street). If you have a P.O. bo>	, see instructio	ons.					Apt. no.	
		MILLS CIRCLE								
	ost c	ffice. If you have a foreign address, al	so complete sp	paces below.		State		ZIP co		
KENT						OH		4424	2	
Foreign country	nan	le	Foreign provi	ince/state/county		Foreign	postal c	ode		
	1									
Filing Status	Þ	Single Married filing sep	arately (MFS)	🗌 Qualifyin	g surviving spous	e (QSS)	🗌 Е	state	Trust	
Check only	lf	you checked the QSS box, enter the	child's name if	the qualifying perse	on is a child but n	ot your dep	endent:			
one box.								-		
Digital Assets	At a	any time during 2023, did you: (a) rece	ive (as a rewar	d, award, or payme	ent for property or	services); c	or (b) sell	exchan	ge, or	
		erwise dispose of a digital asset (or a								
Dependents						(4) Ch	eck the b	ox if qualif	ies for (see inst.):	
(see instructions):		(1) First name Last name		2) Dependent's entifying number	(3) Relationship to	VOU Chi	ld tax cre	redit Credit for other dependents		
				, 0	(0)	,				
If more than four							\square			
dependents, see instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, box	k 1 (see instruc	tions)			. 1a	3	6,913.	
Effectively	b	Household employee wages not rep	orted on Form	(s) W-2			. 11	>		
Connected	С	Tip income not reported on line 1a (;		
With U.S.	d	Medicaid waiver payments not repo					. 10	ł		
Trade or	е	Taxable dependent care benefits fro					. 10			
Business	f	Employer-provided adoption benefi					. <u>1</u>			
Attach	g	Wages from Form 8919, line 6					. 19			
Form(s) W-2,	h i	Other earned income (see instruction Reserved for future use					. 11	1		
1042-S, SSA-1042-S,	i	Reserved for future use					. 1			
RRB-1042-S,	, k	Total income exempt by a treaty fro			1 1		· •			
and 8288-A here, Also	n	line 1(e)								
attach	z	Add lines 1a through 1h					. 1:	2	6,913.	
Form(s) 1099-R if	2a	Tax-exempt interest 2	a	b Taxa	able interest		. 21)		
tax was	3a	Qualified dividends 3	a	b Ord	inary dividends .		. 31	>		
withheld.	4a	IRA distributions 4	a	b Taxa	able amount		. 41	>		
If you did not	5a	Pensions and annuities 5			able amount					
get a Form W-2, see	6	Reserved for future use						-		
instructions.	7	Capital gain or (loss). Attach Sched	•		•					
	8	Additional income from Schedule 1						_	6 012	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and					. –	_	6,913.	
	10	Adjustments to income from Scheolincome					. 10)		
	11	Subtract line 10 from line 9. This is							6,913.	
	12	Itemized deductions (from Schedu deduction (see instructions)						2	13,850.	
	13a	Qualified business income deduction	n from Form 89	995 or Form 8995-/	A. 13a					
	b	Exemptions for estates and trusts o		,						
	с	Add lines 13a and 13b							10.055	
	14			· · · · · ·					13,850.	
	<u>15</u>	Subtract line 14 from line 11. If zero					. 1		0.	

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

	2023)							Page 2
fax and	16	Tax (see instructions). Check if any	r from Form(s): 1	8814 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	dependents from Sche	edule 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	ero or less, enter -0				22	0.
	23a	Tax on income not effectively com Schedule NEC (Form 1040-NR), lir			23a			
	b	Other taxes, including self-employ line 21		. ,	23b			
	с	Transportation tax (see instruction	ns)		23c			
	d	Add lines 23a through 23c					23d	
	24	Add lines 22 and 23d. This is your					24	0.
ayments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	328.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions) .			25c			
	d	Add lines 25a through 25c					25d	328.
	е	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and	d amount applied from a	2022 return			26	
	27	Reserved for future use	••		27			
	28	Additional child tax credit from Sc			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					32	
	33	Add lines 25d, 25e, 25f, 25g, 26, a					33	328.
efund	34	If line 33 is more than line 24, sub					34	328.
	35a	Amount of line 34 you want refun					35a	328.
ect deposit?	b	Routing number 0 4 1 0			_	Savings		
e instructions.	d	Account number 4 1 6 7				0		
	е	If you want your refund check ma	ailed to an address outs	side the United State				
	36	Amount of line 34 you want applie	ed to your 2024 estima	ated tax	36			
mount	37	Subtract line 33 from line 24. This						
ou Owe		For details on how to pay, go to w	-				37	
	38	Estimated tax penalty (see instruc			38			
nird	Do vo	u want to allow another person to o				es. Com	olete bel	ow. 🛛 No
arty esignee	Desig name	•	Phor		Persor	nal identi er (PIN)		
		penalties of perjury, I declare that I have				· /	he best o	f my knowledge and
		they are true, correct, and complete. De						
gn ere	Your	signature	Date	Your occupation				ent you an Identity PIN, enter it here
				FSW WORKER			e inst.)	
ľ	Phone	e no.	Email addres	S		'		
aid			Preparer's signature		Date	PTIN		Check if:
aiu	VENKA	TA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI PAVAN	KUMAR DUDIPALLI		P0247	0833	Self-employed
	Darer Firm's name CLORAT TAYES ILC Phone no.							
reparer se Only	Firm's	name GLOBAL TAXES L	LC			Phone	no. (6	78)965-9522

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

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

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).

Report property sales or exchanges that are effectively connected with a U.S. business

Sequence No. 7B Your identifying number

Attachment

651-93-6877

SAI NIKITHA ANUMAKONDA

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: 1 Dividends paid by U.S. corporations а 1a h 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c С 2 Interest: 2a а Paid by foreign corporations 2b b 2c С 3 3 4 4 Motion picture or TV copyright royalties Other royalties (copyrights, recording, publishing, etc.) 5 5 Real property income and natural resources royalties 6 6 Pensions and annuities 7 7 8 8 9 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ а 10c b Losses Gambling-Residents of countries other than Canada. 11 Note: Enter winnings only. Losses aren't allowed 11 Other (specify): 12 12 13 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 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

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

descriptive details not shown below)

17 Add columns (f) and (g) of line 16

18

subtract (e) from (d).

subtract (d) from (e).

. .

17 (

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Other Information

Attach to Form 1040-NR.

Answer all questions.

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

OMB No. 1545-0074

		 100	
	Revenue		

Name sh	ame shown on Form 1040-NR Your identifying number								
SAI	NIKITHA ANUMAKONDA		651-93-6877						
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 purposes during the tax year? United States								
С									
D									
1.	A U.S. citizen?				🗌 Yes 🛛 No				
2.	2. A green card holder (lawful permanent resident) of the United States?								
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation ru	les that apply to you.					
Е	If you had a visa on the last of immigration status on the last of			you didn't have a visa, er	-				
F	Have you ever changed your v If you answered "Yes," indicat								
G	List all dates you entered and	left the United States durin	g 2023. See instru	ictions.					
	Note: If you're a resident of C				ient intervals,				
	check the box for Canada or	Mexico and skip to item H	<u> </u>	🗌 Canada					
	Date entered United States mm/dd/yy	Date departed United Stat mm/dd/yy	es	Date entered United State mm/dd/yy	bs Date departed United States mm/dd/yy				
Н	Give number of days (including	-			-				
_	2021	, 2022	, an	d 2023 365					
I	Did you file a U.S. income tax If "Yes," give the latest year ar	nd form number you filed:		1040NR					
J	Are you filing a return for a true								
	If "Yes," did the trust have a UU.S. person, or receive a control								
κ	Did you receive total compens	ation of \$250,000 or more	during the tax yea	ır?	🗌 Yes 🛛 No				
	If "Yes," did you use an alterna								
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with a foreign country,				
1.	Enter the name of the country, amount of exempt income in the				claimed the treaty benefit, and the				
	(a) Cou	ntry	(b) Tax treaty art	icle (c) Number of month claimed in prior tax ye					
	(e) Total. Enter this amount of		•						
	Were you subject to tax in a fo	• • •		. ,					
3.	Are you claiming treaty benefit		-		🗌 Yes 🖄 No				
	If "Yes," attach a copy of the C	Competent Authority deterr	nination letter to y	our return.					
M	Check the applicable box if:		· ·						
1.					ed States as effectively connected				
~	with a U.S. trade or business u								
2.	You have made an election in States as effectively connected				eal property located in the United				
For Pa	perwork Reduction Act Notice,	see the Instructions for Fo	rm 1040-NR.	BAA REV 02/11/24 PRO	Schedule OI (Form 1040-NR) 2023				