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

Submission Identification Number (SID)						
Taxpayer's name	Social security	Social security number				
AMANI KAMBHAM	343-25-	-5102				
Spouse's name	Spouse's soci	Spouse's social security number				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	 Enter year you ar	re 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 4,93	34.			
2 Total tax		2	0.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			<u> 16.</u>			
4 Amount you want refunded to you			<u> 16.</u>			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame						
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved it taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the trathe U.S. Treasury and tindicated in the tastitution to debit the minate the authorizan requests must be not the processing of the payment. I further or rejection of the payment.	nic return originator (ansmission, (b) the re ad its designated Fina x preparation softwa entry to this account ition. To revoke (cano received no later th the electronic payme ner acknowledge tha	(ERO) eason ancial are for This cel) a nan 2 ent of at the			
Taxpayer's PIN: check one box only						
X I authorize GLOBAL TAXES LLC to enter or gene signature on the income tax return (original or amended) I am now authorizing.	Ento	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	s my			
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Your signature ▶ Date						
Spouse's PIN: check one box only						
I authorize to enter or gene	vrata my DIN	200	s mv			
ERO firm name		er five digits, but	s my			
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Spouse's signature ▶ Date	•					
Practitioner PIN Method Returns Only—continue be	elow					
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 Don't ente	5 6 1 9 8 9 er all zeros	,			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retu	rn in accordance wit				
ERO's signature ▶ Date	•					
FRO Must Retain This Form — See Instruction						

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–Dec. 31, 2023, or other tax year beginning, 2023, ending					·,	20	See separate instructions.			
Your first name and middle initial								Your identifying number (see instructions)		
AMANI	AMANI KAMBHAM					343-2	343-25-5102			
Home address	(numl	oer and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
10 AVALON	I DR							3222		
City, town, or p	ost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State	Ž	ZIP code		
MILFORD						CT		06460		
Foreign country	nam	е	Foreigr	n province/state/county		Foreign p	ostal cod	е		
Filing Status		Single Married filing sepa		, _ ,	ng surviving spouse (,	☐ Esta	ate 🗌 Trust		
Check only one box.										
Digital Assets		ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f						xchange, or		
Dependents						(4) Che	eck the box	if qualifies for (see inst.):		
(see instructions):	1	(1) First name Last name	(2) Dependent's identifying number		(3) Relationship to yo	Chil	d tax credit	Credit for other		
		(1) First flame Last flame		identifying number	(3) Nelationship to yo	ou		dependents		
If more than four										
dependents, see										
instructions and check here										
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. la	4,934.		
Effectively	b	Household employee wages not rep	`	,				1,731.		
Connected	c	Tip income not reported on line 1a (s		* *						
With U.S.	d	Medicaid waiver payments not report		•						
Trade or	e	Taxable dependent care benefits fro								
Business	f	Employer-provided adoption benefit		·			. 1f			
240000	g	Wages from Form 8919, line 6	. 1g							
Attach	h	Other earned income (see instruction	. 1h							
Form(s) W-2, 1042-S,	i	Reserved for future use			1i					
SSA-1042-S,	j	Reserved for future use					. 1j			
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,	*					
attach	z	Add lines 1a through 1h					. 1z	4,934.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1	b Tax	able interest		. 2b			
tax was	3a	Qualified dividends 3a	1	b Ord	linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a	1	b Tax	able amount		. 4b			
If you did not	5a	Pensions and annuities 5a	1	b Tax	able amount					
get a Form W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schedu	•	, ,	•	_				
	8	Additional income from Schedule 1								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	B. This is	your total effectively c	onnected income		. 9	4,934.		
	10	Adjustments to income from Sched income								
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross income			. 11	4,934.		
	12	Itemized deductions (from Schedu deduction (see instructions)		13,850.						
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-	A . 13a					
	b	Exemptions for estates and trusts or	nly (see i	instructions)	13b					
	С	c Add lines 13a and 13b								
	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 Form(s): 1 8814 2 497	72 3			16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line 3				17	0.
	18	Add lines 16 and 17				18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 10	19				
	20	Amount from Schedule 3 (Form 1040), line 8	20				
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, enter -0				22	0.
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a				
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b				
	С	Transportation tax (see instructions)	23c				
	d	Add lines 23a through 23c				23d	
	24	Add lines 22 and 23d. This is your total tax				24	0.
Payments	25	Federal income tax withheld from:					
,	а	Form(s) W-2	25a		216.		
	b	Form(s) 1099	25b				
	С	Other forms (see instructions)	25c				
	d	Add lines 25a through 25c				25d	216.
	е	Form(s) 8805				25e	
	f	Form(s) 8288-A				25f	
	g	Form(s) 1042-S				25g	
	26	2023 estimated tax payments and amount applied from 2022 return				26	
	27	Reserved for future use	27				
	28	Additional child tax credit from Schedule 8812 (Form 1040)	28				
	29	Credit for amount paid with Form 1040-C	29				
	30	Reserved for future use	30				
	31	Amount from Schedule 3 (Form 1040), line 15	31				
	32	Add lines 28, 29, and 31. These are your total other payments and refunda	able cred	lits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .				33	216.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour				34	216.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chec	•	-	. 🗆	35a	216.
Direct deposit?	b		Checkin	_	Savings		
See instructions.	d	Account number 3 8 5 0 3 1 2 3 1 6 8 6			· ·		
	е	If you want your refund check mailed to an address outside the United State	es not sh	 lown on	page 1,		
		enter it here.					
	36	Amount of line 34 you want applied to your 2024 estimated tax	36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .	<u> </u>				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .				37	
	38	Estimated tax penalty (see instructions)	38				
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instru	ictions.	☐ Ye	es. Comp	lete be	low. X No
Party Designee	Designee's Phone Personal identifiname no. number (PIN)				fication		
	Under	r penalties of perjury, I declare that I have examined this return and accompanying schedu, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is basi					
Sign	Vour	signature Date Your occupation	1		l If th	e IRS s	ent you an Identity
Here	Toui	STUDENT (ON-CAI		PLOYMEN	Pro		PIN, enter it here
ļ	Phon	<u> </u>			, (
Deid		arer's name Preparer's signature	Date		PTIN		Check if:
Paid	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO2470				0833	Self-employed	
Preparer							78)965-9522
Use Only		s address 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's E		8-2145487

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

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

AMANI KAMBHAM 343-25-5102 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 5 Real property income and natural resources royalties 6 7

> 8 9

10c

11

12

13

14

15 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 Capital Gains and Lossos From Salas or Evolundes 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. rea property interest; report these gains and losses on Schedule D (Form 1040).

If zero or less, enter -0-. Winnings _____

10

12

13

14

Losses

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). Form 4797, or both.

	Capital Gallis allu Losses From Sales of Exchanges of Property										
d es	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).			
S.											
eal											
D											
3	17	Add columns (f) and (g) of line 16 .				17	()				
	18	Capital gain. Combine columns (f) and	(g) of line 17. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, enter	r -0 18				

Other (specify):

Add lines 1a through 12 in columns (a) through (d)

Gambling-Residents of Canada only. Enter net income in column (c).

Gambling-Residents of countries other than Canada.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Department of the Treasury Internal Revenue Service 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					Your identifying	g number				
AMA	ANI KAMBHAM					343-25-5	102				
Α											
В	In what country did you claim	residence for tax purposes	s during the tax y	ear?	United States						
С	Have you ever applied to be a	green card holder (lawful p	ermanent resider	t) of t	the United States? .		☐ Yes	⊠ No			
D	Were you ever:										
1	I. 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 yearF1										
F	Have you ever changed your was If you answered "Yes," indicate			⊠ No							
G	List all dates you entered and	left the United States during	g 2023. See instri	uction	 1S.						
	Note: If you're a resident of C		-			ent intervals,					
	check the box for Canada or	r Mexico and skip to item H	1		\square Canada	☐ Mexico					
	Date entered United States	Date departed United State	es	Dat	e entered United State	s Date dep	arted 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 , 2022									
I	Did you file a U.S. income tax If "Yes," give the latest year ar	return for any prior year? .					⊠ Yes	□No			
J	Are you filing a return for a true	et?		104	OINK		Yes	⊠ No			
•	If "Yes," did the trust have a U.S. person, or receive a cont	U.S. or foreign owner unde	r the grantor trus	t rule	s, make a distributior	or loan to a	□ Yes	□ No			
K	Did you receive total compens						Yes	⊠ No			
							☐ Yes	□No			
L	If "Yes," did you use an alternative method to determine the source of this compensation?										
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.										
	(a) Cou		· · · · · · · · · · · · · · · · · · ·	(c) Number of montoclaimed in prior tax y			, , ,				
					ciaimed in prior tax ye	ars income		<u></u>			
	(e) Total. Enter this amount o		-								
	2. Were you subject to tax in a fo	• •		. ,			☐ Yes	□ No ⊠ No			
3	Are you claiming treaty benefits pursuant to a Competent Authority determination?										
	If "Yes," attach a copy of the (Competent Authority detern	nination letter to y	our re	eturn.						
М	Check the applicable box if:		_								
1	I. This is the first year you are m						ffectively c	onnected			
_	with a U.S. trade or business u							· · 📙			
2	You have made an election in States as effectively connected					al property lo	cated in th	ne United			