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

Internal Hereinae Service									
Submission Identification Number (SIE)))								
Taxpayer's name			Social securi	y numbe	er				
SURYA VELAGAPUDI			800-42	800-42-4517					
Spouse's name	Spouse's soo	Spouse's social security number							
Part I Tax Return Information	n – Tax Year Ending Decen	nher 31 2023 (F	 Enter year you a	re auth	orizina)				
Enter whole dollars only on lines 1 thro		1DC1 01, 2023 (L	inter year you a	ic auti	101121119.				
Note: Form 1040-SS filers use line 4 o	<u> </u>	nk.							
				1	6	,500.			
				2		0.			
3 Federal income tax withheld fro	m Form(s) W-2 and Form(s) 1099			3		312.			
4 Amount you want refunded to y	you			4		312.			
5 Amount you owe				5					
Part II Taxpayer Declaration	and Signature Authorization	(Be sure you get a	ind keep a cop	y of yo	our retui	n)			
Under penalties of perjury, I declare that I h my knowledge and belief, it is true, correcterum (original or amended) I am now authto send my return to the IRS and to receive for any delay in processing the return or re Agent to initiate an ACH electronic funds w payment of my federal taxes owed on this authorization is to remain in full force and payment, I must contact the U.S. Treasu business days prior to the payment (settler taxes to receive confidential information r personal identification number (PIN) below Electronic Funds Withdrawal Consent.	ct, and complete. I further declare the orizing. I consent to allow my intermed a from the IRS (a) an acknowledgement fund, and (c) the date of any refund. I withdrawal (direct debit) entry to the fireturn and/or a payment of estimated a effect until I notify the U.S. Treasuring Financial Agent at 1-888-353-453 ment) date. I also authorize the financial eccessary to answer inquiries and respectively.	at the amounts in Part I ediate service provider, the ent of receipt or reason for applicable, I authorize mancial institution accourtax, and the financial insy Financial Agent to term 37. Payment cancellation cial institutions involved it esolve issues related to	above are the ame ansmitter, or electron or rejection of the transition of the transition of the transition to debit the initiation to debit the minate the authorization requests must be on the processing of the payment. I further	ounts from the counts from the	om the incurrence of the incur	come tax or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the			
Taxpayer's PIN: check one box only									
X I authorize GLOBAL TAXE		to enter or gene	rate mv PIN	4 5		as my			
	ERO firm name return (original or amended) I am r		ž En		igits, but all zeros	,			
	nature on the income tax return (c PIN and your return is filed using								
Your signature ▶		Date	.						
Spouse's PIN: check one box only									
I authorize		to enter or gene	rate my PIN			as my			
	ERO firm name	to dritter or gone	_	er five d	igits, but	ao my			
signature on the income tax r	eturn (original or amended) I am r	now authorizing.	do	n't enter	all zeros				
	nature on the income tax return (on PIN and your return is filed using								
Spouse's signature ▶		Date	•						
P	ractitioner PIN Method Return	s Only—continue be	elow						
Part III Certification and Auth	entication — Practitioner Pl	N Method Only							
ERO's EFIN/PIN. Enter your six-digit I	EFIN followed by your five-digit se	elf-selected PIN.	2 2 2 4 9 Don't ent	6 6 er all zer	1 9 8 os	9			
I certify that the above numeric entry is mauthorized to file for tax year indicated abrequirements of the Practitioner PIN metho	pove for the taxpayer(s) indicated abo	ove. I confirm that I am	submitting this retu	ırn in ad	ccordance				
ERO's signature ▶		Date	•						
	ERO Must Retain This Form								
Don't S	Submit This Form to the IRS	Uniess Requested	10 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 beginn			ning, 2023, ending, 20				0	See separate instructions.	
Your first name and middle initial		Last name			Your identifying number				
							(see instructions)		
SURYA			VELA	GAPUDI			800-42-4517		
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.	
38192 SAF	RATC	GA CIR							
City, town, or p	ost o	fice. If you have a foreign address, als	so comp	lete spaces below.		State	ZI	P code	
FARMINGTO	N H	ILLS				MI	4	8331	
Foreign country	Foreign country name Foreign province/state/county Foreign posta								
Filing		Single Married filing sepa	☐ Estate	e 🔲 Trust					
Status		you checked the QSS box, enter the			ng surviving spouse (C son is a child but not v	,			
Check only	"			arrio ir ario quamijirig port	,	ou. uopo.			
one box.									
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a t				•	(b) sell, exc		
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 dependents	
		(i) i i ot hamo		,, , , , ,	(b) Hold do Hold	•	П	С	
If more than four	1						П		
dependents, see instructions and							<u> </u>		
check here							$\overline{\sqcap}$		
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)			1a	6,500.	
Effectively	b	Household employee wages not rep	•	•			1b	·	
Connected	С	Tip income not reported on line 1a (1c						
With U.S.	d	Medicaid waiver payments not repo	1d						
Trade or	e Taxable dependent care benefits from Form 2441, line 26								
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29 .			1f		
	g	Wages from Form 8919, line 6					1g		
Attach Form(s) W-2,	h	Other earned income (see instructio	ns) .		_. <u></u>		1h		
1042-S,	i	Reserved for future use			1i				
SSA-1042-S, RRB-1042-S,	j	Reserved for future use					1j		
and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		, ,	tem L, 1k				
attach	Z	Add lines 1a through 1h					1z	6,500.	
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	b Tax	able interest		2b		
tax was	3a	Qualified dividends 3a	a	b Ord	linary dividends		3b		
withheld.	4a	IRA distributions 4a			able amount		4b		
If you did not	5a	Pensions and annuities 5a			able amount		5b		
get a Form W-2, see	6	Reserved for future use					6		
instructions.	7	Capital gain or (loss). Attach Schedu			•				
	8	Additional income from Schedule 1					8	6 500	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and					9	6,500.	
	10	Adjustments to income from Sched income					10		
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross income			11	6,500.	
	12	Itemized deductions (from Schedudeduction (see instructions)						13,850.	
	13a	Qualified business income deductio			1 1				
	b	Exemptions for estates and trusts of	nly (see i	nstructions)	13b				
	С	Add lines 13a and 13b					13c		
	14	Add lines 12 and 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 Form(s	(s): 1 88	14 2 [4972	3			16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line 3							17	0.
o. ouno	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for other dependents	s from Schedu	le 8812 (Fo	rm 1040) .			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, e	enter -0						22	0.
	23a	Tax on income not effectively connected with Schedule NEC (Form 1040-NR), line 15	a U.S. trade o			3a				
	b	Other taxes, including self-employment tax, f line 21	from Schedule	2 (Form 10)40),	23b				
	С	Transportation tax (see instructions)				3c				
	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:								
. ayınıdını	а	Form(s) W-2			. 2	25a		312.		
	b	Form(s) 1099				.5b				
	С	Other forms (see instructions)			_	.5c				
	d	Add lines 25a through 25c							25d	312.
	e	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and amount ap							26	
	27	Reserved for future use			- 1	27				
	28	Additional child tax credit from Schedule 881				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 tota					dits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. The							33	312.
Refund	34	If line 33 is more than line 24, subtract line 24							34	312.
neiulia	35a	Amount of line 34 you want refunded to you .			•		-	_	35a	312.
Direct deposit?	b	Routing number 0 7 2 0 0 3		c Type:	_	neckin	_	Savings	Jou	312.
See instructions.	d	Account number 8 9 0 1 0 8 3	 	U Type.			9 🗀	Oavings		
	e	If you want your refund check mailed to an a		the United	l States	not et	—i Nown on	nage 1		
	·	enter it here.	iddi C33 Odisidi	o the office	Otates	1101 31	IOWIT OIT	page 1,		
	36	Amount of line 34 you want applied to your 2				36				
Amount	37	Subtract line 33 from line 24. This is the amo		u tux .	. '					
You Owe	0.	For details on how to pay, go to www.irs.gov/	•	see instructi	ions .				37	
rou Owe	38	Estimated tax penalty (see instructions) .			1	38			01	
Third						_		es. Comp	lete hel	ow. 🗵 No
Party	•								OW. 140	
Designee	Designee's Phone Personal ident name no. Personal ident						ncation			
	Under	penalties of perjury, I declare that I have examined the they are true, correct, and complete. Declaration of p	nis return and ac				tatement	s, and to the		
Sign	Vour	signature D	ate	Your occur	nation			l If th	e IRS s	ent you an Identity
Here	Date Four occupation				I .		PIN, enter it here			
				SOFTWAR	RE EN	GINE	ER	(see	e inst.)	
	Phon	e no.	mail address							
Paid	Prepa	arer's name Preparer's s	signature			Date		PTIN		Check if:
	VENKA	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA S	AI PAVAN KU	MAR DUDIP.	ALLI			P0247	0833	Self-employed
Preparer	Firm's							10. (6	78)965-9522	
Use Only	Firm's	s address 245 ROONEY CT E BRIII	NSWICK NO	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

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number SURYA VELAGAPUDI 800-42-4517 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(-) 000/	(d) Other (specify)		
nature of income				(c) 30%	%	%	
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	by U.S. corporations					
b	Dividends paid by foreign corporations	by foreign corporations					
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
а	Mortgage						
b	Paid by foreign corporations	2b					
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
•	· · · · ·						
a b	Winnings Losses	10c					
11	Losses	100					
•••	Note: Enter winnings 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 rate of tax at top of each column	14					
15	Tax on income not effectively connected with a U.S. trade or business. Add colum					NR, line 23a 15	
	Capital Gains and Losses F	rom	Sales or Excha	nges 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 (if necessary, attach statement of descriptive details not shown below) (b) Date acc mm/dd/yy			(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						
gains a	y interest; report these and losses on Schedule D						
(Form 1							
exchan	property sales or ges that are effectively						
						()	
	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, 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 sh	Name shown on Form 1040-NR Your identifying number										
SURY	A VELAGAPUDI				800-42-45	517					
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	Have you ever applied to be a	green card holder (lawful p	ermanent resider	nt) of the United States? .		☐ Yes	⊠ No				
D	Were you ever:										
							⊠ No				
2.	A green card holder (lawful per		∐ 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 v If you answered "Yes," indicate		o obongo.	gration status?		∐ Yes	⊠ No				
G	List all dates you entered and		-								
	Note: If you're a resident of C										
	check the box for Canada or				☐ Mexico						
	Date entered United States	Date departed United Stat	es	Date entered United State			d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy					
			 								
н	Give number of days (including	vacation nonworkdays and	l I nartial davs) vou	were present in the United	States during:						
••		, 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 trus					Yes	⊠ No				
•	If "Yes," did the trust have a l										
	U.S. person, or receive a contr					☐ Yes	☐ No				
K	Did you receive total compens	ation of \$250,000 or more	during the tax yea	ar?		☐ Yes	⊠ No				
	If "Yes," did you use an alterna					☐ Yes	☐ No				
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,				
1.	Enter the name of the country,				claimed the tre	aty benefi	t, and the				
	amount of exempt income in th										
	(a) Cou	ntry	(b) Tax treaty and	ticle (c) Number of month claimed in prior tax ye		ount of exe ourrent to	•				
				Claimed in prior tax ye	ars income ii	T CUITEIIL I					
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it any	where else on line 1							
	Were you subject to tax in a fo					☐ Yes	☐ No				
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.	This is the first year you are may with a U.S. trade or business u						onnected \square				
2.	You have made an election in States as effectively connected										
_											