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 nevertue service			—
Submission Identification Number (SID)			
Taxpayer's name	Social secur	ity number	_
HASWANTH MALLIPEDDI	787-89	-5384	
Spouse's name	Spouse's so	cial security number	_
	—		
	2023 (Enter year you	are 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 1 14,000)
2 Total tax		2 14,000	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 470	
4 Amount you want refunded to you		4 454	
5 Amount you owe		5	<u>. </u>
Part II Taxpayer Declaration and Signature Authorization (Be sure yo	u get and keep a cop		_
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service protour send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	in Part I above are the an ovider, transmitter, or electreason for rejection of the atthorize the U.S. Treasury an account indicated in the ancial institution to debit that to terminate the authorizedlation requests must be avolved in the processing clated to the payment. I fu	nounts from the income ronic return originator (EF transmission, (b) the reasond its designated Financiax preparation software elements to this account. Tration. To revoke (cancel received no later than of the electronic payment ther acknowledge that	tax RO) son cial for his l) a n 2 t of the
Taxpayer's PIN: check one box only	9	5 3 8 4	
	or generate my PIN -	nter five digits, but	ny
ERO firm name signature on the income tax return (original or amended) I am now authorizing	de	on't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.	nded) I am now authoriz		
Your signature ▶	Date ►		
Spouse's PIN: check one box only	_		
	or generate my PIN	as n	nν
ERO firm name	• -	nter five digits, but	,
signature on the income tax return (original or amended) I am now authorizing	g. de	on't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amerif you are entering your own PIN and your return is filed using the Practition below.			
Spouse's signature ▶	Date ►		
Practitioner PIN Method Returns Only—cont			
Part III Certification and Authentication — Practitioner PIN Method Or	nly		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		6 6 1 9 8 9 ter all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individe authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	nat I am submitting this ret	urn in accordance with	
ERO's signature ▶	Date ►		
ERO Must Retain This Form — See Inst			_
Don't Submit This Form to the IRS Unless Requ	ested To Do So		

E 1040-NR Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

2023	3
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OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Ja	n. 1–D	ec. 31, 2023, or other tax year beginn	ing		, 2023,	ending	,	20	instruct	
Your first name	and i	niddle initial						Your identifying number (see instructions)		
HASWANTH	ANTH MALLIPEDDI 78						787-8	39-5384		
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.					Apt.	no.
1618 LONG	GMOO	R LN SE								
City, town, or p	ost o	fice. If you have a foreign address, als	so comp	lete spaces belo	N.		State	Z	ZIP code	
SMYRNA							GA		30080	
Foreign country	/ nam	е	Foreig	n province/state/	county		Foreign	postal cod	е	
Filing Status		Single Married filing sepa	☐ Esta	ate 🗌	Trust					
Check only one box.		If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depender								
Digital Assets	At a othe	ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a fi							xchange, or . Yes	
Dependents	3						(4) Ch	eck the box	if qualifies for	(see inst.):
(see instructions)	:	(1) First name Last name		(2) Depender identifying nun		(3) Relationship to yo	. Chi	ild tax credit	Credit for depen	
		(1) That hame		ia oriting in a r		(b) Helationship to ye	u		С	7
If more than four										
dependents, see instructions and	·									=
check here										i
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions) .				. 1a	14.	,000.
Effectively	b	Household employee wages not rep	•	,					,	
Connected	С	Tip income not reported on line 1a (s		. ,						
With U.S.	d	Medicaid waiver payments not repor		•				. 1d		
Trade or	е	Taxable dependent care benefits fro		. ,		,		. 1e		
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29				. 1f		
	g	g Wages from Form 8919, line 6								
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .					. 1h		
1042-S,	i	Reserved for future use				1i				
SSA-1042-S,	j	Reserved for future use						. <u>1j</u>		
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e))-NR), i	tem L,				
attach	z	Add lines 1a through 1h						. 1z	14.	,000.
Form(s)	2a	Tax-exempt interest 2a	1		b Tax	able interest		. 2b	,	
1099-R if tax was	3a	Qualified dividends 3a				linary dividends				
withheld.	4a	IRA distributions 4a	ı			able amount				
If you did not	5a	Pensions and annuities 5a			b Tax	able amount		. 5b		
get a Form	6	Reserved for future use	· .					. 6		
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	le D (Fo	rm 1040) if requir	ed. If n	ot required, check he	re	□ 7		
	8	Additional income from Schedule 1 (Form 10	040), line 10 .				. 8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effec	tively c	onnected income .		. 9	14,	,000.
	10	Adjustments to income from Schedincome	,	,,		•				
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross inco	me			. 11	14	,000.
	12	Itemized deductions (from Schedu	,	,, ,			,			
		deduction (see instructions)					ndia Tre	eaty 12	13	, 850.
	13a	Qualified business income deduction	from F	orm 8995 or Forr	n 8995	A . 13a				
	b	Exemptions for estates and trusts or	nly (see i	instructions) .		13b				
	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		150.

Form 1040-NR (2	2023)										Page 2
Tax and	16	Tax (see instructions). Check if any from	For	m(s): 1	14 2 🗌 49	72	3 🗌		16		16.
Credits	17	Amount from Schedule 2 (Form 1040),	line	3					17		0.
	18	Add lines 16 and 17							18		16.
	19	Child tax credit or credit for other depe	nde	nts from Schedu	ile 8812 (Form 1	040)			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	s, enter -0					22		16.
	23a	Tax on income not effectively connecte	d w	ith a U.S. trade o	r business from						
		Schedule NEC (Form 1040-NR), line 15				23a					
	b	Other taxes, including self-employment	t tax	k, 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	l tax	(<u>.</u>		24		16.
Payments	25	Federal income tax withheld from:									
-	а	Form(s) W-2				25a		470.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c	:				
	d	Add lines 25a through 25c							25d		470.
	е	Form(s) 8805							25e		
	f	Form(s) 8288-A							25f		
	g	Form(s) 1042-S							25g		
	26	2023 estimated tax payments and amo	unt	applied from 202	22 return				26		
	27	Reserved for future use				27					
	28	Additional child tax credit from Schedu	le 8	812 (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),				31					
	32	Add lines 28, 29, and 31. These are you	ır to	otal other payme	ents and refund	lable c	redits		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, and 3	2. T	hese are your to	tal payments				33		470.
Refund	34	If line 33 is more than line 24, subtract				•	=		34		454.
	35a	Amount of line 34 you want refunded t							35a		454.
Direct deposit?	b	Routing number 0 8 1 9 0	_			Chec	king _	Savings			
See instructions.	d	Account number 2 9 1 0 3									
	е	If you want your refund check mailed to	o ar	address outside	e the United Sta	tes no	t shown on	page 1,			
		enter it here.									
	36	Amount of line 34 you want applied to			ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the		=							
You Owe		For details on how to pay, go to www.ii				1			37		
	38	Estimated tax penalty (see instructions)				38					
Third	Do yo	ou want to allow another person to discus	ss th	nis return with th	e IRS? See instr	uctions	s. LY Y (es. Comp	lete be	low.	⊠ No
Party	_	Designee's Phone Personal identifi							ication		
Designee	name no. number (PIN)										
		penalties of perjury, I declare that I have examthey are true, correct, and complete. Declarati									
Sign		•	ا الحاد				all lillorriatio				u an Identity
_	Your	signature		Date	Your occupatio	n		I .		,	nter it here
Here					STUDENT				inst.)	•, •।	
ļ	Phone	e no.		Email address				, ,			
Doid			rer'	s signature		Dat	e	PTIN		Chec	k if:
Paid	VENKA	ATA SAI PAVAN KUMAR DUDIPALLI VENK	ATA	SAI PAVAN KU	MAR DUDIPALLI	:		P0247	0833		Self-employed
Preparer		s name GLOBAL TAXES LLC						Phone r			65-9522
Use Only		s address 245 DOONEY CT F	סם	IINCMTCK M	т 09916			Firm's F	, ,		45487

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 HASWANTH MALLIPEDDI 787-89-5384 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(-) 400/ (b) 450/	# N 4 5 0 /	#1.450/ / 1.000/		(d) Other (specify)			
	Nature of Income		(a) 10% (b) 15%		(c) 30%	%	%			
1	Dividends and dividend equivalents:									
а	Dividends paid by U.S. corporations	1a								
b	Dividends paid by foreign corporations	1b								
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c								
2	Interest:									
а	Mortgage	2a								
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	Gambling—Residents of countries other than Canada.	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	nns (a)	through (d) of line 14	. Enter the total here	e and on Form 1040-	-NR, line 23a 15				
	Capital Gains and Losses F	From	Sales or Excha	nges of Proper	ty					
losses f exchang within the	hely the capital gains and rom property sales or ges that are from sources the United States and not the capital gains and comproperty sales or gift necessary, attach statement of descriptive details not shown below) (b) Date acq 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 y interest; report these									
	nd losses on Schedule D									
•	property sales or		-							
exchan	ges that are effectively					1				
on Sche	edule D (Form 1040),					<u>(</u>)				
Form 4	797, or both. 18 Capital gain. Combine columns (f) and (g) of line 1/	. ⊏III€	er trie net gairmere	e and on line 9 ab	ove. II a loss, effle	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

	snown on Form 1040-NR				Your identifying						
	WANTH MALLIPEDDI				787-89-53	384					
Α	Of what country or countries were you a	a citizen or national c	luring the tax yea	ar? <u>INDIA</u>							
В	In what country did you claim residence for tax purposes during the tax year? United States Have you ever applied to be a green card holder (lawful permanent resident) of the United States?										
С		d holder (lawful perr	manent resident)	of the United States? .		Yes	⊠ No				
D	Were you ever:										
						∐ Yes	⊠ No				
2.	A green card holder (lawful permanent r	·				Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see Pul	·									
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.										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and left the U	nited States during 2	023. See instruct	tions.							
	Note: If you're a resident of Canada or										
	check the box for Canada or Mexico	and skip to item H .		🗌 Canada	☐ Mexico						
	Date entered United States Date de mm/dd/yy	parted United States mm/dd/yy		Date entered United States mm/dd/yy		rted Unite nm/dd/yy	d States				
			_								
			J L								
Н	Give number of days (including vacation,										
	, 2021 , 202	2	, and 2	2023 365	···	X Yes	□No				
ı	Did you file a U.S. income tax return for If "Yes," give the latest year and form no					△ Yes	□ NO				
J	Are you filing a return for a trust?					Yes	⊠ No				
•	If "Yes," did the trust have a U.S. or fo										
	U.S. person, or receive a contribution fr					☐ Yes	□No				
Κ	Did you receive total compensation of \$	250,000 or more du	ring the tax year?)		Yes	⊠ No				
	If "Yes," did you use an alternative meth					☐ Yes	☐ No				
L	Income Exempt From Tax-If you are					a foreign	country,				
	complete (1) through (3) below. See Pub	o. 901 for more inforr	mation on tax trea	aties.							
1.	Enter the name of the country, the applic				claimed the tre	aty benefi	t, and the				
	amount of exempt income in the column	s below. Attach Form	1 8833 if required.								
	(a) Country	(1	b) Tax treaty article			mount of exempt					
				claimed in prior tax ye	ars Income II	n current ta	ax year				
	(e) Total. Enter this amount on Form 10	 040-NR, line 1k. Do r	not enter it anvwh	nere else on line 1							
2.						☐ Yes	□ No				
3.	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?										
	If "Yes," attach a copy of the Competer	•	•								
М	Check the applicable box if:	-	j								
1.	This is the first year you are making an			•		fectively c	onnected				
	with a U.S. trade or business under sec						🗆				
2.	You have made an election in a previous States as effectively connected with a L										
	States as effectively conflected with a C	iraue or busines	s under Section 8	or itu). See instructions.			<u> Ц</u>				