## 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.

Submission Identification Number (SID)

Taxpay	/er s name		Social security number				
VIS	SHAL KOPPULA		884-34-6090				
Spouse	o's name		Spouse's so	ocial secu	rity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 20	23 (Enter	year you	are aut	horizing.)		
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	24,700.		
2	Total tax			2	1,088.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	2,168.		
4	Amount you want refunded to you			4	1,080.		
5	Amount you owe			5			
Par	Taxpayer Declaration and Signature Authorization (Be sure you	get and <b>k</b>	keep a co	py of y	our 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

		er fiv		9 gits,		as my
	4 Ent	v	Ű	-	U but	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.

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

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 >	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
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 6 1 9 8 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 M Don't Submit T			
For Denerwork Reduction Act Nation and your tox	roturn instructions	REV 02/04/24 RBO	Form 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/04/24 PRO

<b>1040</b>	-	<b>IR</b> Department of the Treasury-Interr <b>U.S. Nonresident Ali</b>			Return	2023	OMB No. 15	645-0074	or stapl	Dnly—Do not write le in this space.	
For the year Jan	. 1–C	ec. 31, 2023, or other tax year beginni	ng		, 2023, ei	nding	,	20	Se	e separate structions.	
			Last name Ye			Your id	four identifying number see instructions)				
VISHAL			KOPP	ULA				884	884-34-6090		
Home address (	numl	per and street). If you have a P.O. box,	see ins	tructions.				1		Apt. no.	
119 TUMBL	ING	ROCK WAY									
City, town, or po	ost o	ffice. If you have a foreign address, als	o comp	lete spaces belo	w.		State		ZIP cod	e	
GARNER							NC		2752	9	
Foreign country	nam	e	Foreigr	n province/state/	county		Foreign	postal co	ode		
Filing Status Check only one box.	lf 	Single Married filing sepa you checked the QSS box, enter the c	hild's na	ame if the qualify	ring perso		ot your dep			Trust	
Digital Assets		ny time during 2023, did you: (a) receiv erwise dispose of a digital asset (or a fi									
Dependents							(4) Ch	eck the bo	ox if qualifi	ies for (see inst.):	
(see instructions):		(1) First name Last name		(2) Depender identifying nur		(3) Relationship to	you Chi	ld tax crea	י דור	redit for other dependents	
If more than four										<u> </u>	
dependents, see											
instructions and check here											
	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)				. 1a		27,200.	
Effectively	b	Household employee wages not repo	•	,							
Connected	c	Tip income not reported on line 1a (s									
With U.S.	d	Medicaid waiver payments not repor							1		
Trade or	е	Taxable dependent care benefits from						. 16	•		
Business	f	Employer-provided adoption benefits	s from F	orm 8839, line 2	9			. 1f			
A 44 1-	g	Wages from Form 8919, line 6						. 19	ı		
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .					. 11	1		
1042-S,	i	Reserved for future use									
SSA-1042-S, RRB-1042-S,	j	Reserved for future use				1 1		. <u>1</u> j	_		
and 8288-A	k	Total income exempt by a treaty from		•	,						
here. Also	_					· · · ·		-		27 200	
attach Form(s)	z	Add lines 1a through 1h	1	· · · · ·		· · · · ·				27,200.	
1099-R if	2a 3a	Tax-exempt interest   2a     Qualified dividends   .     3a				ble interest hary dividends .			-		
tax was withheld.	5a 4a	IRA distributions 4a	-			ble amount			-		
If you did not	5a	Pensions and annuities <b>5a</b>	-			ble amount					
get a Form	6	Reserved for future use							_		
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	le D (Foi	rm 1040) if requi	red. If not	required, check	here	7			
	8	Additional income from Schedule 1 (	Form 10	040), line 10 .				. 8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	8. This is	your <b>total effec</b>	tively co	nnected income		. 9		27,200.	
	10	Adjustments to income from Schedu	•				-			2,500.	
	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	isted gross inco	ome.			. 11		24,700.	
	12	Itemized deductions (from Schedu deduction (see instructions) .							2	13,850.	
	13a	Qualified business income deduction				1 1			-		
	b	Exemptions for estates and trusts or									
	c	Add lines 13a and 13b		,				. 13	c		
	14	Add lines 12 and 13c						. 14	,	13,850.	
	15	Subtract line 14 from line 11. If zero	or less, e	enter -0 This is	your <b>taxa</b>	ble income	<u> </u>	. 15	5	10,850.	
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate ins	tructions.				Form 10	040-NR (2023)	

Form 1040-NR (	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any	y from For	m(s): <b>1</b> 🗌 88	314 <b>2</b> 🗌 497	2 <b>3</b>		16	1,088.
Credits	17	Amount from Schedule 2 (Form 1						17	0.
	18	Add lines 16 and 17							1,088.
	19	Child tax credit or credit for other	r depende	ents from Sched	ule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form 1			•			20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If ze						22	1,088.
	23a	Tax on income not effectively cor							,
		Schedule NEC (Form 1040-NR), I				23a			
	b	Other taxes, including self-emplo							
	-	line 21	•		• • •	23b			
	с	Transportation tax (see instructio				23c			
	d	Add lines 23a through 23c	,			I I		23d	
	24	Add lines 22 and 23d. This is you							1,088.
ayments	25	Federal income tax withheld from		<b>.</b>			<u> </u>		1,000.
ayments	25 a	Form(s) W-2				25a 2	2,168	2	
	b	Form(s) 1099				25b	<u>, 100</u>	<u> </u>	
	c	Other forms (see instructions)				250 25c			
	d	Add lines 25a through 25c						25d	2,168.
		Form(s) 8805							2,100.
	e f								
		Form(s) 8288-A							
	g	Form(s) 1042-S						25g	
	26	2023 estimated tax payments an						26	
	27	Reserved for future use				27			
	28	Additional child tax credit from S			,	28			
	29	Credit for amount paid with Form				29		_	
	30	Reserved for future use				30			
	31	Amount from Schedule 3 (Form 1				31			
	32	Add lines 28, 29, and 31. These a							
	33	Add lines 25d, 25e, 25f, 25g, 26,							2,168.
efund	34	If line 33 is more than line 24, sub						_	1,080.
	35a	Amount of line 34 you want refur							1,080.
ect deposit? e instructions.	b	Routing number 2 6 7 0			c Type: 🛛	Checking	Saving	s	
	d	Account number 9 2 2 6							
	е	If you want your refund check ma	ailed to ar	n address outsid	le the United State	es not shown on	page 1	1,	
		enter it here.				1			
	36	Amount of line 34 you want appli	ied to you	ur 2024 estimat	ed tax	36			
mount	37	Subtract line 33 from line 24. This		-					
ou Owe		For details on how to pay, go to u	0	5			• •	37	
	38	Estimated tax penalty (see instrue				38			
hird	Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions. 🗌 Ye	es. Con	nplete bel	ow. 🛛 No
arty	Desig			Phone				ntification	
esignee	name						er (PIN)		
		penalties of perjury, I declare that I hav							
ign		they are true, correct, and complete. D	eciaration (						, ,
-	Your	signature		Date	Your occupation				ent you an Identity
ere					פרבידיטאסד ד	ΝΟΤΝΕΕΟ		rotection i	PIN, enter it here
	Dhar	220		Email address	SOFTWARE E	NGTINEEK	(5		
	Phone	e no. rer's name	Preparer	Email address s signature		Date	PTIN		Check if:
aid	•		•	0		Dato		70022	_
reparer		TA SAI PAVAN KUMAR DUDIPALLI		. SAI PAVAN KU	JMAR DUDIPALLI			70833	Self-employed
-	⊢irm's	name GLOBAL TAXES I	ЪГС				Phone	1 -	78)965-9522
se Only	·	address 245 ROONEY C					Firm's	<b>E</b> 181 <b>2</b>	8-2145487

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VISHAL KOPPULA 884-34-6090

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac	ch Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а		8a (	)	
b	5	8b		
С		8c		
d		8d (	)	
е		8e		
f		8f		
g		8g		
h		8h	_	
i		<u>8i</u>	_	
j		8j	_	
k		8k		
I	Income from the rental of personal property if you engaged in the rental			
		81	-	
m	Olympic and Paralympic medals and USOC prize money (see	_		
		8m	-	
n		<u>8n</u>	-	
0		80	-	
р		8p	-	
q		8q	-	
r		8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_		8s (	2	
t	Pension or annuity from a nonqualifed deferred compensation plan or	•		
	<b>o i i</b>	8t	-	
u		8u	-	
z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SP, or 1040-NP, line 8		10	
Eor Po	·		-	
	1040, 1040-SR, or 1040-NR, line 8		10	1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis go			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	2,500.
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter her			
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	26	2,500.
	<b>BAA</b> REV 03/04/24	PRO	Schedule 1	(Form 1040) 2023

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

Sequence No. 7B

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Your identifying number

2

Attachment

VISHAL KOPPULA

884-34-6090

Enter **amount of income** under the appropriate rate of tax. See instructions.

	Nature of Income		<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	(specify)
	Nature of income		(a) 1078	<b>(b)</b> 1376	(C) 50 %	%	%
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						
а	Winnings						
b	Losses	10c					
11	Gambling—Residents of countries other than Canada. <b>Note:</b> Enter winnings only. Losses aren't allowed	44					
10							
12	Other (specify):	12					
10	Add lines 1a through 12 in columns (a) through (d)						
13 14	Multiply line 13 by rate of tax at top of each column	13				<u> </u>	
14	Tax on income not effectively connected with a U.S. trade or business. Add colur		through (d) of line 14	   Entor the total harr	and on Form 1040	NR, line 23a <b>15</b>	
15	Capital Gains and Losses						
Entor o	• • • • • • • • • • • • • • • • • • •			· · ·	- y 	(8 1 000	
losses f exchan	Inly the capital gains and rom property sales or ges that are from sources the United States and not       16       (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)       (b) Date accomm/dd/y		<b>(c)</b> 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							
	property sales or get that are effectively						
connec	ted with a U.S. business <b>17</b> Add columns (f) and (g) of line 16						
	<b>18 Capital gain.</b> Combine columns (f) and (g) of line 1	7. Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r-0 <b>18</b>	

### SCHEDULE OI (Form 1040-NR)

Department of the Treasury

# **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2 Attachme

Answer a	Il questions.
	in questions.

Internal I	nternal Revenue Service Answer all questions. Sequence No. 7C									
Name sh	nown on Form 1040	0-NR			Y	our identifyin	g number			
VISH	VISHAL KOPPULA 884-34-60									
Α	Of what countr	ry or countries w	vere you a citizen or nation	al during the tax year?	INDIA					
в	In what countr	ry did you claim	residence for tax purpose	s during the tax year?	United States					
С	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?									
D	Were you ever:									
1.	A U.S. citizen?									
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 rules that apply to you.									
Е	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. $F_1$									
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?									
G	List all dates you entered and left the United States during 2023. See instructions.									
	Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,									
	check the box	c for Canada or	Mexico and skip to item I	<u>+.</u> <u>.</u>	🗌 Canada					
		United States	Date departed United Stat	es Dat	te entered United States	Date dep	parted United	d States		
	mm/	/dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy			
ы		f dava (including	vention nonworkdaya and		propert in the United Ct.					
Н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021, 2022, and 2023365									
I			return for any prior year? .				🛛 Yes	🗌 No		
			nd form number you filed:							
J	Are you filing a	a return for a trus	st?				Yes	🗙 No		
	If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a									
			ibution from a U.S. person				Ves	∐ No		
ĸ	Did you receive total compensation of \$250,000 or more during the tax year?									
	If "Yes," did you use an alternative method to determine the source of this compensation?									
L	Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country complete (1) through (3) below. See Pub. 901 for more information on tax treaties.									
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) Country		(b) Tax treaty article	(c) Number of months claimed in prior tax year	(d) Amount of exempt income in current tax year					
_			n Form 1040-NR, line 1k. D	-						
	• •		reign country on any of the				☐ Yes	∐ No		
3.	Are you claiming treaty benefits pursuant to a Competent Authority determination?									
м	If "Yes," attach a copy of the Competent Authority determination letter to your return.									
M	Check the app		aking an election to treat in	como from roal propor	ty located in the United	Statos as a	ffootivoluo	oppostod		
	with a U.S. trac	de or business u	aking an election to treat in Inder section 871(d). See in	nstructions				· · 🗆		
2.			n a previous year that has d with a U.S. trade or busir							

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

REV 03/04/24 PRO Schedule OI (Form 1040-NR) 2023

BAA