(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 sec	Social security number			
VISHAL KOPPULA	884-34-6090				
Spouse's name	Spouse's	ocial sec	urity numbe	er	
Part I Tax Return Information — Tax Year Ending December 31, 2023	 (Enter year you	are au	thorizing	1.)	
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	4,700.	
2 Total tax		2	-	1,088.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	2,168.	
4 Amount you want refunded to you		4		1,080.	
5 Amount you owe	<u> </u>	5	_		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am					
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part 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 any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ir authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, 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 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 amend Electronic Funds Withdrawal Consent.	transmitter, or electron for rejection of the end of th	etronic resetransmise and its of tax prephe entry rization. The elurther actions the elurther actions to the elurther actions.	turn originassion, (b) to designate or aration so to this according to the control of the contro	ator (ERO the reason of Financia oftware fo count. This (cancel) a ter than 2 ayment o e that the	
	Г			1	
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or gen	orata my DIN	4 6 0	0 9 0	00 m	
ERO firm name	•		digits, but er all zeros	as my	
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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	I method. The E	RO mus	t comple		
Your signature ►k vishal Dat	te ▶	0-03-2	024		
Spouse's PIN: check one box only	_			_	
I authorize to enter or gen	orato my DIN			ac my	
ERO firm name	, .	Enter five	digits, but	as my	
signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
<u>- Francis - 3 - mars - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>	te 🕨				
Practitioner PIN Method Returns Only—continue I	pelow				
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		8 9	
	Don't e	enter all ze	eros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual included 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 Provided	n submitting this r	eturn in a	accordanc	I am nov e with the	
ERO's signature ▶ Dat	te >				
ERO Must Retain This Form — See Instruction					
Don't Submit This Form to the IRS Unless Requested	d To Do So				

E1040-NR 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 Ja	n. 1–C	ec. 31, 2023, or other tax year beginn	ing	,	2023, er	nding	,	20	instructions.
Your first name	and i	niddle initial	Last na	ame				Your ide (see instr	ntifying number ructions)
VISHAL			KOPP	ULA				884-3	34-6090
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.					Apt. no.
119 TUMBI	LING	ROCK WAY							
City, town, or p	ost of	fice. If you have a foreign address, als	so comp	lete spaces below	'.		State	Z	ZIP code
GARNER							NC		27529
Foreign country	/ nam	е	Foreig	n province/state/c	ounty		Foreign	postal cod	е
Filing Status		Single	• •			surviving spouse (☐ Esta	ate 🗌 Trust
Check only one box.	If :	you checked the QSS box, enter the c	endent:						
Digital Assets	- 1	ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f	•				, .	. ,	xchange, or
Dependents	3						(4) Ch	eck the box	if qualifies for (see inst.):
(see instructions)	:	(1) First name Last name		(2) Dependent identifying num		(3) Relationship to yo	Chi	ld tax credit	Credit for other 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) .				. 1a	27,200.
Effectively	b	Household employee wages not rep	orted or	Form(s) W-2 .				. 1b	
Connected	С	Tip income not reported on line 1a (s	see instr	uctions)				. 1c	
With U.S.	d	Medicaid waiver payments not report	rted on F	Form(s) W-2 (see i	nstructio	ns)		. 1d	
Trade or	е	Taxable dependent care benefits fro		·				. 1e	
Business	f	Employer-provided adoption benefit		•				. 1f	
Attach	g	Wages from Form 8919, line 6						. 1g	
Form(s) W-2,	h :	Other earned income (see instruction	•					. 1h	
1042-S, SSA-1042-S,	i :	Reserved for future use				. 1i		4:	
RRB-1042-S,	J I-	Total income exempt by a treaty from			 ND\ :ta			. 1j	
and 8288-A	k	line 1(e)		`	-IND), ILE	. 1k			
here. Also attach	z	Add lines 1a through 1h						. 1z	27,200.
Form(s)	2a	Tax-exempt interest 2a	1		b Taxal	ole interest		. 2b	
1099-R if tax was	3a	Qualified dividends 3a				ary dividends			
withheld.	4a	IRA distributions 4a	1			ole amount			
If you did not	5a	Pensions and annuities 5a	1		b Taxal	ole amount		. 5b	
get a Form W-2, see	6	Reserved for future use						. 6	
instructions.	7	Capital gain or (loss). Attach Schedu	ile D (Fo	rm 1040) if require	d. If not	required, check he	е	7	
	8	Additional income from Schedule 1		•					
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effect	ively cor	nnected income .		. 9	27,200.
	10	Adjustments to income from Sched income						. 10	2,500.
	11	Subtract line 10 from line 9. This is y	our adj u	usted gross incor	ne .			. 11	24,700.
	12	Itemized deductions (from Schedu deduction (see instructions)				. Std Dedn US/I			13,850.
	13a	Qualified business income deduction	n from F	orm 8995 or Form	8995-A				
	b	Exemptions for estates and trusts or	• .	*					
	С	Add lines 13a and 13b							
	14								13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is y	our taxa	ble income		. 15	10,850.

Form 1040-NR (2	2023)									Page ∠
Tax and	16	Tax (see instructions). Check if an	y from For	m(s): 1 88	314 2 497	2 3			16	1,088.
Credits					17	0.				
	18	Add lines 16 and 17							18	1,088.
	19	Child tax credit or credit for other							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 z	ero or less	s, enter -0					22	1,088.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),				23a				
	b	Other taxes, including self-empl	•	•	, , , , , , , , , , , , , , , , , , , ,	23b				
	С	line 21				23c			-	
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is you							24	1,088.
Dovemente	25	Federal income tax withheld from		<u> </u>	<u></u>	· · ·			24	1,000.
Payments		Form(s) W-2				25a		2,168.		
	a b	Form(s) 1099				25b		2,100.	-	
		Other forms (see instructions) .				25c			-	
	c d	Add lines 25a through 25c							25d	2,168.
	u e	Form(s) 8805							25e	2,100.
	f	Form(s) 8288-A							25f	
		Form(s) 1042-S							25g	
	g 26	2023 estimated tax payments ar							26	
	27	Reserved for future use				27			20	
	28	Additional child tax credit from S				28				
	29	Credit for amount paid with Forn		•	,	29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form				31				
	32	Add lines 28, 29, and 31. These	,.				dite		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,							33	2,168.
Refund	34	If line 33 is more than line 24, su							34	1,080.
neiulia	35a	Amount of line 34 you want refu				•	-	_	35a	1,080.
Direct deposit?	b								55a	1,000.
See instructions.	d									
	е									
	36	Amount of line 34 you want appl				36				
Amount	37	Subtract line 33 from line 24. Thi	is is the ar	nount you owe.						
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions .				37	
	38	Estimated tax penalty (see instru	ıctions) .			38				
Third	Do yo	u want to allow another person to	discuss t	his return with th	ne IRS? See instruc	ctions.	□ Ye	es. Compl	ete be	low. 🛛 No
Party	Desig	nee's		Phone			Perso	nal identifi	cation	
Designee	name			no.			numbe	er (PIN)		
		penalties of perjury, I declare that I have they are true, correct, and complete.								
Sign	Your	signature		Date	Your occupation			If the	RS s	ent you an Identity
Here										PIN, enter it here
					SOFTWARE E	NGIN	EER	(see	inst.)	
	Phone			Email address						
Paid	Prepa	rer's name		's signature		Date		PTIN		Check if:
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA	SAI PAVAN KU	JMAR DUDIPALLI			P02470		Self-employed
Use Only		s name GLOBAL TAXES					Phone n		78)965-9522	
	Firm's	address 245 ROONEY C	CT E BR	RUNSWICK N	J 08816			Firm's El	N 8	8-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

VISHAL KOPPULA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

Your social security number 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. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	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 additional income. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	. 11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	ı
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	. 20	
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l 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	_	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,		
ı	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		
	Housing deduction from Form 2555		
ј k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
N.	1041)		
z	Other adjustments. List type and amount:		
_	0.4-		
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 here and		
	Form 1040, 1040-SR, or 1040-NR, line 10		2,500.
	, , , , , , , , , , , , , , , , , , , ,		

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 VISHAL KOPPULA 884-34-6090 Enter **amount of income** under the appropriate rate of tax. See instructions.

	Nature of Income		(a) 10%	(b) 15%	(a) 200/	(a) Other	iei (specify)	
	Natare of moome			(a) 10%	(a) 15%	(c) 30%	%	%
1	Dividends and divide	nd equivalents:						
а	Dividends paid by U.	S. corporations	1a					
b	Dividends paid by fo	reign corporations	1b					
С	Dividend equivalent p	ayments received with respect to section 871(m) transactions	1c					
2	Interest:							
а	Mortgage		2a					
b		orations	2b					
С	Other		2c					
3	Industrial royalties (p	atents, trademarks, etc.)	3					
4	Motion picture or TV	copyright royalties	4					
5	Other royalties (copy	rights, recording, publishing, etc.)	5					
6	Real property income	e and natural resources royalties	6					
7	Pensions and annuiti	es	7					
8	Social security benef	iits	8					
9	Capital gain from line 18 below		9					
10	Gambling-Resident	s of Canada only. Enter net income in column (c).						
_	If zero or less, ente							
a b	Winnings Losses		10c					
11	Gambling Posidont	e of countries other than Canada	100					
••	Note: Enter winnings	s only. Losses aren't allowed	11					
12	Other (specify):							
			12					
13		12 in columns (a) through (d)	13					
14		ate of tax at top of each column	14					
15	Tax on income not e	ffectively connected with a U.S. trade or business. Add colun	nns (a)	through (d) of line 14	. Enter the total here	and on Form 1040-	NR, line 23a 15	
		Capital Gains and Losses	From	Sales or Excha	nges of Proper	ty		
losses f	nly the capital gains and from property sales or ges that are from sources he 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/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).
effectively connected with a U.S. business. Do not include a gain								
or loss	on disposing of a U.S. real							
gains a	nd losses on Schedule D							
(Form 1	•							
exchan	property sales or ges that are effectively							
	ted with a U.S. business edule D (Form 1040),							
	797, or both.	18 Capital gain. Combine columns (f) and (g) of line 17	7. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, enter	r-0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

2023
Attachment
Sequence No. 7C

Your identifying number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Answer all questions.

VIS	SHAL KOPPULA			884-34-6	090					
Α	Of what country or countries were you a citizen or national	INDIA								
В	In what country or countries were you a citizen or national during the tax year? INDIA 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 pe		☐ Yes	⊠ No						
D	Were you ever:									
1	. A U.S. citizen?				Yes	⊠ No				
2	. A green card holder (lawful permanent resident) of the Un					⊠ No				
_	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,									
E	If you had a visa on the last day of the tax year, enter y			ter your U.S.						
	immigration status on the last day of the tax year. F1					-				
F	Have you ever changed your visa type (nonimmigrant stat	us) or U.S. immigratio	n status?		Yes	⊠ No				
If you answered "Yes," indicate the date and nature of the change:										
G	, and the second									
	Note: If you're a resident of Canada or Mexico AND com									
	check the box for Canada or Mexico and skip to item H	<u> </u>	\square Canada	☐ Mexico						
	Date entered United States Date departed United States mm/dd/yy mm/dd/yy	es Da ⁻	te entered United State mm/dd/yy		arted Unite mm/dd/yy	d States				
		\dashv								
				N-4						
Н	Give number of days (including vacation, nonworkdays, and									
	2021 , 2022 ,	, and 202	23365	···	▽ v					
I	Did you file a U.S. income tax return for any prior year?				⊠ Yes	∐ No				
	If "Yes," give the latest year and form number you filed:	104	:UNR							
J	Are you filing a return for a trust?				∐ Yes	⊠ No				
	If "Yes," did the trust have a U.S. or foreign owner under U.S. person, or receive a contribution from a U.S. person?				□ v					
1/	·				∐ Yes	□ No				
K	Did you receive total compensation of \$250,000 or more of				☐ Yes	⊠ No				
	If "Yes," did you use an alternative method to determine t					☐ No				
L	Income Exempt From Tax—If you are claiming exemptic complete (1) through (3) below. See Pub. 901 for more info			tax treaty with	i a toreign	country,				
1	 Enter the name of the country, the applicable tax treaty arti amount of exempt income in the columns below. Attach Fo 			claimed the tre	eaty benefi	t, and the				
	(a) Country	(b) Tax treaty article	(c) Number of month	e (d) Am	ount of ex	amnt				
	(a) Country	claimed in prior tax y			n current to					
	(e) Total. Enter this amount on Form 1040-NR, line 1k. D	o not enter it anywher	e else on line 1							
2	. Were you subject to tax in a foreign country on any of the				Yes	☐ No				
	. Are you claiming treaty benefits pursuant to a Competent				☐ Yes	⊠ No				
	If "Yes," attach a copy of the Competent Authority determ	-								
М	Check the applicable box if:	•								
1	 This is the first year you are making an election to treat inwith a U.S. trade or business under section 871(d). See in 					onnected				
2	You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin	not been revoked, to	treat income from re			ne United				