# 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 Revenue Service Control of the latest mornations	•		
Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
ANUSHA NAKKA	710-92-	7213	
Spouse's name	al security number		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	e 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 2,	,892.
2 Total tax		2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	
4 Amount you want refunded to you		4	
5 Amount you owe		5	0.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	of your retu	n)
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 the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term 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 in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	he U.S. Treasury an t indicated in the tar titution to debit the ninate the authorizat requests must be the processing of the payment. I furth	d its designated I x preparation soft entry to this acco- cion. To revoke (or received no late the electronic parater acknowledge	Financial tware for unt. This cancel) a or than 2 yment of that the
Taxpayer's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN	7 2 1 3	as my
ERO firm name	Ente	er five digits, but 't enter all zeros	,
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 a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.			
Your signature ► Date	<b>&gt;</b>		
Spouse's PIN: check one box only			
I authorize to enter or gener to enter or gener			as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but '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 n below.			
	_		
Spouse's signature ► Date  Proctitioner PIN Method Poture Only continue be			
Practitioner PIN Method Returns Only—continue be Part III Certification and Authentication — Practitioner PIN Method Only	eiow		
Part III Certification and Authentication — Practitioner PIN Method Only			$\overline{}$
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6  Don't ente	1 - 1 - 1 -	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this retur	n in accordance	am now with the
ERO's signature ▶ Date	•		
ERO 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

2002	2
	<b>5</b>

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

For the year Jar	n. 1–C	Dec. 31, 2023, or other tax year begin	ning	, 2023,	ending	· · · · · · · · · · · · · · · · · · ·	20	See separate instructions.		
Your first name and middle initial			Last name Y					Your identifying number		
							(see instru	,		
ANUSHA				A			710-9	710-92-7213		
Home address (number and street). If you have a P.O. box, see instructions.						Apt. no.				
14213 CYBER PL								202		
City, town, or post office. If you have a foreign address, also complete spaces below.							IP code			
TAMPA			1			FL		33613		
Foreign country	nam	е	Foreig	n province/state/county		Foreign	oostal code	9		
Filin a										
Filing Status		Single Married filing sep	oarately (N	MFS) Qualifyir	ng surviving spouse	(QSS)	☐ Esta	te 🗌 Trust		
Check only	lf '	you checked the QSS box, enter the	endent:							
one box.										
Digital Assets	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award, or payme	ent for property or se	ervices): o	r (b) sell. ex	change, or		
Digital / 1000to		erwise dispose of a digital asset (or a						Yes X No		
Dependents						(4) Ch	eck the box it	f qualifies for (see inst.):		
(see instructions):		(1) First name Last name	2	(2) Dependent's identifying number	(3) Relationship to yo	Chil	d tax credit	Credit for other		
		(1) First flame Last flam	<del>-</del>	identifying number	(3) Neiationship to yo	ou		dependents		
If more than four										
dependents, see instructions and										
check here							$\bar{\Box}$			
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see i	nstructions)			. 1a	2,892.		
Effectively	b	Household employee wages not re	•	•				•		
Connected	С	Tip income not reported on line 1a	(see instr	ructions)			. 1c			
With U.S.	d	Medicaid waiver payments not rep	orted on I	Form(s) W-2 (see instruct	ions)		. 1d			
Trade or	е	Taxable dependent care benefits for	rom Form	2441, line 26			. 1e			
Business	f	Employer-provided adoption benef					. 1f			
Attach	g	Wages from Form 8919, line 6 .	. 1g							
Form(s) W-2,	h	Other earned income (see instruction	. 1h							
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	j	Reserved for future use	. 1j							
and 8288-A	k	Total income exempt by a treaty fro								
here. Also attach	-	line 1(e)			<u>  1k  </u>		. 1z	2,892.		
Form(s)	2a							2,032.		
1099-R if tax was	3a	Qualified dividends	. 2b . 3b							
withheld.	4a	IRA distributions	. 4b							
If you did not	5a		Ба		able amount					
get a Form W-2, see	6	Reserved for future use	. 6							
instructions.	7	Capital gain or (loss). Attach Scheo								
	8 Additional income from Schedule 1 (Form 1040), line 10									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your <b>total effectively c</b>	onnected income		. 9	2,892.		
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>									
	11	Subtract line 10 from line 9. This is	. 11	2,892.						
	12	<b>Itemized deductions</b> (from Scheddeduction (see instructions)		13,850.						
	13a	Qualified business income deduction								
	b Exemptions for estates and trusts only (see instructions)									
	С	Add lines 13a and 13b					. 13c			
	14							13,850.		
	15	Subtract line 1/1 from line 11. If zero	n or lace	antar - 0. This is your ta	vahla incomo		15	$\cap$		

Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): <b>1</b>	814 <b>2</b> 🗌 497.	2 <b>3</b>			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	r depende	ents from Sched	ule 8812 (Form 10-	40) .			19	
	20	Amount from Schedule 3 (Form							20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z							22	0.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),	nnected w	vith a U.S. trade	or business from	23a				
	b	Other taxes, including self-emplo	oyment ta	x, from Schedu	e 2 (Form 1040),	23b				
	С	Transportation tax (see instruction				23c			-	
	d	Add lines 23a through 23c				$\overline{}$			23d	
									24	
D	24	Add lines 22 and 23d. This is you		x	<u> </u>	· ·			24	0.
Payments	25	Federal income tax withheld from				05-				
	a	Form(s) W-2				25a			-	
	b	Form(s) 1099				25b			-	
	C	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c							25d	
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar							26	
	27	Reserved for future use				27				
	28	Additional child tax credit from S	chedule 8	3812 (Form 1040	)	28				
	29	Credit for amount paid with Forn	n 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 <b>t</b> o	otal other payn	ents and refunda	ble cre	dits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,	and 32. T	hese are your <b>t</b>	otal payments .				33	
Refund	34	If line 33 is more than line 24, su	btract line	24 from line 33	This is the amoun	t you <b>o</b>	verpaid		34	
	35a	Amount of line 34 you want refu	nded to y	ou. If Form 888	3 is attached, chec	k here			35a	
Direct deposit?	b	Routing number X X X X	XX	XXXX	<b>c</b> Type:	Checki	ng 🗌	Savings		
See instructions.	d	Account number X X X X	XX	X X X X	XXXXX	XX	Х			
	е	If you want your refund check menter it here.	ailed to a	n address outsi	de the United State	es not s	hown on	page 1,		
	36	Amount of line 34 you want appl	ied to vo	ur 2024 estimat	ed tax	36			1	
Amount	37	Subtract line 33 from line 24. Thi								
You Owe		For details on how to pay, go to		-					37	0.
	38	Estimated tax penalty (see instru	ctions) .			38				
Third	Do yo	u want to allow another person to				ctions.		es. Comp	lete be	low. 🗵 No
Party Designee	Designame	nee's		Phone				nal identifi er (PIN)	cation	
	Under	penalties of perjury, I declare that I have they are true, correct, and complete. Description	e examine	d this return and a			statements	s, and to th		
Sign	Your	signature		Date	Your occupation			l If the	· · • IRS s	ent you an Identity
Here	Your signature			Date	Tour occupation			II.		PIN, enter it here
11010								inst.)	•	
	Phone	e no.		Email address	•			•		
Doid	Prepa	rer's name	Preparer	's signature		Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR GUPTA	04/1	7/2024	P02082	2703	Self-employed
Preparer	<u> </u>						Phone n		78) 965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									4-3171965

Form 1040-NR (2023)

#### **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.

Attachment Sequence No. **7B** 

Name shown on Form 1040-NR Your identifying number 710-92-7213 ANUSHA NAKKA

Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	(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	Winnings	40-						
b	Losses	10c						
11	Gambling — Residents of countries other than Canada.  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	ns (a)	through (d) of line 14	. Enter the total here	and on Form 1040-	-NR, line 23a <b>15</b>		
	Capital Gains and Losses F	rom	Sales or Excha	nges of Propert	ty	·		
losses f exchan within t	nly the capital gains and from property sales or ges that are from sources he United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date acquired mm/dd/yyy		(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. ss. Do not include a gain							
or loss	on disposing of a U.S. real							
gains a	y interest; report these nd losses on Schedule D							
(Form 1	, and the second							
	property sales or ges that are effectively							
connec	ted with a U.S. business 17 Add columns (f) and (g) of line 16							
Form 4	797, or both. 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 <b>18</b>		

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

#### **SCHEDULE OI** (Form 1040-NR)

### **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

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.

Attachment Sequence No. **7C** 

AN	NUSHA NAKKA 710-92-721									
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	s during the tax y	/ear? [	Jnited States				
С		Have you ever applied to be a		☐ Yes	⊠ No					
D		Were you ever:								
	1.	A U.S. citizen?						☐ Yes	⊠ No	
	2.	A green card holder (lawful per			⊠ No					
		If you answer "Yes" to (1) or (2)								
Ε		If you had a visa on the last of	er your U.S.							
		immigration status on the last of								
F		Have you ever changed your v		☐ Yes	⊠ No					
		If you answered "Yes," indicate the date and nature of the change:								
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 for Canada or	Mexico and skip to item H	<u>I.</u>		🗌 Canada	☐ Mexico			
		Date entered United States	Date departed United State	es	Date	entered United States	Date depa	arted Unite	d States	
		mm/dd/yy	mm/dd/yy			mm/dd/yy	ı	mm/dd/yy		
Н		Give number of days (including								
		2021	, 2022	, ar	nd 2023	365				
ı		Did you file a U.S. income tax	return for any prior year? .					☐ Yes	⊠ No	
		If "Yes," give the latest year an	nd form number you filed:							
J		Are you filing a return for a trus	st?					☐ Yes	⊠ No	
		If "Yes," did the trust have a U								
		U.S. person, or receive a contr	•					Yes	☐ No	
K		Did you receive total compens							⊠ No	
		If "Yes," did you use an alterna			-				☐ No	
L		Income Exempt From Tax—If complete (1) through (3) below					ax treaty with	n a foreign	country,	
	1.	Enter the name of the country,	the applicable tax treaty art	icle, the number o	of mont	hs in prior years you	claimed the tre	eaty benefi	t, and the	
		amount of exempt income in th	e columns below. Attach Fo	orm 8833 if require	ed. See	instructions.				
		(a) Cou	ntry	(b) Tax treaty are	ticle	(c) Number of month	ths (d) Amount of exemp			
					С	claimed in prior tax yea	ars income	in current to	ax year	
		// =	F 4045-115-11							
	_	(e) Total. Enter this amount or		-			-			
		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 detern	nination letter to y	your ret	turn.				
М		Check the applicable box if:	oking on olastian ta tuasti	oomo fueur :!	WO 15 5 1-1	Llogotod in the EU-9	d Ctataa ==	ا با دراد داد	00000	
	1.	This is the first year you are may with a U.S. trade or business u								
	2.	You have made an election in							_	
		States as effectively connected								

BAA