(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

| | 5 | | | | | |
|--|---|---|--|---|---|--|
| Submi | ssion Identification Number (SID) | | | | | |
| Taxpaye | r's name | Social securi | ty numl | per | | |
| SUSE | HANTH YADAV RAMADUGU | 033-71 | 3-71-1276 | | | |
| Spouse's | s name | Spouse's soo | ial secu | urity number | • | |
| Dort | Toy Deturn Information Toy Year Ending December 21 2002 (Enter | NOOK NOU C | ro 011 | thorizing | \ | |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Enterwhole dollars only on lines 1 through 5. | year you a | re au | monzing. |) | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| | Adjusted gross income | | 1 | 15 | ,000. | |
| | Total tax | | 2 | 15 | 116. | |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 1 | ,541. | |
| | Amount you want refunded to you | | 4 | | , 425. | |
| | Amount you owe | | 5 | | , 120. | |
| Part | | еер а сор | y of y | our retu | rn) | |
| my knoreturn (ato send for any Agent to paymer authoriz paymer busines taxes to persona Electror | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) will will be and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected on the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected on the intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected on the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and its Funds Withdrawal Consent. | e are the am tter, or electrication of the t S. Treasury a cated in the t in to debit the the authoriz lests must be processing o ayment. I fur | ounts formic references on the control of the contr | from the inc turn original ssion, (b) the designated paration soff to this accor- fo revoke (eved no late ectronic particularly | come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the | |
| Taxpa | yer's PIN: check one box only | 1 | 1 / | 2 7 6 | | |
| \times | l authorize GLOBAL TAXES LLC to enter or generate | mv PIN 🗀 | | | as my | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | | | digits, but er all zeros | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Your si | gnature ▶ Date ▶ | | | | | |
| Snous | e's PIN: check one box only | _ | | | | |
| | I authorize to enter or generate | my PIN | | | as my | |
| | ERO firm name | - | ter five | digits, but | ao my | |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part I | 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 | |
| | | Don't ent | er all ze | eros | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | itting this reti | urn in a | accordance | | |
| ERO's | signature ▶ Date ▶ | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | o 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 Jan. 1-Dec. 31, 2023, or other tax year beginnin | | | ing, 2023, ending, 20 | | | | | 20 | instructions. | | |
|--|--|---|---|-----------------------|----------------|--|--------|---------------|---------------------------------------|--|--|
| Your first name and middle initial | | | Last name | | | | | | Your identifying number | | |
| | | | | (s | | | | | (see instructions) | | |
| SUSHANTH YADAV | | | | DUGU | | | | 033- | 71-1276 | | |
| | • | per and street). If you have a P.O. box, s | ee ins | tructions. | | | | | Apt. no. | | |
| 520 WEST | | | | lata ana ana hala | | | 01-1- | 1. | 710 | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | | | ZIP code | | | |
| Griffin Foreign country | nam | 2 | Corolar | n province/state/se | untı | | GA | | 30224 | | |
| 1 Oreign Country | Halli | - | Foreign province/state/county Foreign pos | | | | | postai coc | i C | | |
| Filing | | | | | | | | | | | |
| Status | Status If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depende | | | | | | | ☐ Est | ate | | |
| Check only | | | | | | | | endent: | | | |
| one box. | | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) receive | | | | | | | | | |
| | othe | rwise dispose of a digital asset (or a fina | ancial | interest in a digital | asset | ? (See instructions.) | | | . 🗌 Yes 🔀 No | | |
| Dependents | | | | (2) Dependent's | , | | (4) Ch | eck the box | the box if qualifies for (see inst.): | | |
| (see instructions): | | (1) First name Last name | | identifying numb | | (3) Relationship to yo | u 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 | 15,000. | | |
| Effectively | b | Household employee wages not repor | ted on | Form(s) W-2 | | | | . 1b | | | |
| Connected | С | Tip income not reported on line 1a (see | e instr | uctions) | | | | . 1c | | | |
| With U.S. | d | Medicaid waiver payments not reporte | d on F | Form(s) W-2 (see in | struct | ions) | | . 1d | | | |
| Trade or | е | Taxable dependent care benefits from | Form | 2441, line 26 | | | | . 1e | | | |
| Business | f | Employer-provided adoption benefits | from F | orm 8839, line 29 | | | | . 1f | | | |
| Attach | g Wages from Form 8919, line 6 | | | | | | | | | | |
| Form(s) W-2, | h | Other earned income (see instructions) | . 1h | | | | | | | | |
| 1042-S, | i | Reserved for future use | | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | . <u>1j</u> | | | | | | | | |
| and 8288-A | k | Total income exempt by a treaty from | | | | 1 1 | | | | | |
| here. Also | | line 1(e) | | | • | 1k | | | 15 000 | | |
| attach Form(s) | z | Add lines 1a through 1h | i | 1 | | | | . 1z | 15,000. | | |
| 1099-R if | 2a | · | | | | | . 2b | | | | |
| tax was withheld. | 3a 4a | | | | | • | | . 3b | | | |
| If you did not | 4a 5a | IRA distributions 4a Pensions and annuities 5a | | | | able amount . . . able amount . . . | | | | | |
| get a Form | 6 Reserved for future use | | | | | | | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Schedule | | | | | | | | | |
| instructions. | 8 | Additional income from Schedule 1 (Fo | _ | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. | | 15,000. | | | | | | | |
| | 10 | Adjustments to income from Schedule | | 10,000. | | | | | | | |
| | .0 | income | | | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is you | | | | | | | 15,000. | | |
| | 12 | Itemized deductions (from Schedule | | | | | | | | | |
| | deduction (see instructions) | | | | | | | | 13,850. | | |
| | 13a | Qualified business income deduction f | | | | 1 1 | | | | | |
| | b | Exemptions for estates and trusts only | (see i | nstructions) | | 13b | | | | | |
| | С | c Add lines 13a and 13b | | | | | | | | | |
| | 14 | Add lines 12 and 13c | | | | | | . 14 | 13,850. | | |
| | 15 | Subtract line 14 from line 11. If zero or | less, | enter -0 This is yo | ur ta x | cable income | | . 15 | 1,150. | | |

| Form 1040-NR (2 | 2023) | | | | | | | | | | | Page 2 |
|--------------------------------------|--|---|--------------------|-------------------|----------------|--------|-------|------|----------|----------|---------|---------------|
| Tax and | 16 | Tax (see instructions). Check if ar | ny from For | rm(s): 1 | 314 2 [| 4972 | 2 3 | | | 16 | | 116. |
| Credits | 17 | Amount from Schedule 2 (Form | - | | | | | | | 17 | | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | | | 116. |
| | 19 | Child tax credit or credit for other | er depende | ents from Sched | ule 8812 (Foi | rm 104 | 10) . | | | 19 | | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | | | | | | | | | | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. If z | ero or less | s, enter -0 | | | | | | 22 | | 116. |
| | 23a | Tax on income not effectively co | nnected w | rith a U.S. trade | or business f | rom | | | | | | |
| | | Schedule NEC (Form 1040-NR), | line 15 . | | | . [| 23a | | | | | |
| | b | Other taxes, including self-empl | oyment ta | x, from Schedul | e 2 (Form 10 | 40), | | | | | | |
| | | line 21 | | | | . [| 23b | | | | | |
| | С | Transportation tax (see instruction | ons) | | | | 23c | | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | | |
| | 24 | Add lines 22 and 23d. This is yo | ur total ta | x | | | | | | 24 | | 116. |
| Payments | 25 | Federal income tax withheld from | m: | | | | | | | | | |
| | а | Form(s) W-2 | | | | - t | 25a | | 1,541 | _ | | |
| | b | Form(s) 1099 | | | | . | 25b | | | | | |
| | С | Other forms (see instructions) . | | | | . [| 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | | 1,541. |
| | е | Form(s) 8805 | | | | | | | | 25e | | |
| | f | Form(s) 8288-A | | | | | | | | 25f | | |
| | g | Form(s) 1042-S | | | | | | | | 25g | | |
| | 26 | 2023 estimated tax payments ar | | | | - 1 | | | | 26 | | |
| | 27 | Reserved for future use | | | | | 27 | | | 4 | | |
| | 28 | Additional child tax credit from S | | • | | h | 28 | | | | | |
| | 29 | Credit for amount paid with Forr | | | | - H | 29 | | | - | | |
| | 30 | Reserved for future use | | | | Г | 30 | | | 4 | | |
| | 31 | Amount from Schedule 3 (Form | ,. | | | | 31 | | | _ | | |
| | 32 | Add lines 28, 29, and 31. These | | | | | | | | 32 | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26 | | | | | | | | 33 | | 1,541. |
| Refund | 34 | If line 33 is more than line 24, su | | | | | • | - | | 34 | | 1,425. |
| D: 1 1 110 | 35a | Amount of line 34 you want refu | | | | | | | | 35a | | 1,425. |
| Direct deposit? See instructions. | b | Routing number 0 1 1 9 | | | c Type: | | Jneck | ng 🗌 | Savings | | | |
| | d | Account number 3 8 5 (| | | | | | | | | | |
| | е | , | | | | | | | | | | |
| | 26 | | | | | | | | | | | |
| Amount | 36 37 | Subtract line 33 from line 24. Th | | | eu lax . | • | 30 | | | | | |
| Amount | 31 | For details on how to pay, go to | | - | see instructi | ons | | | | 37 | | |
| You Owe | 38 | | _ | - | | | 38 | | | 31 | | |
| Third | | 38 Estimated tax penalty (see instructions) | | | | | | | | | low | ⊠ No |
| Party | | | | | | | | | | | 10 W. | <u></u> 140 |
| Designee | Designee's Phone Personal identiin name no. Personal identiin name number (PIN) | | | | | | | | lication | | | |
| | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | | | | |
| Sign | Your | signature | | Date | Your occup | nation | | | If th | ne IRS s | ent vo | u an Identity |
| Here | ı oui | oignataro | | Date | rour oooup | Janon | | | | | • | nter it here |
| | | | | | SOFTWAF | RE EI | NGIN | EER_ | (se | e inst.) | | |
| | Phone | e no. | | Email address | | | | | | | | |
| Paid | Prepa | rer's name | Preparer | 's signature | | | Date | | PTIN | | Chec | k if: |
| Preparer | VENK/ | ATA SAI PAVAN KUMAR DUDIPALLI | VENKATA | SAI PAVAN KU | MAR DUDIP | ALLI | | | P0247 | 0833 | S | self-employed |
| • | Firm's name CIODAI TAVECIIC Phone n | | | | | | | | no. (6 | 78)9 | 65-9522 | |
| Use Only | Firm's address 0.45 DOMBY OF F DRIVING TOWN A 0.0016 | | | | | | | | | INI C | 0 01 | 15107 |

BAA

SCHEDULE NEC (Form 1040-NR)

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

SUSHANTH YADAV RAMADUGU 033-71-1276 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (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 Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

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 | | | | | |
|-----|--|--|-------------------------|------------------------------|------------------|-------------|------------|--|--|--|
| SUS | HANTH YADAV RAMADUGU | | 033-71-12 | | | | | | | |
| Α | Of what country or countries were you a | citizen or national | during the tax y | ear? 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 car | d holder (lawful pe | rmanent residen | t) of the United States? . | | ☐ Yes | ⊠ No | | | |
| D | Were you ever: | • | | | | | | | | |
| 1. | | | | | | ☐ Yes | ⊠ No | | | |
| | A green card holder (lawful permanent re | | | | | | ⊠ 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, enter your visa type. If you didn't have a visa, enter your o.s. | | | | | | | | |
| F | Have you ever changed your visa type (r | | ıs) or U.S. immic | ration status? | | ☐ Yes | ⊠ No | | | |
| | If you answered "Yes," indicate the date | and nature of the | change: | , | | _ | _ | | | |
| G | List all dates you entered and left the Ur | nited States during | 2023. See instru | uctions. | | | | | | |
| | Note: If you're a resident of Canada or | | | | ent intervals. | | | | | |
| | check the box for Canada or Mexico | | | | ☐ Mexico | | | | | |
| | Date entered United States Date dep | parted United States | | Date entered United State | s Date depa | rted Unite | d States | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | | nm/dd/yy | J Claico | | | |
| | | | | | | | | | | |
| | | | - | | | | | | | |
| | | | - | | | | | | | |
| | | | 7 | | | | | | | |
| н | Give number of days (including vacation, | nonworkdays, and p | ے۔ partial days) you | were present in the United | States during: | | | | | |
| | 2021 , 202 | | | | | | | | | |
| ı | Did you file a U.S. income tax return for | any prior year? . | | | | ⊠ Yes | ☐ No | | | |
| | | | | | | | | | | |
| J | If "Yes," give the latest year and form number you filed: 1040NR Are you filing a return for a trust? | | | | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a | | | | | | | | | |
| | U.S. person, or receive a contribution from | | | | | ☐ Yes | ☐ No | | | |
| K | Did you receive total compensation of \$ | 250,000 or more di | uring the tax yea | ar? | | ☐ 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 | | | | - | | • | | | |
| 1. | Enter the name of the country, the applic | able tax treaty artic | le, the number o | of months in prior years you | claimed the tre | aty benefi | t, and the | | | |
| | amount of exempt income in the columns | | | | | = | | | | |
| | (a) Country | icle (c) Number of month | ns (d) Am | ount of ex | xempt | | | | | |
| | | | | claimed in prior tax ye | ars income i | n current t | ax year | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | T | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 10 | | - | | | | | | | |
| 2. | | Were you subject to tax in a foreign country on any of the income shown in 1(d) above? | | | | | | | | |
| 3. | Are you claiming treaty benefits pursuar | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | | |
| | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | | |
| М | Check the applicable box if: | Check the applicable box if: | | | | | | | | |
| 1. | | | | | | | | | | |
| | with a U.S. trade or business under sect | | | | | | 🗌 | | | |
| 2. | You have made an election in a previo | | | | | | | | | |
| | States as effectively connected with a U | .S. trade or busine | ss under sectior | n 871(d). See instructions . | | | <u> L</u> | | | |