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

| Submission Identification Number (SID) | | | | | | | |
|--|---|---|---|--|--|--|--|
| Taxpayer's name | Social securi | Social security number | | | | | |
| ANIMESH CHAURASIA | 471-83 | -7463 | | | | | |
| Spouse's name | Spouse's soo | ial security | number | | | | |
| Port I Toy Poture Information Toy Voca Ending December 21 | Contain voor vous | wo outbo | rizina \ | | | | |
| |)23 (Enter year you a | re author | rizing.) | | | | |
| 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 | | 11 | 8,554. | | | | |
| 2 Total tax | | 2 | 0. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 275. | | | | |
| 4 Amount you want refunded to you | | 4 | 275. | | | | |
| 5 Amount you owe | | 5 | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you | get and keep a cop | y of you | r return) | | | | |
| 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 in return (original or amended) I am now authorizing. I consent to allow my intermediate service proves to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized 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 finar 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 can 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 relapersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Consent. | n Part I above are the amyider, transmitter, or electroason for rejection of the transmitter the U.S. Treasury a account indicated in the tracial institution to debit the to terminate the authorizatellation requests must be volved in the processing of ted to the payment. I fur | ounts from onic return ransmission and its designax preparate entry to thation. To refer received the electrication ackno | or the income tax originator (ERO) n, (b) the reason gnated Financial tion software for nis account. This evoke (cancel) a no later than 2 onic payment of owledge that the | | | | |
| Taxpayer's PIN: check one box only | | | | | | | |
| | or generate my PIN | 7 4 6 | 6 3 as my | | | | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | En do | ter five digit n't enter all | ts, but | | | | |
| I will enter my PIN as my signature on the income tax return (original or amendifyou are entering your own PIN and your return is filed using the Practitione below. | ded) I am now authorizi | | | | | | |
| Your signature ▶ | Date ► | | | | | | |
| Spouse's PIN: check one box only | | | | | | | |
| • — | r generate my PIN | | as my | | | | |
| ERO firm name | • - | ter five digit | | | | | |
| signature on the income tax return (original or amended) I am now authorizing. | | n't enter all | | | | | |
| I will enter my PIN as my signature on the income tax return (original or amendifyou are entering your own PIN and your return is filed using the Practitione below. | | | | | | | |
| Spouse's signature ▶ | Date ► | | | | | | |
| Practitioner PIN Method Returns Only—conti | nue below | | | | | | |
| Part III Certification and Authentication — Practitioner PIN Method On | ly | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN | | 6 0 8 | 2 7 1 | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file P | t I am submitting this retu | urn in acco | ordance with the | | | | |
| ERO's signature ▶ | Date ► | | | | | | |
| ERO Must Retain This Form — See Instru | | | | | | | |
| Don't Submit This Form to the IRS Unless Reque | ested To Do So | | | | | | |

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 Jai | า. 1–🏻 | ec. 31, 2023, or other tax year beginr | ning | , 2023, | ending | , 2 | 0 | See separate instructions. |
|--|--------------------------------|---|------------|--------------------------|---|-------------------------|---------------|----------------------------|
| Your first name and middle initial | | Last name Y | | | | Your identifying number | | |
| | (s | | | (see instructions) | | | | |
| ANIMESH | CHAURASIA 4 | | | | | 471-8 | 3-7463 | |
| Home address | (num | per and street). If you have a P.O. box | , see ins | tructions. | | | | Apt. no. |
| 450 5TH S | STRE | ET | | | | | | |
| City, town, or p | ost o | fice. If you have a foreign address, al | so comp | lete spaces below. | ; | State | ZI | P code |
| HOBOKEN | | | | | 7030 | | | |
| Foreign country name Foreign province/state/county Foreign province/state/county | | | | ostal code | | | | |
| - | 1 | | | | | | | |
| Filing | | | | | | | ☐ Estat | e 🗌 Trust |
| Status | If | ndent: | | | | | | |
| Check only one box. | | | | | | | | |
| | Λ+ ο | ny time during 2023, did you: (a) rece | ivo (00 0 | roward award or naum | ant for proparty or cor | vioco): or | (b) coll ove | ohanga ar |
| Digital Assets | | erwise dispose of a digital asset (or a | | | | | (D) Sell, ext | |
| Dependents | | | | | , | (4) Chec | k the box if | qualifies for (see inst.): |
| (see instructions) | | <u>-</u> . | | (2) Dependent's | | Child | tax credit | Credit for other |
| , | | (1) First name Last name | | identifying number | (3) Relationship to you | 1 0 | | dependents |
| If more than four | | | | | | | | |
| dependents, see | | | | | | | | |
| instructions and check here | | | | | | | | |
| | 10 | Total amount from Form(s) W-2, box | v 1 (222 i | notructions) | | | 10 | 8,554. |
| Income | 1a b | Household employee wages not rep | , | , | | | 1a 1b | 0,334. |
| Effectively Connected | C | Tip income not reported on line 1a (| | ` ' | | | 1c | |
| With U.S. | d | Medicaid waiver payments not repo | | , | | | 1d | |
| Trade or | e | Taxable dependent care benefits from | | ` ' | , | | 1e | |
| Business | f | Employer-provided adoption benefit | | · | | | 1f | |
| Buomooo | g Wages from Form 8919, line 6 | | | | | | 1g | |
| Attach h Other earned income (see instructions) | | | | | | 1h | | |
| Form(s) W-2, 1042-S, | i Reserved for future use | | | | | | | |
| SSA-1042-S, | | | | | | | | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | m Sched | ule OI (Form 1040-NR), i | tem L, | | | |
| here. Also | | line 1(e) | | | 1k | | | |
| attach Form(s) | z | Add lines 1a through 1h | · · | | | | 1z | 8,554. |
| 1099-R if | 2a | Tax-exempt interest 2 | _ | b Tax | cable interest | | 2b | |
| tax was | 3a | Qualified dividends 3a | | | dinary dividends | | 3b | |
| withheld. | 4a | IRA distributions 4 | | | cable amount | | 4b | |
| If you did not get a Form | 5a | Pensions and annuities 56 | | | cable amount | | 5b | |
| W-2, see | 6 7 | Reserved for future use | | | | | 7 | |
| instructions. | 8 | Additional income from Schedule 1 | • | , , | · | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | 9 | 8,554. |
| | 10 | Adjustments to income from Sched | | - | | | | 0,001. |
| | 10 | income | 10 | | | | | |
| | 11 | Subtract line 10 from line 9. This is y | | 8,554. | | | | |
| | 12 | Itemized deductions (from Schedu | | | | | | |
| | | deduction (see instructions) | | | | | | 13,850. |
| | 13a | Qualified business income deduction | | | | | | |
| | b | Exemptions for estates and trusts o | nly (see i | nstructions) | 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 | 0. |

| Form 1040-NR (2 | 2023) | | | | | | | | | | Page 2 |
|-------------------|--|--|--------|--------------------|------------------|---------|--------------|----------|------------------|-------------|-------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from | n For | rm(s): 1 | 314 2 49 | 72 | 3 🗌 | | 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 dep | ende | ents from Schedi | ule 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 o | r less | s, enter -0 | | | | | 22 | | 0. |
| | 23a | Tax on income not effectively connect | ed w | ith a U.S. trade o | or business from | | | | | | |
| | | Schedule NEC (Form 1040-NR), line 1 | 5. | | | 23a | | | | | |
| | b | Other taxes, including self-employme | nt ta | x, from Schedule | e 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 tot | al ta | x | | | | | 24 | | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | | |
| , | а | Form(s) W-2 | | | | 25a | | 275. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | | 275. |
| | е | Form(s) 8805 | | | | | | | 25e | | |
| | f | Form(s) 8288-A | | | | | | | 25f | | |
| | g | Form(s) 1042-S | | | | | | | 25g | | |
| | 26 | 2023 estimated tax payments and am | | | | | | | 26 | | |
| | 27 | Reserved for future use | | | | 27 | | | | | |
| | 28 | Additional child tax credit from Sched | | | | 28 | | | | | |
| | 29 | Credit for amount paid with Form 104 | | ` ' | | 29 | | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | | |
| | 31 | Amount from Schedule 3 (Form 1040) | | | | 31 | | | | | |
| | 32 | Add lines 28, 29, and 31. These are ye | | | | | redits | | 32 | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and | | | | | | | 33 | | 275. |
| Refund | 34 | If line 33 is more than line 24, subtrac | | | | | | | 34 | | 275. |
| riorana | 35a | Amount of line 34 you want refunded | | | | • | = | | 35a | | 275. |
| Direct deposit? | b | Routing number 0 3 1 2 0 | | | c Type: | | | Savings | | | |
| See instructions. | d | Account number 8 1 3 5 4 | _ | | *** | | _ | | | | |
| | e | | _ | | | tes not | shown on | page 1. | | | |
| | · | e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want applied to | o voi | ur 2024 estimate | ed tax | 36 |] | | - | | |
| Amount | 37 | Subtract line 33 from line 24. This is the | | | | 1 00 | | | | | |
| You Owe | 0. | For details on how to pay, go to www | | - | see instructions | | | | 37 | | |
| rou owe | 38 | Estimated tax penalty (see instruction | | | | 38 | | | 0. | | |
| Third | | u want to allow another person to disc | | | | | | es. Comp | lete be | low | ⊠ No |
| Party | · | | | | | | | | Ow. | <u></u> 110 | |
| Designee | Designee's Phone Personal identif name no. number (PIN) | | | | | | ication | | | | |
| | 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 | | • | | | | | | | | | u an Identity |
| _ | Your signature Date | | | Date | Your occupation | 1 | | | | • | nter it here |
| Here | | | | | BUSINESS 2 | ANAL | YST | | inst.) | , | |
| | Phone | e no. | | Email address | | | - • | ,,,,,, | 1 | | |
| | | | arer | 's signature | | Date |) | PTIN | | Check | k if: |
| Paid | | | | · · | SACAR CIIDTA | | 16/2024 | P0208 | 2703 | | elf-employed |
| Preparer | | | | | | | | | 65 - 9522 | | |
| Use Only | | address 245 DOONEY CT F | י סי | TINICMTOV N | T 00016 | | | Firm's F | | | <u>05-9522</u> 71965 |

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

on Schedule D (Form 1040).

Form 4797, or both.

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

ANIMESH CHAURASIA 471-83-7463 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 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

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

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

| Name sl | nown on Form 1040-NR | | | | Your identifying | number | | |
|---------|--|--|---------------------|-------------------------------|------------------|------------|----------|--|
| ANIM | IESH CHAURASIA | 471-83-7463 | | | | | | |
| Α | Of what country or countries w | vere you a citizen or nationa | al during the tax y | /ear? INDIA | | | | |
| В | In what country did you claim | | | voor? India | | | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent resider | | | | ⊠ No | |
| D | Were you ever: | | | | | | | |
| 1. | A U.S. citizen? | | | | | ☐ Yes | ⊠ No | |
| 2. | A green card holder (lawful per | rmanent resident) of the Un | ited States? . | | | ☐ Yes | ⊠ No | |
| | If you answer "Yes" to (1) or (2 |), see Pub. 519, chapter 4, | for expatriation r | ules that apply to you. | | | | |
| E | If you had a visa on the last of immigration status on the last of | | • • | you didn't have a visa, en | • | | | |
| F | Have you ever changed your value of the second of the seco | isa type (nonimmigrant sta e the date and nature of the | tus) or U.S. immi | gration status? | | ☐ Yes | ⊠ No | |
| G | List all dates you entered and | eft the United States durin | g 2023. See instr | uctions. | | | | |
| | Note: If you're a resident of C | | | | ent intervals, | | | |
| | check the box for Canada or | Mexico and skip to item H | 1 | 🗌 Canada | ☐ Mexico | | | |
| | Date entered United States | Date departed United State | es | Date entered United State | s Date depa | rted Unite | d States | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | 'n | nm/dd/yy | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Н | Give number of days (including 2021 | | | | | | | |
| I | Did you file a U.S. income tax If "Yes," give the latest year ar | return for any prior year?. | | | | ☐ Yes | ⊠ No | |
| J | Are you filing a return for a trus | st? | | | | Yes | ⊠ No | |
| • | If "Yes," did the trust have a U.S. person, or receive a contr | J.S. or foreign owner unde | r the grantor trus | st rules, make a distribution | or loan to a | ☐ Yes | □No | |
| K | Did you receive total compens | · | | | | ☐ Yes | ⊠ No | |
| | | | | | | | □ No | |
| L | If "Yes," did you use an alternative method to determine the source of this compensation? | | | | | | | |
| 1. | 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) Cou | ntry | (b) Tax treaty ar | ticle (c) Number of month | | | | |
| | | | | , , , | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Total. Enter this amount or | n Form 1040-NR, line 1k. D | o not enter it any | where else on line 1 | | | | |
| 2. | Were you subject to tax in a fo | reign country on any of the | income shown i | n 1(d) above? | | ☐ Yes | ☐ No | |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | |
| | If "Yes," attach a copy of the C | Competent Authority detern | nination letter to | your return. | | | | |
| M | Check the applicable box if: | | | | | | | |
| | This is the first year you are may with a U.S. trade or business u | ınder section 871(d). See ir | structions | | | | 🗆 | |
| 2. | You have made an election in States as effectively connected | | | | | | | |