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)

T.....

| Тахрау | ver's name   | Social securi  | ty numb   | er          |
|--------|--|----------------|-----------|-------------|
| SNI    | GDHA HARI  | 662-83         | -5034     | ł           |
| Spouse | s's name   | Spouse's so    | cial secu | rity number |
| Par    | Tax Return Information – Tax Year Ending December 31, 2023 (Ent          | er year you a  | re aut    | horizina )  |
| -      | whole dollars only on lines 1 through 5.                                 | ici year you c |           | nonzing.)   |
|        | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |                |           |             |
| 1      | Adjusted gross income  |                | 1         | 1,701.      |
| 2      | Total tax  |                | 2         | 0.          |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099            |                | 3         | 46.         |
| 4      | Amount you want refunded to you  |                | 4         | 46.         |
| 5      | Amount you owe   |                | 5         |             |
| Part   | II Taxpayer Declaration and Signature Authorization (Be sure you get and | d keep a cop   | v of v    | 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

| X lauthorize GLC | OBAL TAXES LLC | to enter or generate my PIN $^{l}$ |
|------------------|----------------|------------------------------------|
|------------------|----------------|------------------------------------|

| 3   | 5 | 0 | 3 | 4 | as |  |  |  |  |  |  |
|---|---|---|---|---|----|--|--|--|--|--|--|
| Enter five digits, but<br>don't enter all zeros |   |   |   |   |    |  |  |  |  |  |  |

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 s | ignature 🕨 Da   | ate 🕨 | •  |      |        |        |        |     |   |   |   |
|------------|---|-------|----|------|--------|--------|--------|-----|---|---|---|
|            | Practitioner PIN Method Returns Only—continue                                   | bel   | ow |      |        |        |        |     |   |   |   |
| Part III   | Certification and Authentication – Practitioner PIN Method Only                 |       |    |      |        |        |        |     |   |   |   |
| ERO's EFI  | N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | <br> | _      |        |        |     | 9 | 8 | 9 |
|            |   |       |    | Don  | i't er | iter a | all ze | ros |   |   |   |

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 🕨                 | RO's signature ► Date ►                               |  |                   |                          |  |  |  |  |  |
|-----------------------------------|---|--|-------------------|--------------------------|--|--|--|--|--|
| Do                                | ERO Must Retain This F<br>n't Submit This Form to the |  |                   |                          |  |  |  |  |  |
| For Donomuork Doduction Act Notic | o soo your toy roturn instructions                    |  | REV/ 02/07/24 RRO | Form 8879 (Pov. 01 2021) |  |  |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

| <b>1040</b>                                | -   | IR Department of the Treasury-Interr<br>U.S. Nonresident Ali | nal Reven<br><b>en In</b> | nue Service<br>Come Tax F | leturn     | 2023                           | OMB No.    | 1545-0074    | or stap      | Only—Do not write<br>ble in this space. |
|--|---|--|---------------------------|---------------------------|------------|--------------------------------|------------|--------------|--------------|---|
| For the year Jan                           | . 1–C   |  |                           |                           |            |                                |            | , 20         | Se           | ee separate                             |
|  |   |  |                           |                           |            |                                |            | Your i       |              | ng number                               |
| SNIGDHA                                    |   |  | HARI                      |                           |            |                                |            | 662          | -83-5        | 0.34                                    |
|  | numl  | per and street). If you have a P.O. box                      | , see ins                 | tructions.                |            |                                |            |              |              | Apt. no.                                |
| 316 DALE                                   | DR  | 101  |                           |                           |            |                                |            |              |              |   |
| City, town, or po                          | ost o   | ffice. If you have a foreign address, als                    | so comp                   | lete spaces belo          | w.         |                                | State      |              | ZIP co       | de                                      |
| KENT                                       |   |  |                           |                           |            |                                | OH         |              | 4424         | . 0                                     |
| Foreign country                            | nam   | e  | Foreigr                   | n province/state/         | county     |                                | Foreig     | n postal c   | ode          |   |
| Filing<br>Status<br>Check only<br>one box. |   | you checked the QSS box, enter the c                         | hild's na                 | ame if the qualify        | ing perso  |                                | ot your de | E E          | state        | Trust                                   |
| Digital Assets                             |   |  |                           |                           |            |                                |            |              |              |   |
| Dependents                                 |   |  |                           |                           |            |                                | (4) (      | Check the b  | ox if qualif | fies for (see inst.):                   |
| (see instructions):                        |   | (1) Eirst name   |                           |                           |            | (3) Relationship to            | , c        | hild tax cre | aiti         | Credit for other dependents             |
|  |   |  |                           | ia on ing nai             |            |                                | you        |              |              |   |
| If more than four                          |   |  |                           |                           |            |                                |            |              |              |   |
| dependents, see                            |   |  |                           |                           |            |                                |            |              |              |   |
| check here                                 | or the year Jan. 1-Dec. 31, 2023, or other tax year beginning |  |                           | $\overline{\square}$      |            |                                |            |              |              |   |
| Income                                     | 1a  | Total amount from Form(s) W-2, box                           | 1 (see i                  | nstructions) .            |            |                                |            | . 1          | a            | 1,701.                                  |
|  | b   |  | •                         | ,                         |            |                                |            |              | b            |   |
| Connected                                  | с   |  |                           |                           |            |                                |            |              | c            |   |
| With U.S.                                  | d   | Medicaid waiver payments not repor                           | ted on F                  | Form(s) W-2 (see          | instructio | ons)                           |            | . 10         | d            |   |
| Trade or                                   | е   | Taxable dependent care benefits fro                          | m Form                    | 2441, line 26 .           |            |                                |            | . 10         | e            |   |
| Business                                   | f   | Employer-provided adoption benefit                           | s from F                  | orm 8839, line 2          | э.         |                                |            | . 1          | f            |   |
| • •  | g   | Wages from Form 8919, line 6                                 |                           |                           |            |                                |            |              | g            |   |
| Attacn<br>Form(s) W-2,                     | h   | Other earned income (see instruction                         | ıs) .                     |                           |            |                                |            | . 11         | h            |   |
| 1042-S,                                    | i   | Reserved for future use                                      |                           |                           |            | . <b>1</b> i                   |            |              |              |   |
| SSA-1042-S,<br>BBB-1042-S                  | j   |  |                           |                           |            | 1 1                            |            | . 1          | j            |   |
| and 8288-A                                 | k   |  |                           |                           |            |                                |            |              |              |   |
| here. Also                                 |   |  | • •                       |                           |            | . <b>1</b> k                   |            |              |              | 1 0 0 1                                 |
| attach<br>Form(s)                          |   | -  | i ·                       | · · · · ·                 |            |                                |            |              |              | 1,701.                                  |
| 1099-R if                                  |   |  | -                         |                           |            | ble interest                   |            |              |              |   |
| tax was<br>withheld.                       |   |  | -                         |                           |            | hary dividends .<br>ble amount |            |              |              |   |
|  |   |  |                           |                           |            | ble amount                     |            |              | -            |   |
| get a Form                                 |   |  |                           |                           |            |                                |            |              | _            |   |
| W-2, see                                   |   |  |                           |                           |            |                                |            |              |              |   |
| instructions.                              |   |  | •                         |                           |            |                                |            |              |              |   |
|  |   |  |                           |                           |            |                                |            |              |              | 1,701.                                  |
|  |   |  |                           | -                         |            |                                |            |              |              |   |
|  |   | . '  | ``                        | <i>,,</i>                 |            | ,                              | •          |              | o            |   |
|  | 11  | Subtract line 10 from line 9. This is y                      | our <b>adjı</b>           | isted gross inco          | me .       |                                |            | . 1          | 1            | 1,701.                                  |
|  | 12  |  |                           |                           |            |                                |            |              | 2            | 13,850.                                 |
|  | 13a   |  |                           |                           |            |                                |            |              | -            |   |
|  |   |  |                           |                           |            |                                |            |              |              |   |
|  |   | •  |                           | ,                         |            |                                |            | . 13         | c            |   |
|  |   |  |                           |                           |            |                                |            |              |              | 13,850.                                 |
|  |   |  |                           |                           |            |                                |            |              |              | 0.                                      |
| For Disclosure,                            | Priva   |  |                           |                           |            |                                |            |              | Form 1       | 040-NR (2023)                           |

| Form 1040-NR (    | 2023)            |  |                                       |                                 |                           | Page <b>2</b>                |
|-------------------|------------------|--|---------------------------------------|---------------------------------|---------------------------|------------------------------|
| Tax and           | 16               | Tax (see instructions). Check if any from Form(s): 1 8814 2 497  | 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 dependents from Schedule 8812 (Form 10  |                                       |                                 | 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 or less, enter -0   |                                       |                                 | 22                        | 0.                           |
|                   | 23a              | Tax on income not effectively connected with a U.S. trade or business from   |                                       |                                 |                           |                              |
|                   |                  | Schedule NEC (Form 1040-NR), line 15   | 23a                                   |                                 |                           |                              |
|                   | b                | Other taxes, including self-employment tax, from Schedule 2 (Form 1040),   |                                       |                                 |                           |                              |
|                   |                  |  | 23b                                   |                                 |                           |                              |
|                   | с                | Transportation tax (see instructions)  | 23c                                   |                                 |                           |                              |
|                   | d                | Add lines 23a through 23c         . <th></th> <th></th> <th>23d</th> <th></th> |                                       |                                 | 23d                       |                              |
|                   | 24               | Add lines 22 and 23d. This is your total tax   |                                       |                                 | 24                        | 0.                           |
|                   | 25               | Federal income tax withheld from:  |                                       |                                 | 27                        | 0.                           |
| Payments          | 25<br>a          | Form(s) W-2  | 25a                                   | 46.                             |                           |                              |
|                   | b                | Form(s) 1099   | 25a<br>25b                            | 40.                             | -                         |                              |
|                   |                  |  | 250<br>25c                            |                                 | -                         |                              |
|                   | C<br>L           | Other forms (see instructions)   |                                       |                                 | 054                       | 46.                          |
|                   | d                | Add lines 25a through 25c  |                                       |                                 | 25d                       | 40.                          |
|                   | e                | Form(s) 8805   |                                       | • • •                           | 25e                       |                              |
|                   | f                | Form(s) 8288-A   |                                       |                                 | 25f                       |                              |
|                   | g                | Form(s) 1042-S   |                                       |                                 | 25g                       |                              |
|                   | 26               | 2023 estimated tax payments and amount applied from 2022 return  |                                       |                                 | 26                        |                              |
|                   | 27               | Reserved for future use  | 27                                    |                                 |                           |                              |
|                   | 28               | Additional child tax credit from Schedule 8812 (Form 1040)   | 28                                    |                                 | _                         |                              |
|                   | 29               | Credit for amount paid with Form 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 total other payments and refundation  |                                       |                                 | 32                        |                              |
|                   | 33               | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .  |                                       |                                 | 33                        | 46.                          |
| Refund            | 34               | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour  | •                                     |                                 | 34                        | 46.                          |
|                   | 35a              | Amount of line 34 you want refunded to you. If Form 8888 is attached, chec   |                                       |                                 | 35a                       | 46.                          |
| Direct deposit?   | b                | Routing number         0         4         1         0         0         1         2         4         c Type:         □   | Checking 2                            | Savings                         |                           |                              |
| See instructions. | d                | Account number 4 1 6 7 8 4 4 7 2 1   |                                       |                                 |                           |                              |
|                   | е                | If you want your refund check mailed to an address outside the United State  | es not shown o                        | on page 1,                      |                           |                              |
|                   |                  | enter it here.   |                                       |                                 |                           |                              |
|                   | 36               | Amount of line 34 you want applied to your 2024 estimated tax  | 36                                    |                                 |                           |                              |
| Amount            | 37               | Subtract line 33 from line 24. This is the <b>amount you owe</b> .   |                                       |                                 |                           |                              |
| You Owe           |                  | For details on how to pay, go to www.irs.gov/Payments or see instructions .  |                                       |                                 | 37                        |                              |
|                   | 38               | Estimated tax penalty (see instructions)   | 38                                    |                                 |                           |                              |
| Third             | Do yo            | u want to allow another person to discuss this return with the IRS? See instru   | ctions.                               | Yes. Comp                       | lete below.               | 🔀 No                         |
| Party             | Desig            | nee's Phone  | Pers                                  | onal identif                    | ication                   |                              |
| Designee          | name             | no   | num                                   | ber (PIN)                       |                           |                              |
|                   | Under<br>belief, | penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based  | ules and stateme<br>ed on all informa | nts, and to th<br>tion of which | e best of my preparer has | knowledge and any knowledge. |
| Sign              | Your             | signature Date Your occupation   |                                       | If th                           | e IRS sent                | ou an Identity               |
| Here              |                  |  |                                       | Prot                            | ection PIN,               | enter it here                |
|                   |                  | STUDENT  |                                       | (see                            | inst.)                    |                              |
|                   | Phone            | e no. Email address  |                                       |                                 |                           |                              |
| Paid              | Prepa            | rer's name Preparer's signature  | Date                                  | PTIN                            |                           | eck if:                      |
| Preparer          | VENKA            | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI  |                                       | P0247                           | 0833   🗆                  | Self-employed                |
| Use Only          | Firm's           | sname GLOBAL TAXES LLC   |                                       | Phone n                         | <b>o.</b> (678)           | 965-9522                     |
|                   | Firm's           | address 245 ROONEY CT E BRUNSWICK NJ 08816   |                                       | Firm's E                        | IN 88-2                   | 2145487                      |
| Go to www.irs.g   | gov/Fo           | m1040NR for instructions and the latest information. BAA   | REV 03/07/24 I                        | PRO                             | Form                      | 1040-NR (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

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2 23 Attachment Sequence No. 7B

Your identifying number

662-83-5034

SNIGDHA HARI

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

|  | <ul> <li>Dividends paid by foreign corporations</li></ul> |  |                                   | (a) 10% (b) 15% |                             | (-) 200/         | (d) Other                      | (specify)  |  |
|--|---|--|-----------------------------------|-----------------|-----------------------------|------------------|--------------------------------|--|--|
|  |   | Nature of Income   |                                   |                 | ( <b>a)</b> 10%             | ( <b>D</b> ) 15% | <b>(c)</b> 30%                 | %  | %  |
| 1  | Dividends and divide                                      | end equivalents:   |                                   |                 |                             |                  |                                |  |  |
| а  | Dividends paid by U.                                      | .S. corporations   |                                   | 1a              |                             |                  |                                |  |  |
| b  | Dividends paid by fo                                      | reign corporations   |                                   | 1b              |                             |                  |                                |  |  |
| с  | Dividend equivalent p                                     | payments received with respect to section 871(m) tra   | insactions                        | 1c              |                             |                  |                                |  |  |
| 2  | Interest:   |  |                                   |                 |                             |                  |                                |  |  |
| а  | Mortgage  |  |                                   | 2a              |                             |                  |                                |  |  |
| b  | Paid by foreign corp                                      | orations   |                                   | 2b              |                             |                  |                                |  |  |
| с  | Other   |  |                                   | 2c              |                             |                  |                                |  |  |
| 3  |   |  | t t                               | 3               |                             |                  |                                |  |  |
| 4  |   |  | t                                 | 4               |                             |                  |                                |  |  |
| 5  | Other royalties (copy                                     | rights, recording, publishing, etc.)   |                                   | 5               |                             |                  |                                |  |  |
| 6  |   | e and natural resources royalties  | t t                               | 6               |                             |                  |                                |  |  |
| 7  | Pensions and annuit                                       | ies  |                                   | 7               |                             |                  |                                |  |  |
| 8  |   | fits   |                                   | 8               |                             |                  |                                |  |  |
| 9  |   | e 18 below   | r                                 | 9               |                             |                  |                                |  |  |
| 10   | Gambling-Resident   | ts of Canada only. Enter net income in column (c).   |                                   |                 |                             |                  |                                |  |  |
| а  | Winnings  |  |                                   |                 |                             |                  |                                |  |  |
| b  | Losses  |  |                                   | 10c             |                             |                  |                                |  |  |
| 11   | Gambling-Resident   | ts of countries other than Canada.<br>s 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 r                                     | rate of tax at top of each column  |                                   | 14              |                             |                  |                                |  |  |
| 15   | Tax on income not e                                       | ffectively connected with a U.S. trade or business.  |                                   |                 |                             |                  |                                | -NR, line 23a <b>15</b>  |  |
|  |   | Capital Gains and  | Losses F                          | rom             | Sales or Excha              | nges of Proper   | ty                             |  |  |
| Enter only the capital gains and<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not |   | <b>16</b> (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | <b>(b)</b> Date acqu<br>mm/dd/yyy |                 | (c) Date sold<br>mm/dd/yyyy | (d) Sales price  | <b>(e)</b> Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
|  | ely connected with a U.S.<br>s. Do not include a gain     |  |                                   |                 |                             |                  |                                |  |  |
| or loss  | on disposing of a U.S. real                               |  |                                   |                 |                             |                  |                                |  |  |
|  | y interest; report these nd losses on Schedule D          |  |                                   |                 |                             |                  |                                |  |  |
| (Form 1  | •   |  |                                   |                 |                             |                  |                                |  |  |
|  | property sales or<br>ges that are effectively             |  |                                   |                 |                             |                  |                                |  |  |
| connec   | ted with a U.S. business<br>edule D (Form 1040),          | 17 Add columns (f) and (g) of line 16 .  |                                   |                 |                             |                  | 17                             | ( )  |  |
|  | 797, or both.   | 18 Capital gain. Combine columns (f) and (g  |                                   |                 |                             |                  |                                | er -0 <b>18</b>  |  |
| For Pa   | aperwork Reduction A                                      | ct Notice, see the Instructions for Form 1040-NR.  |                                   |                 | BAA REV 0                   | 3/07/24 PRO      |                                | Schedule NEC   | (Form 1040-NR) 2023  |

### SCHEDULE OI (Form 1040-NR)

## **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074 9**0**73

| Smit Bown in Rem 1040-NR       Your identifying number         SMITCHAL HARL       662-83-5034         A       Of what country or countries were you a citizen or national during the tax year? INDIA       Intract States         B       In what country of dyou claim residence for tax purposes during the tax year? INDIA       Intract States?         C       Have you ever applied to be a green card holder (lawful permanent resident) of the United States?   |    | ent of the Treasury<br>Revenue Service | Got                                | to www.irs.gov/Form1040N<br>۵ns | R for instructions and<br>wer all questions. | the latest information   |                  | Attachment      |             |  |  |  |  |
|--|----|--|------------------------------------|---------------------------------|--|--------------------------|------------------|-----------------|-------------|--|--|--|--|
| SNIGDHA HARI       662-83-5034         A       Of what country or countries were you a citizen or national during the tax year? INDIA.       662-83-5034         In what country did you claim residence for tax purposes during the tax year? INDIA.       662-83-5034         C       Have you ever;       IV No.         A usc. citizen?       Yes       No.         2. A green card holder (lawful permanent resident) of the United States?       Yes       No.         2. A green card holder (lawful permanent resident) of the United States?       Yes       No.         F       Have you ever;       If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.       If yes       No.         F       Have you ever changed your visa type (norinmigrant status) or U.S. immigration status?       Yes       No.         If you answerd "Yes", inclicate the date and nature of the change:       IV yetra ersident of Canada or Mexico AND commute to work in the United States during 2023. See instructions.       Note: Hyour a resident of Canada or Mexico AND commute to work in the United States during:       2021       It and dates you entred and state of the date and and word the date and   |    |  | -NR                                | Allo                            |  |                          | Your identify    |                 | 0.70        |  |  |  |  |
| A       Of what country or countries were you a citizen or national during the tax year? IDL1A.         B       In what country of opuntries were you a citizen or national during the tax year? IDL1A.         Haw you ever applied to be a groen card holder (lawful permanent resident) of the United States?       \Ves XINO         Vere you ever:       \Ves XINO         1. A U.S. citizen?       \Ves XINO         Fly ou answer "Set" to [1] to (2), see Pub, 519, chapter 4, for expatriation rules that apply to you.       If you answer "Set" to [1] to (2), see Pub, 519, chapter 4, for expatriation rules that apply to you.         If you answer "Yes" to [1] to (2), see Pub, 519, chapter 4, for expatriation rules that apply to you.       If you answered "Yes," inclicate the date and nature of the change.         Its all dates you entered and left the United States (2) register status?       \Ves XINO         Note: If you're a resident of Cenada or Mexico AND commute to work in the United States at frequent intervals, enter the to for Canada or Mexico and skip to item H.       \Ves XINO         \Date entered United States       Date departed United States mm/ddy       Date departed United States mm/ddy         If Yes, "idd the trust have a U.S. income tax return for any prior year?       \Ves XINO       Yes XINO         If Yes, "idd the tax year and form number you filed:       \Ves XINO       Yes XINO         If Yes, "idd the tax year and form number you filed:       \Ves XINO       Yes XINO         If Yes, "  |    |  |                                    |                                 |  |                          | -                | •               |             |  |  |  |  |
| B       In what country did you claim residence for tax purposes during the tax year? United States         C       Have you ever applied to be a green card holder (lawful permanent resident) of the United States?       □ Yes       No         Ware you ever       1. A US, citizan?       □ Yes       No         2. A green card holder (lawful permanent resident) of the United States?       □ Yes       No         3. A green card holder (lawful permanent resident) of the United States?       □ Yes       No         1. A US, citizan?       □ Yes       No         2. M green card holder (lawful permanent resident) of the United States?       □ Yes       No         11 you answer "Ves", indicate the date and nature of the change:       □ Yes       No         3. Ust all dates you entered and left the United States during 2023. See instructions.       Note: if you'ra aresident of Canada or Maxico AND comula to work in the United States at frequent intervals, check the box for Canada or Maxico AND comula to work in the United States during:         2021       .0022       .002       .023       .065         12 dive number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:       .021       .022         2021       .002       .023       .065       .045       .04023       .065         1 dive unber of days (including vacation, nonworkdays, and partial days) you were present in   |    |  | v or countries v                   | were you a citizen or nation    | al during the tax year?                      | INDIA                    |                  |                 |             |  |  |  |  |
| C       Have you ever ever:  | в  | In what country                        | ,<br>/ did you claim               | residence for tax purpose       | s during the tax year?                       | United States            |                  |                 |             |  |  |  |  |
| 1. A U.S. citizen?       Yes       No         2. A green card holder (lawful permanent resident) of the United States?       Yes       No         if you answer Yes' to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.       If you answer Yes' to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply the you.       Yes       No         F       Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status on the last day of the tax year  | С  | Have you ever                          | applied to be a                    | ı green card holder (lawful p   | permanent resident) of                       | the United States? .     |                  | . 🗌 Yes         | 🛛 No        |  |  |  |  |
| A green card holder (lawful permanent resident) of the United States?     If you haver "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.     If you have a visa, on the last day of the tax year, <u>refr</u> Have you ever changed your visa type (monimingrant status) or U.S. immigration status on the last day of the tax year, <u>refr</u> Have you ever changed your visa type (monimingrant status) or U.S. immigration status?     If you answere "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 commute to work in the United States at frequent intervals, check the box for Canada or Mexico AND commute to work in the United States at brequent intervals.     Check the box for Canada or Mexico and Skip to item H     Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:     2021   | _  | -                                      |                                    |                                 |  |                          |                  | _               | _           |  |  |  |  |
| If you answer "Yes" to (1) or (2): see Pub. 519, chapter 4, for expatriation rules that apply to you.       If you had a visa on the last day of the tax year, p1         F       Have you ever changed your visa type (nonimnigrant status) or U.S. immigration status on the last day of the tax year, p1       If you answerd "Yes," indicate the date and nature of the change:       If you answerd "Yes," indicate the date and nature of the change:       If you are 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 filem H       Immigration status on the box for Canada or Mexico and skip to filem H       Immigration status on the box for Canada or Mexico and skip to filem H         Date entered United States       Date departed United States mm/dd/yy       Date departed United States mm/dd/yy       Immigration status on the box for Canada       Mexico         1       Did you file a US. income tax return for any proy year?  |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| <ul> <li>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</li></ul>   | 2. | -                                      |                                    | -                               |  |                          |                  | . 🗌 Yes         | 🛛 No        |  |  |  |  |
| F       Have you ever changed your visa type (nonimingrant status) or U.S. immigration status?       □ Yes X No         If you awaved "Ves," 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 AMD commute to work in the United States at frequent intervals, check the box for Canada or Mexico AMD commute to work in the United States mm/dd/yy       □         Date entered United States       □   | -  | •                                      | ., .                               |                                 | •  |                          |                  | <b>`</b>        |             |  |  |  |  |
| 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 residuent 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  |    | immigration sta                        | tus on the last                    | day of the tax year. $F1$       |  | ·                        |                  |                 |             |  |  |  |  |
| 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 commute to work in the United States at maximum during the departed United States mm/dd/yy       Date entered United States mm/dd/yy       Date departed United States mm/dd/yy         Image: the interval of the departed United States mm/dd/yy       Date entered United States mm/dd/yy       Date entered United States mm/dd/yy         H       Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021   | F  | If you answered                        | d "Yes," indicat                   | te the date and nature of th    | e change:                                    |                          |                  |                 | X No        |  |  |  |  |
| check the box for Canada or Mexico and skip to item H  | G  | -                                      |                                    |                                 | ig 2023. See instructio                      | ns.                      |                  |                 |             |  |  |  |  |
| Date entered United States<br>mm/dd/yy       Date departed United States<br>mm/dd/yy       Date entered United States<br>mm/dd/yy       Date departed United States<br>mm/dd/yy         H       Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:<br>2021  |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| mm/dd/yy       mm/dd/yy       mm/dd/yy         mmm/dd/yy       mm/dd/yy  |    |  |                                    |                                 |  |                          |                  |                 | d Ctataa    |  |  |  |  |
| 2021       , 2022       , and 2023       365         I       Did you file a U.S. income tax return for any prior year?       Integration of the trust and form number you filed:       1040NR         J       Are you filing a return for a trust?       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 U.S. person, or receive a contribution from a U.S. person?       Yes       No         K       Did you receive total compensation of \$250,000 or more during the tax year?       Yes       No         If "Yes," did the trust have a ulternative method to determine the source of this compensation?       Yes       No         If "Yes," did you use an alternative method to determine the source of this compensation?       Yes       No         I 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.       Income tax treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.       (d) Amount of exempt income in current tax year         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1  |    |  |                                    |                                 |  |                          |                  |                 | d States    |  |  |  |  |
| 2021       , 2022       , and 2023       365         I       Did you file a U.S. income tax return for any prior year?       Integration of the trust and form number you filed:       1040NR         J       Are you filing a return for a trust?       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 U.S. person, or receive a contribution from a U.S. person?       Yes       No         K       Did you receive total compensation of \$250,000 or more during the tax year?       Yes       No         If "Yes," did the trust have a ulternative method to determine the source of this compensation?       Yes       No         If "Yes," did you use an alternative method to determine the source of this compensation?       Yes       No         I 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.       Income tax treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.       (d) Amount of exempt income in current tax year         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1  |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| 2021       , 2022       , and 2023       365         I       Did you file a U.S. income tax return for any prior year?       Integration of the trust and form number you filed:       1040NR         J       Are you filing a return for a trust?       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 U.S. person, or receive a contribution from a U.S. person?       Yes       No         K       Did you receive total compensation of \$250,000 or more during the tax year?       Yes       No         If "Yes," did the trust have a ulternative method to determine the source of this compensation?       Yes       No         If "Yes," did you use an alternative method to determine the source of this compensation?       Yes       No         I 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.       Income tax treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.       (d) Amount of exempt income in current tax year         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1  |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| 2021       , 2022       , and 2023       365         I       Did you file a U.S. income tax return for any prior year?       Integration of the trust and form number you filed:       1040NR         J       Are you filing a return for a trust?       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 U.S. person, or receive a contribution from a U.S. person?       Yes       No         K       Did you receive total compensation of \$250,000 or more during the tax year?       Yes       No         If "Yes," did the trust have a ulternative method to determine the source of this compensation?       Yes       No         If "Yes," did you use an alternative method to determine the source of this compensation?       Yes       No         I 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.       Income tax treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.       (d) Amount of exempt income in current tax year         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1  |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| 2021       , 2022       , and 2023       365         I       Did you file a U.S. income tax return for any prior year?       Integration of the second |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| I       Did you file a U.S. income tax return for any prior year?       1040NR         If "Yes," give the latest year and form number you filed:       1040NR         J       Are you filing a return for a trust?       Yes         Mare you filing a return for a trust?       Yes         Mare you file a U.S. person, or receive a contribution from a U.S. person?       Yes         K       Did you receive total compensation of \$250,000 or more during the tax year?       Yes         K       Did you receive total compensation of \$250,000 or more during the tax year?       Yes         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         (d) Amount of exempt       income in current tax year         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1       Yes         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1       Yes         2       Were you subject to tax in a foreign country on any of the income shown in   | н  |  |                                    |                                 |  |                          |                  | g:              |             |  |  |  |  |
| J       Are you filing a return for a trust?   | I  | Did you file a U                       | .S. income tax                     | return for any prior year? .    |  |                          |                  |                 | 🗌 No        |  |  |  |  |
| K       Did you receive total compensation of \$250,000 or more during the tax year?   | J  | Are you filing a If "Yes," did the     | return for a tru<br>e trust have a | st?                             | r the grantor trust rule                     | es, make a distribution  | <br>n or loan to | . 🗌 Yes<br>a    | _           |  |  |  |  |
| 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 in prior tax years         (c) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1       .         2.       Were you subject to tax in a foreign country on any of the income shown in 1(d) above?       .       Yes       No         3.       Are you claiming treaty benefits pursuant to a Competent Authority determination?       .       Yes       No         If "Yes," attach a copy of the Competent Authority determination letter to your return.       M       Check the applicable box if:       Check the applicable box if:   | к  | Did you receive                        | total compens                      | sation of \$250,000 or more     | during the tax year? .                       |                          |                  | . CYes          | 🛛 No        |  |  |  |  |
| <ul> <li>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.</li> <li>(a) Country</li> <li>(b) Tax treaty article</li> <li>(c) Number of months claimed in prior tax years</li> <li>(d) Amount of exempt income in current tax year</li> <li>(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1</li> <li>(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1</li> <li>Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>(f) Yes, " attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>  | L  | Income Exemp                           | t From Tax-I                       | f you are claiming exempt       | ion from income tax                          | under a U.S. income      |                  |                 |             |  |  |  |  |
| (a) Country       (b) Tax treaty article       (c) Number of months<br>claimed in prior tax years       (d) Amount of exempt<br>income in current tax year         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1       .         (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1       .         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 pursuant to a Competent Authority determination?       .       .       .         If "Yes," attach a copy of the Competent Authority determination letter to your return.       M       Check the applicable box if:   | 1. | ,                                      | • • • •                            |                                 |  |                          | claimed the      | e treaty benef  | it, and the |  |  |  |  |
| (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1       .         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 pursuant to a Competent Authority determination?       .       .       .         If "Yes," attach a copy of the Competent Authority determination letter to your return.       M       Check the applicable box if:   |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1         2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?   |    |  | <b>(a)</b> Cou                     | untry                           | (b) Tax treaty article                       |                          |                  |                 |             |  |  |  |  |
| <ul> <li>2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li> <li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>   |    |  |                                    |                                 |  | claimed in prior tax ye  | ears incon       | ne in current t | ax year     |  |  |  |  |
| <ul> <li>2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li> <li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>   |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| <ul> <li>2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li> <li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>   |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| <ul> <li>2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li> <li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>   |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| <ul> <li>2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li> <li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>   |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| <ul> <li>2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?</li> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li> <li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li> <li>M Check the applicable box if:</li> </ul>   |    |  |                                    |                                 |  |                          |                  |                 |             |  |  |  |  |
| <ul> <li>3. Are you claiming treaty benefits pursuant to a Competent Authority determination?</li></ul>  |    | (e) Total. Enter                       | r this amount o                    | on Form 1040-NR, line 1k. D     | Do not enter it anywhe                       | re else on line 1        |                  |                 |             |  |  |  |  |
| <ul><li>If "Yes," attach a copy of the Competent Authority determination letter to your return.</li><li>M Check the applicable box if:</li></ul>   |    |  |                                    |                                 |  |                          |                  | . 🗌 Yes         |             |  |  |  |  |
| M Check the applicable box if:   | 3. | -                                      |                                    |                                 | -  |                          |                  | . 🗌 Yes         | 🔀 No        |  |  |  |  |
|  |    |  |                                    | Competent Authority deterr      | mination letter to your                      | return.                  |                  |                 |             |  |  |  |  |
| 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected  |    |  |                                    | aking an election to treat in   | come from real propo                         | uty located in the Linit | ad States as     | s offectively o | onnected    |  |  |  |  |

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . .

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

BAA

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023