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.

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number |
|--|---------------------------------|
| AKSHITHA BODANAPU | 757-65-2087 |
| Spouse's name | Spouse's social security number |
| | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | er year you are authorizing.) |
| Enter whole dollars only on lines 1 through 5. | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | |
| 1 Adjusted gross income | 1 72,620. |
| 2 Total tax | 2 8,238. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 14,203. |
| 4 Amount you want refunded to you | 4 5,965. |
| 5 Amount you owe | 5 |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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 | I authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | Ľ |
|---|-------------|--------|-------|---------------|-----------------------------|---|
| | | | | ERO firm name | | 5 |

| 5 | 2 | 0 | 8 | 7 | |
|------------|------------------|-----------------|-----------------|------------|----|
| Ent don | er fiv n't er | ve di iter a | gits, all ze | but ros | as |

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) 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 signature > | Da | ate 🕨 | • | | | | | | |
|--|-----------|-------|----|--|-----------------|---|-------|---|--|
| Practitioner PIN Method Returns Only— | -continue | bel | ow | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Metho | od Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected | ed PIN. | 2 | 2 | | 6 0 er all 2 | _ | 7 | 1 | |

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 ► | | Date 🕨 | |
|--|--|-------------------|--------------------------|
| | ist Retain This Form — See his Form to the IRS Unless | | |
| For Denemory Deduction Act Nation and Vour toy | | BE)/ 02/16/24 DBO | Earm 8879 (Bay, 01 2021) |

| Status If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) (4) Check the box if qualifies for (see instructions.) Dependents (1) First name Last name (2) Dependent's (3) Relationship to you (4) Check the box if qualifies for (see instructions.) If more than four (1) First name Last name (2) Dependent's (3) Relationship to you (4) Check the box if qualifies for (see instructions.) If more than four (1) First name Last name (2) Dependent's (3) Relationship to you (4) Check the box if qualifies for (see instructions.) If concerted Total amount from Form(s) W-2, box 1 (see instructions) 1a 82, 316. Effectively b Household employee wages not reported on Form(s) W-2 (see instructions) 1d If yada Trade or 1a 82, 316. If with U.S. d Medical waiver payments not reported on Form (S) W-2 (see instructions) 1d If yada | 1040 |)- | VR Department of the Treasury-Inter U.S. Nonresident Ali | nal Reven | ue Service Come Tax Re | eturn | 2023 | OMB N | o. 154 | 15-0074 | | Only—Do not le in this spa | ace. |
|---|--|-------|---|--------------------|---------------------------------------|----------|---------------------|-----------|--------|------------|----------|-------------------------------|------|
| Your first name and middle initial Last name Your first name Your first name ARSHITTRA EDDBANAPU 757 - 65 - 2.08.7 Home address fumber and streeth, if you have a foreign address, also complete spaces below. State ZIP code 421 LINCOTA IN AR ZIP code ZIP code City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Filing Single Married filing separately (MFS) Qualitying surviving spoces (QSS) Estate Trust Filing Single Married filing separately (MFS) Qualitying surviving spoces (QSS) Estate Trust Optical Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or service); or (b) excess (c) Offici taxe reset Chick sec reset <td>For the year Jar</td> <td>າ. 1–</td> <td>Dec. 31, 2023, or other tax year beginn</td> <td colspan="3">ning, 2023, ending</td> <td colspan="3"></td> <td></td> <td></td> | For the year Jar | າ. 1– | Dec. 31, 2023, or other tax year beginn | ning, 2023, ending | | | | | | | | | |
| Home address frumber and street). If you have a P.O. box see instructions. Apt. no. 421 LINCOLN LM Chr. Youn, or post office. If you have a foreign address, also complete spaces below. State ZIP code FORT SMITH AR 723 0.3 Foreign postal code Trust Foreign noutry name Foreign province/state/county Foreign postal code Trust Trust Filing Statu It you checked the CSS box, enter the child's name if the qualifying person is a child but not your dependent: Trust Biglial Assets At any time during 2023, did you: (a) receive (as a reward, avard, or payment for property or services); or (b) sell, exchange, or chell the otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Image instructions Income It a trust amount from Form[9] W-2, box 1 (see instructions) Image instructions Image instructions Income It a Total amount from Form[9] W-2, box 1 (see instructions) It a It a Income It a Total amount from Form[9] W-2, box 1 (see instructions) It a It a Income It amount from Form[9] W-2, box 1 (see instructions) It a It a Income It amount from Form[9] W-2, box 1 (see instructions) It a It a Income | Your first name | and | middle initial | Last na | Last name Your identifyi | | | | | dentifyiı | ng numbe | | |
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| City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code FORT_SMITH Na 72.903 Foreign country name Foreign province/state/country Foreign postal code Filing Single Marine filing separately (MFS) Qualifying surviving spose (QSS) Estate Trust Check only The during 2023, dd you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ives No Dependents ise instructions. Ives No Child tax colinic or control of dependents. Child tax colinic or control of depe | Home address | (nun | ber and street). If you have a P.O. box | , see inst | tructions. | | | | | | | Apt. no. | |
| FORT SMITTH AR 7.290.3 Foreign country name Foreign province/state/county Foreign postal code Filing Status Foreign postal code Status If you checked the QS box, enter the child's name if the qualifying surviving spouse (QSS) Estate In trust Digital Assets At any time during 2023, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) (d) Otek the box fourilies for see instructions. Dependents: (e) First name Last name (g) Doponon* (g) Dopono* (g) Relationship to you (h) First name Image: Check the Dox fourilies for see instructions) Image: Check the Dox four | 421 LINCC | LN | LN | | | | | | | | | | |
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| 1099-R if tax was was withheld. 2a 2a b b addle interest | | | - | | 1 | | | | | | | 82,31 | 6. |
| aux note that had withheld. 4a IRA distributions | 1099-R if | | • | | | | | | | | | | |
| If you did not get a Form W-2, see instructions. Sa b Taxable amount Sb Sb 6 Reserved for future use Sa b Taxable amount Sb Sb 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 7 7 8 Additional income from Schedule 1 (Form 1040), line 10 Sb 8 -9,696. 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 72,620. 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income 10 11 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,620. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 11 72,620. 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 13a 12 14 Add lines 12 and 13c Add lines 12 and 13c 14 13,850. 14 Add lines 12 and 13c 58, error or less, enter -0. This is your taxable income 15 58, 770. <td></td> | | | | | | | | | | | | | |
| get a Form W-2, see instructions. 6 W-2, see instructions. 7 Capital gain or (loss). Attach Schedule D (Form 1040), if required. If not required, check here | | | | | | | | | | | | | |
| W-2, see instructions. 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here | get a Form | | | | | | | | | | | | |
| 8 Additional income from Schedule 1 (Form 1040), line 10 8 -9,696. 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 72,620. 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income 9 72,620. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,620. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 11 72,620. 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 12 13,850. 14 Add lines 12 and 13c Add lines 12 and 13c 14 13,850. 14 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | W-2, see | | | | | | | | | | | | |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 72, 620. 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income 9 72, 620. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72, 620. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 11 72, 620. 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 12 13a 13a Exemptions for estates and trusts only (see instructions) 13b 13c 14 Add lines 12 and 13c 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | instructions. | | | | | | - | | | | | -9 69 | 16 |
| 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,620. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 11 72,620. 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 12 13,850. 14 Add lines 13a and 13b . . 13b . 13c 14 Add lines 12 and 13c . . . 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | | | | ` | <i>,,</i> | | | | | | | | |
| income 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,620. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 11 72,620. 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 12 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 130 14 | | | | | | | | | | | | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,620. 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 13,850. 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 12 13,850. b Exemptions for estates and trusts only (see instructions) 13b 13c 13c 14 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 taxable income 15 58,770. | | 10 | _ | | | | • | - | | | | | |
| 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 13,850. 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 13a b Exemptions for estates and trusts only (see instructions) 13b 13b c Add lines 13a and 13b 13c 13c 14 Add lines 12 and 13c 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | | 11 | | | | | | | | | | 72,62 | 20. |
| 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a 13a 13a b Exemptions for estates and trusts only (see instructions) 13b 13b 13b c Add lines 13a and 13b Add lines 12 and 13c 13a 13b 13b 14 Add lines 12 and 13c 13c 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | | 12 | Itemized deductions (from Schedu | ile A (For | rm 1040-NR)) or, f | or certa | in residents of Ir | ndia, sta | andaı | ď | 2 | 13,85 | 50. |
| b Exemptions for estates and trusts only (see instructions) 13b 13b 13b c Add lines 13a and 13b 13b 13c 14 Add lines 12 and 13c 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | | 13a | | | | | | | | | | | |
| 14 Add lines 12 and 13c 14 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | | b | Exemptions for estates and trusts or | nly (see ii | nstructions) | | . 13 b | | | | | | |
| 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 58,770. | | С | Add lines 13a and 13b | | | | | | | 13 | C | | |
| | | 14 | Add lines 12 and 13c | | | | | | | 14 | | 13,85 | 0. |
| | | 15 | | | · · · · · · · · · · · · · · · · · · · | | ble income . | | | 15 | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-NR** (2023)

| orm 1040-NR (2 | 2023) | | | | | | | | Page 2 |
|---------------------------------|----------|---|------------|----------------------|------------------------|-----------------|---------|-------------|---|
| fax and | 16 | Tax (see instructions). Check if an | y from Fo | rm(s): 1 🗌 88 | 314 2 🗌 497 | 2 3 | | 16 | 8,238. |
| Credits | 17 | Amount from Schedule 2 (Form 1 | | | | | | . 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 8,238. |
| | 19 | Child tax credit or credit for othe | r depende | ents from Sched | ule 8812 (Form 10 | 40) | | . 19 | |
| | 20 | Amount from Schedule 3 (Form 1 | 040), line | 8 | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | |
| | 22 | Subtract line 21 from line 18. If z | | | | | | . 22 | 8,238. |
| | 23a | Tax on income not effectively cor | | | | 1 1 | | | |
| | | Schedule NEC (Form 1040-NR), I | | | | 23a | | | |
| | b | Other taxes, including self-emplo | | | | | | | |
| | - | line 21 | - | | | 23b | | | |
| | с | Transportation tax (see instruction | | | | 23c | | | |
| | d | Add lines 23a through 23c | , | | | | | . 23d | |
| | 24 | Add lines 22 and 23d. This is you | | | | | | | 8,238. |
| ayments | 25 | Federal income tax withheld from | | <u> </u> | | | · · | | 072001 |
| i aymento | 20 a | Form(s) W-2 | | | | 25a 1- | 4,20 | 3 | |
| | b | Form(s) 1099 | | | | 25b | 1,20 | <u> </u> | |
| | c | Other forms (see instructions) | | | | 25c | | _ | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 14,203. |
| | e | Form(s) 8805 | | | | | | | 11,205. |
| | f | Form(s) 8288-A | | | | | | | |
| | | Form(s) 1042-S | | | | | | | |
| | g | | | | | | | | |
| | 26 07 | 2023 estimated tax payments an | | | | | | . 20 | |
| | 27 | Reserved for future use | | | | 27 | | | |
| | 28 | Additional child tax credit from S | | , , | | 28 | | _ | |
| | 29 | Credit for amount paid with Form | | | | 29 | | _ | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 1 | ,. | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These a | | | | | | | 14 000 |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | 14,203. |
| efund | 34 | If line 33 is more than line 24, sul | | | | | _ | | 5,965. |
| | 35a | Amount of line 34 you want refu | | | | | | | 5,965. |
| ect deposit? e instructions. | b | Routing number 1 1 1 9 | | | | Checking | Saving | js | |
| | d | Account number 2 1 6 8 | | | | | | | |
| | е | If you want your refund check m | ailed to a | n address outsid | le the United State | es not shown on | page | 1, | |
| | | enter it here. | | | | 1 | | | |
| | 36 | Amount of line 34 you want appl | ed to yo | ur 2024 estimat | ed tax | 36 | | _ | |
| nount | 37 | Subtract line 33 from line 24. This | | - | | | | | |
| ou Owe | | For details on how to pay, go to | 0 | 5 | | | • • | . 37 | |
| | 38 | Estimated tax penalty (see instru | , | | | 38 | | | |
| nird | Do yo | u want to allow another person to | discuss t | his return with th | e IRS? See instru | ctions. 🗌 Ye | es. Co | mplete belo | ow. 🛛 No |
| arty | Desig | nee's | | Phone | | | | ntification | |
| esignee | name | | | | | | er (PIN | - | |
| | | penalties of perjury, I declare that I hav they are true, correct, and complete. D | | | | | | | |
| ign | | | | | | | | | , , |
| - | Your | signature | | Date | Your occupation | | | | ent you an Identity PIN, enter it here |
| ere | | | | | LEAD PRESCRI | DTTVE ANALY | | see inst.) | fin, enter it here |
| - | Phone | 2 00 | | Email address | | | ~- (| | |
| | | rer's name | Preparer | 's signature | | Date | PTIN | | Check if: |
| aid | • | | • | 0 | רודר האדד אוז מערד אוז | | | 082703 | Self-employed |
| reparer | | PRIYA RAM SAGAR GUPTA TALLAM | | ADAG MAN ALL | R GUPTA TALLAM | 02/20/2024 | | | |
| | CITIES | name GLOBAL TAXES I | | | | | | | 8)965-9522 |
| se Only | Eirm'- | address 245 ROONEY C | m | | | | Firm' | | 4-3171965 |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20)2 23

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 | | |
|--|---|-------|--------------------------------------|--|--|
| Name(s) shown on Fo | Your social security number | | | | |
| AKSHITHA BODAN | 757-65 | -2087 | | | |
| Part I Additio | onal Income | | | | |

| Par | Additional Income | | | |
|--------|--|------|----------|----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | | 5 | -9,696. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (| | |
| е | Income from Form 8853 | 8e | _ | |
| f | Income from Form 8889 | 8f | _ | |
| g | Alaska Permanent Fund dividends | 8g | - | |
| h | Jury duty pay | 8h | - | |
| | Prizes and awards | 8i | - | |
| J | Activity not engaged in for profit income | 8j | - | |
| - | Stock options | 8k | - | |
| I | Income from the rental of personal property if you engaged in the rental | 81 | | |
| | for profit but were not in the business of renting such property | 81 | - | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | - | |
| n o | Section 951A(a) inclusion (see instructions) | 80 | - | |
| p | Section 461(I) excess business loss adjustment | 8p | - | |
| р q | Taxable distributions from an ABLE account (see instructions) | 8g | - | |
| r r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s. | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| Ū | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | - | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income. Enter | | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -9,696. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedule | e 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | |
|-----|---|-------------------|------------|-----------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-ba | asis government | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| с | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | la | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | lb | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | lc | | |
| d | Reforestation amortization and expenses | ld | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | le | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 4f | | |
| g | Contributions by certain chaplains to section 403(b) plans 24 | lg | | |
| ĥ | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | lh 🛛 | | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | 4i | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | lk | | |
| z | Other adjustments. List type and amount: | | | |
| | 24 | lz | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. E | inter here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA R | EV 02/16/24 PRO | Schedule 1 | (Form 1040) 202 |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

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.

Internal Revenue Service Name shown on Form 1040-NR 2023 Attachment Sequence No. 7B

Your identifying number

757-65-2087

AKSHITHA BODANAPU

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

| Nature of Income | | | (a) 10% | (b) 15% | (a) 30% | (d) Other (specify) | | | |
|--|---|---|---|----------------|---------------------|---------------------|----------------------|--------------------------|--------------------------|
| | | | | | (a) 10% | (b) 13% | (C) 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 | ayments received with respect to section 871(m) trans | sactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | Paid by foreign corpo | orations | [| 2b | | | | | |
| С | Other | | [| 2c | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | [| 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | [| 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | | | | | | |
| 6 | Real property income | e and natural resources royalties | [| 6 | | | | | |
| 7 | Pensions and annuiti | ties | | | | | | | |
| 8 | Social security benef | its | [| 8 | | | | | |
| 9 | | | | | | | | | |
| 10 | Gambling-Resident | s of Canada only. Enter net income in column (c). r -0 | | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | 10c | | | | | | |
| 11 | Gambling-Resident Note: Enter winnings | ambling—Residents of countries other than Canada. ote: Enter winnings only. Losses aren't allowed | | | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | • | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | | ate of tax at top of each column | - | 14 | | | | | |
| 15 | Tax on income not e | | Ine (a) 10% (b) 15% (c) 30% % | | | | | | |
| | | Capital Gains and L | osses F | rom | Sales or Excha | nges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | | | | | | If (e) is more than (d), | If (d) is more than (e), |
| | ely connected with a U.S. ss. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | L | |
| gains a | nd losses on Schedule D | | | | | | | L | |
| (Form 1 | | | | | | | | L | |
| exchan | property sales or ges that are effectively | | | | | | | L | |
| connected with a U.S. business on Schedule D (Form 1040), | | | | | | | | | |
| | 1797, or both. | 18 Capital gain. Combine columns (f) and (g) | of line 17. | . Ente | r the net gain here | e and on line 9 abo | ove. If a loss, ente | r-0 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 20 23

| | nent of the Treasury Revenue Service | Gol | to <i>www.irs.gov/Form1040</i> N Ans | IR for instructions and swer all questions. | the latest information | - | Attachment Sequence N | lo. 7C | | | |
|---------|---|------------------------------------|---|--|--|---------------|-----------------------------------|--------------|--|--|--|
| Name sl | hown on Form 1040- | NR | | | | Your identify | | | | | |
| AKSE | HITHA BODAN | APU | | | | 757-65- | -2087 | | | | |
| Α | Of what country | or countries v | were you a citizen or nation | al during the tax year? | INDIA | | | | | | |
| В | In what country | did you claim | residence for tax purpose | es during the tax year? | United States | | ····· | | | | |
| С | • | pplied to be a | green card holder (lawful j | permanent resident) of | the United States? . | | . 🗌 Yes | 🗙 No | | | |
| D | Were you ever: | - | | | | | | | | | |
| | A U.S. citizen? | | rmanent resident) of the U | | | | | 🗙 No 🔀 No | | | |
| ۷. | - | | | | | | | | | | |
| E | 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, 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. $_{F1}$ | | | | | | | | | | |
| F | Have you ever o | hanged your v | visa type (nonimmigrant sta te the date and nature of th | atus) or U.S. immigratio | | | . 🗌 Yes | 🗙 No | | | |
| G | | | left the United States durin | ng 2023. See instructio | ns. | | | | | | |
| | | | Canada or Mexico AND co | | | _ | | | | | |
| | | | r Mexico and skip to item | | | | | | | | |
| | Date entered l mm/d | | Date departed United Sta mm/dd/yy | tes Da | te entered United State mm/dd/yy | s Date de | eparted Unite mm/dd/yy | d States | | | |
| | | (s,)) | | | ,, , , , , | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| н | 2021 | | vacation, nonworkdays, an , 2022 | , and 20 | 23 365 | | - | | | | |
| I | Did you file a U. | S. income tax | return for any prior year? . nd form number you filed: | | | | . 🗌 Yes | 🗙 No | | | |
| J | Are you filing a l If "Yes," did the | return for a tru e trust have a | st? | er the grantor trust rule | es, make a distribution | n or loan to | . ∐Yes a | 🛛 No | | | |
| К | Did you receive | total compens | sation of \$250,000 or more ative method to determine | during the tax year? . | | | . 🗌 Yes | ⊠ No □ No | | | |
| L | complete (1) thr | ough (3) below | f you are claiming exempt v. See Pub. 901 for more in | formation on tax treati | es. | - | - | - | | | |
| 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 | Intry | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | | Amount of ex- ne in current ta | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ~ | | | on Form 1040-NR, line 1k. [| - | | | | | | | |
| | • • | | preign country on any of the ts pursuant to a Competen | • | • | | | 🗌 No 🔀 No | | | |
| э. | | | Competent Authority deter | • | | | | | | | |
| м | Check the appli | | compotent nationty deten | | | | | | | | |
| | | | aking an election to treat in | ncome from real prope | rty located in the Unite | ed States as | effectively c | 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

BAA

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

REV 02/16/24 PRO Schedule OI (Form 1040-NR) 2023

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

| Go to www.irs.go | ov/ScheduleE for i | instructions a | nd the latest | information. |
|------------------|--------------------|----------------|---------------|--------------|

| 2023 |
|--------------------------------------|
| Attachment Sequence No. 13 |

| |) snown on return | _ | | | | | | | cial security | | ər | |
|----------|---|---|-----------|-----------|----------------|---------|------------------|----------------------|---------------|----------|-------|--|
| | IITHA BODANAPU | | | | | | | 157-6 | 65-2087 | | | |
| Part | Note: If you a | Loss From Rental Real Estate ar re in the business of renting personal prope or loss from Form 4835 on page 2, line 40. | erty, use | | C . See | instru | ctions. If you a | are an inc | lividual, rep | oort far | rm | |
| Α | Did you make any p | ayments in 2023 that would require you | ı to file | Form(s) 1 | 099? 5 | See ins | structions . | | . 🗌 Ye | es 🛛 | No | |
| | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | No | |
| 1a | | | | | | | | | | | | |
| - | - | | | , | | | | | | | | |
| <u>A</u> | SHIVAJI NAGA | AR NALGONDA TELANGANA IN 5 | 0800- | L | | | | | | | | |
| B | | | | | | | | | | | | |
| <u>C</u> | | | | | | | | _ | | <u> </u> | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate proper above, report the number of fair | | | nd Days | | | Personal Use Days | | QJV | | |
| • | , | personal use days. Check the Q | | | | | | | 0 | | | |
| A B | 3 | if you meet the requirements to | | | | | 305 | 0 | | | | |
| C | | qualified joint venture. See instru | uctions | s. | C | | | | | | | |
| | of Property: | | | | U | | | | | | | |
| | Single Family Resid | dence 3 Vacation/Short-Term Rer | atal | 5 Land | | 7 | Self-Rental | | | | | |
| | Multi-Family Reside | | itai | | | | | rib o) | | | | |
| 2 | Multi-Family Reside | ence 4 Commercial | | 6 Roya | lities | 8 | Other (desc | ribe) | | | | |
| | | | | | | | Properti | ies: | | | | |
| Incom | ne: | | | | Α | | В | | | С | | |
| 3 | Rents received . | | 3 | | 5 | 12. | | | | | | |
| 4 | Royalties received | 1 | 4 | | | | | | | | | |
| Exper | | | | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | | | |
| 6 | Auto and travel (se | ee instructions) | 6 | | | | | | | | | |
| 7 | Cleaning and mair | ntenance | 7 | | 1,2 | 84. | | | | | | |
| 8 | Commissions . | | 8 | | | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | | | |
| 10 | Legal and other p | rofessional fees | 10 | | | | | | | | | |
| 11 | Management fees | | 11 | | 7 | 32. | | | | | | |
| 12 | Mortgage interest | paid to banks, etc. (see instructions) | 12 | | | | | | | | | |
| 13 | Other interest . | | 13 | | | | | | | | | |
| 14 | Repairs | | 14 | | 1,2 | 87. | | | | | | |
| 15 | Supplies | | 15 | | 1,5 | 23. | | | | | | |
| 16 | Taxes | | 16 | | | | | | | | | |
| 17 | Utilities | | 17 | | 2,1 | 03. | | | | | | |
| 18 | Depreciation expe | ense or depletion | 18 | | 3,2 | 79. | | | | | | |
| 19 | Other (list) | | 19 | | | | | | | | | |
| 20 | Total expenses. A | dd lines 5 through 19 | 20 | | 10,2 | 08. | | | | | | |
| 21 | | om line 3 (rents) and/or 4 (royalties). If ee instructions to find out if you must | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · | 21 | | -9,6 | 96. | | | | | | |
| 22 | | real estate loss after limitation, if any, e instructions) | 22 | (| -9,69 | 96) | (| | | | | |
| 23a | | ts reported on line 3 for all rental prope | | | | 23a | 1 | 512. | /// | | | |
| b | | ts reported on line 4 for all royalty prop | | | | 23b | | _ • | | | | |
| c | | ts reported on line 12 for all properties | | | | 23c | | | | | | |
| d | | ts reported on line 18 for all properties | | | | 23d | 3 | 3,279. | | | | |
| e | | ts reported on line 20 for all properties | | | | 23e | |),208. | | | | |
| 24 | | itive amounts shown on line 21. Do no | | | | | | . 24 | | | | |
| 25 | • | y losses from line 21 and rental real estat | | | | nter to | tal losses her | | | 9,6 | 596. | |
| 26 | • | estate and royalty income or (loss). | | | | | | | | , , | | |
| | | I, and IV, and line 40 on page 2 do no | | | | | | | | | | |
| | | 1040), line 5. Otherwise, include this a | | | | | | . 26 | | -9, | ,696. | |