Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securit	y numb	per			
ROHI	ITHA RAJ THOTA	490-41-	-619	5			
Spouse'			Spouse's social security number				
Dout	Toy Detrive Information Toy Very Ending December 21 0000 /Fn	+ or . / o o r . / o / / o		th o rizin a	<u> </u>		
Part		ter year you a	re au	morizing.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		4	J 21	000		
1	Adjusted gross income		1 2		,089.		
2 3	Total tax		3		,847.		
4			4		,217.		
4 5	,		5	2	<u>,370.</u>		
Part	Amount you owe	d keen a con		our retu	rn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend						
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the original interest in the interest and ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the original forms of the interest and or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is days prior to the payment (settlement) date. I also authorize the financial institutions involved in the original information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended)	rejection of the tree U.S. Treasury andicated in the taution to debit the nate the authorizate equests must be the processing of a payment. I furt	ansmised its of the control of the c	ssion, (b) the designated paration softo this according to this according to revoke (eved no late ectronic parknowledge	ne reason Financial Tiware for bunt. This cancel) a er than 2 syment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X		to my DINI 1	6 1	L 9 5	as my		
	ERO firm name	ř Ent		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	doi	i i ente	i ali zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Your s	ignature ▶ Date ▶						
Spous	e's PIN: check one box only						
Opous	I authorize to enter or genera	to my DINI			00 mv		
	ERO firm name	,	er five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Spous	e's signature ▶ Date ▶	•					
	Practitioner PIN Method Returns Only—continue belo)W					
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9	6 6	1 9 8	9		
		Don't ente	er all ze	eros			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income that the fortax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	bmitting this retu	rn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	o Do So					

E1040-NR Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

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

For the year Jar	ı. 1–C	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	, , 2	20	See separate instructions.		
Your first name	and r	niddle initial				Your iden	our identifying number			
			(s					(see instructions)		
ROHITHA F	RAJ		THOT	A			490-4	1-6195		
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
2767 CHAR	TER	DR								
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State	ZI	P code		
TROY						MI	4	8083		
Foreign country	nam	е	Foreigr	n province/state/county		Foreign p	ostal code			
Filing	×	Single	arately (N	MFS) Qualifyir	ng surviving spouse (QSS)	☐ Estat	e Trust		
Status	1	you checked the QSS box, enter the o		· · · · · · · · · · · · · · · · · · ·		,	ndent:			
Check only										
one box.	Δ1						/l- \ II -	-1		
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					(D) Sell, ex			
Dependents					, (())			qualifies for (see inst.):		
(see instructions):				(2) Dependent's		Chile	I tax credit	Credit for other		
(0000		(1) First name Last name		identifying number	(3) Relationship to yo	u	- Lax Cledit	dependents		
If more than four							<u> </u>			
dependents, see								<u> </u>		
instructions and							<u> </u>			
check here	4.	Tababasas al faces Faces (a) M/O ha	4 (1	11'				22 500		
Income	1a	Total amount from Form(s) W-2, box	`	•				33,589.		
Effectively	b	Household employee wages not rep		` '						
Connected With U.S.	c d	Tip income not reported on line 1a (s Medicaid waiver payments not report					1d			
Trade or	e	Taxable dependent care benefits fro		` '	,		1e			
Business	f	Employer-provided adoption benefit		·			1f			
Dusiness	g g	Wages from Form 8919, line 6		·			1g			
Attach	h	Other earned income (see instruction	1h							
Form(s) W-2, 1042-S,	i	Reserved for future use								
SSA-1042-S,	j	Reserved for future use					1j			
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	n Sched	ule OI (Form 1040-NR), i	tem L,					
here. Also		line 1(e)			1k					
attach	Z	Add lines 1a through 1h					1z	33,589.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	b Tax	able interest		2b			
tax was	3a	Qualified dividends 3a			linary dividends		3b			
withheld.	4a	IRA distributions 4a	_		able amount					
If you did not get a Form	5a	Pensions and annuities 5a			able amount					
W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schedu	•		•					
	8	Additional income from Schedule 1						22 500		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		-				33,589.		
	10	Adjustments to income from Sched income		•	•			2,500.		
	11	Subtract line 10 from line 9. This is y						31,089.		
	12	Itemized deductions (from Schedu						32,003.		
		deduction (see instructions)	,	,,				13,850.		
	13a	Qualified business income deduction						·		
	b	Exemptions for estates and trusts or								
	С	Add lines 13a and 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 tax	xable income		15	17 , 239.		

Form 1040-NR (2023)								Page 2
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1	814 2 🗌 49	72 3			16	1,847.
Credits	17	Amount from Schedule 2 (Form 1040), lin	те 3					17	0.
	18	Add lines 16 and 17						18	1,847.
	19	Child tax credit or credit for other depen	dents from Sched	ule 8812 (Form 1	040) .			19	
	20	Amount from Schedule 3 (Form 1040), lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or le	ss, enter -0		.,			22	1,847.
	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		• • • • • • • • • • • • • • • • • • • •					
		line 21			23b			-	
	С	Transportation tax (see instructions) .			23c				
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is your total	tax					24	1,847.
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a		4,217.	-	
	b	Form(s) 1099			25b			-	
	С.	Other forms (see instructions)			25c				4 017
	d	Add lines 25a through 25c						25d	4,217.
	e	Form(s) 8805						25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g 26	
	26 27	Reserved for future use			27			20	
	28	Additional child tax credit from Schedule			28			-	
	29	Credit for amount paid with Form 1040-	•	•	29			-	
	30	Reserved for future use			30			1	
	31	Amount from Schedule 3 (Form 1040), lin			31			1	
	32	Add lines 28, 29, and 31. These are your				dits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32						33	4,217.
Refund	34	If line 33 is more than line 24, subtract lin						34	2,370.
	35a	Amount of line 34 you want refunded to			-	-		35a	2,370.
Direct deposit?	b								
See instructions.	d	Account number 4 8 3 0 9 4	1 0 1 5 5	5 0					
	е	If you want your refund check mailed to			ites not s	— hown on	page 1,		
		enter it here.							
-	36	Amount of line 34 you want applied to y			36				
Amount	37	Subtract line 33 from line 24. This is the	-						
You Owe		For details on how to pay, go to www.irs	-					37	
	38	Estimated tax penalty (see instructions)			38				
Third	Do yo	u want to allow another person to discuss	this return with t	ne IRS? See instr	uctions.	∐ Y€	s. Compl	ete bel	ow. 🗵 No
Party	Designee's Phone Personal identity						cation		
Designee									
		penalties of perjury, I declare that I have examing they are true, correct, and complete. Declaration							
Sign		signature	Date	Your occupatio					ent you an Identity
Here	Tour	signature	Date	Tour occupatio	'11				PIN, enter it here
				EMBEDDED SO	FTWARE	ENGINE		inst.)	
	Phone	·	Email address						
Paid	Prepa	rer's name Prepar	er's signature		Date		PTIN		Check if:
Preparer	VENKA	TA SAI PAVAN KUMAR DUDIPALLI VENKA	TA SAI PAVAN K	UMAR DUDIPALLI	I		P02470	833	Self-employed
-	Firm's	name GLOBAL TAXES LLC					Phone n	o. (6'	78)965-9522
USE UNIV							Firm's E	N 8	8-2145487

SCHEDULE 1 (Form 1040)

10

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	ame(s) shown on Form 1040, 1040-SR, or 1040-NR						
ROHI	THA RAJ THOTA	490-4	11-6195				
Par	t I Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes		1				
2 a	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. Att	ach Schedule	Ε.	5			
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					
i	Prizes and awards	8i					
j	Activity not engaged in for profit income	8j					
k	Stock options	8k					
I	Income from the rental of personal property if you engaged in the rental						
	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		-			
0	Section 951A(a) inclusion (see instructions)	80					
р	Section 461(I) excess business loss adjustment	8p		-			
q	Taxable distributions from an ABLE account (see instructions)	8q		-			
r	Scholarship and fellowship grants not reported on Form W-2	8r		-			
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (١				
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 (
	a nongovernmental section 457 plan	8t					
u	Wages earned while incarcerated	8u					
_	Other income. List type and amount:	34					
_	other income. List type and amount.	8z					
9	Total other income. Add lines 8a through 8z			9			

10

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis 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	2,500.
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	_	
Z	Other adjustments. List type and amount:		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on	1	0.500
	Form 1040, 1040-ŠR, or 1040-NR, line 10	26	2,500.

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name shown on Form 1040-NR Your identifying number ROHITHA RAJ THOTA 490-41-6195 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			() () () () () () () ()	# N 4504	#1450/	(d) Other (specify)				
	Nature of Income				(a) 10% (b) 15%		(c) 30%	%	%	
1	Dividends and divide	end ec	uivalents:							
а	Dividends paid by U.	.S. co	rporations		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	ayme	nts received with respect to section 871(m) t	transactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corp	oratio	ns		2b					
С	Other									
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights/	, recording, publishing, etc.)		5					
6	Real property incom-	e and	natural resources royalties		6					
7	Pensions and annuit	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling—Resident If zero or less, ente	ts of C	anada only. Enter net income in column (c	c).						
_									+	
a	Winnings				10c				+	
b 11	Losses Gambling—Resident	ts of c	· · · · · · · · · · · · · · · · ·		100					
••	Note: Enter winnings	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	ate o	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines	ss. Add colum	nns (a)	through (d) of line 14	4. Enter the total here	e and on Form 1040	-NR, line 23a 15	
			Capital Gains an	d Losses F	rom	Sales or Excha	anges 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)	(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S. s. Do not include a gain									
or loss	on disposing of a U.S. real y interest; report these									
gains ai	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively							1		
	ted with a U.S. business edule D (Form 1040),								()	
	797, or both.	18	Capital gain. Combine columns (f) and	(g) of line 17	7. Ente	er the net gain her	e and on line 9 ab	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.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

vame	snown on Form 1040-NR			Your identifying						
ROF	ITHA RAJ THOTA			490-41-61	.95					
Α	Of what country or countries were you a citizen or nation	al during the tax year?	'INDIA							
В	In what country did you claim residence for tax purposes during the tax year? United States									
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?									
D	Were you ever:									
1	A U.S. citizen?				Yes	⊠ No				
2	A green card holder (lawful permanent resident) of the Ur				Yes	X No				
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,									
Е	If you had a visa on the last day of the tax year, enter			ter vour U.S.						
_	immigration status on the last day of the tay year									
F										
-	If you answered "Yes," indicate the date and nature of the change:									
G	List all dates you entered and left the United States durin	a 2023 See instructio	ins							
-	Note: If you're a resident of Canada or Mexico AND col			ent intervals.						
	check the box for Canada or Mexico and skip to item I			☐ Mexico						
	Date entered United States Date departed United State		ate entered United States	$\overline{}$	rted I Inite	1 States				
	mm/dd/yy mm/dd/yy		mm/dd/yy		nm/dd/yy					
н	Give number of days (including vacation, nonworkdays, and	d partial days) you were	e present in the United S	States during:						
	2021, 2022									
ı	Did you file a U.S. income tax return for any prior year? .				X Yes	□No				
=	If "Yes," give the latest year and form number you filed:									
J	Are you filing a return for a trust?				Yes	X No				
	If "Yes," did the trust have a U.S. or foreign owner under									
	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 you use an alternative method to determine				Yes	□ No				
L	Income Exempt From Tax—If you are claiming exempt		•							
	complete (1) through (3) below. See Pub. 901 for more in				· · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,				
1	Enter the name of the country, the applicable tax treaty an	ticle, the number of mo	onths in prior years you	claimed the tre	atv benefi	t. and the				
	amount of exempt income in the columns below. Attach Fe				,	,				
	(a) Country	(b) Tax treaty article	(c) Number of month	s (d) Am	nount of exempt					
	.,		claimed in prior tax yes		n current ta	•				
	(e) Total. Enter this amount on Form 1040-NR, line 1k. I	o not enter it anywher	re else on line 1							
2	Were you subject to tax in a foreign country on any of the	e income shown in 1(d) above?		☐ Yes	☐ No				
3	Are you claiming treaty benefits pursuant to a Competen	t Authority determinati	ion?		☐ Yes	⊠ No				
	If "Yes," attach a copy of the Competent Authority determ	mination letter to your	return.							
М	Check the applicable box if:									
1	This is the first year you are making an election to treat in		erty located in the Unite	ed States as eff	ectively c	onnected				
	with a U.S. trade or business under section 871(d). See it					. 🗌				
2	You have made an election in a previous year that has									
	States as effectively connected with a U.S. trade or busing	ness under section 87	1(d). See instructions .			. 🗆				