Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	ver's name	Social seci	urity numb	er
SAM	IARA SIMHA REDDY KETHAM	899-0	8-6582	2
Spouse	o's name	Spouse's s	social secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you	are aut	horizing.)
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	9,264.
2	Total tax		2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	81.
4	Amount you want refunded to you		4	81.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	opy of y	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 GLOBAL TAXES LLC	to enter or generate my PIN
-------------------------------	-----------------------------

Ent	er fiv n't er	ve di nter a	gits, all ze	but	as my
8	6	5	8	2	

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 sig	nature Da	ate 🕨				 			
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III (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		 0 all zer	 2	7 1	L

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 🕨	
	ERO Must Retain This F Ion't Submit This Form to the		
For Denemicarly Deduction Act No			Earm 8879 (Bay, 01 2021)

1040)-	Department of the Treasury-Inter U.S. Nonresident Al	nal Revenue Service	x Return	2023	OMB No. 1	545-0074	IRS Use (or stap	Only-Do not write ble in this space.		
For the year Jan	n. 1–I	Dec. 31, 2023, or other tax year beginr	ning	, 2023, e	ending		20		ee separate Istructions.		
Your first name			Last name				Your i	Your identifying number (see instructions)			
SAMARA SI	MHZ	A REDDY	KETHAM				899	-08-6	582		
Home address ((num	ber and street). If you have a P.O. bo>	, see instructions.						Apt. no.		
1417 CAST	LE	CREEK									
City, town, or po	ost c	ffice. If you have a foreign address, al	so complete spaces b	below.		State		ZIP co	de		
LITTLE EL	М					ΤX		7506	58		
Foreign country	nam	le	Foreign province/sta	ate/county		Foreign	postal c	ode			
Filing Status Check only one box.	lf 	Single Married filing separation of the Single Single Single Married filing separation of the Single	child's name if the qua	alifying perso		ot your dep		-	Trust		
Digital Assets	At a oth	ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a	ive (as a reward, awar financial interest in a c	d, or payme digital asset)	nt for property or ? (See instruction:	services); (s.)	or (b) sell	, exchan	nge, or Yes 🔀 No		
Dependents						(4) Cł	eck the b	ox if qualif	fies for (see inst.):		
(see instructions):		(1) First name Last name	(2) Deperidentifying		(3) Relationship to	Ch	ild tax cre		Credit for other dependents		
						you					
If more than four											
dependents, see instructions and											
check here									\square		
Income	1a	Total amount from Form(s) W-2, box	x 1 (see instructions)				. 1	a	9,264.		
Effectively	b	Household employee wages not rep	,								
Connected	с	Tip income not reported on line 1a (;			
With U.S.	d	Medicaid waiver payments not repo						ł			
Trade or	е	Taxable dependent care benefits fro	om Form 2441, line 26				. 10	•			
Business	f	Employer-provided adoption benefi	ts from Form 8839, lin	e 29			. 1	F			
··· ·	g	Wages from Form 8919, line 6					. 19	3			
Attach Form(s) W-2,	h	Other earned income (see instructio	ns)				. 11	<u>ו</u>			
1042-S,	i	Reserved for future use			. <u>1i</u>						
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			1 1		. 1	i			
and 8288-A	k	Total income exempt by a treaty from	m Schedule OI (Form	1040-NR), ite	em L,						
here. Also		line 1(e)			. 1k						
attach Form(s)	z	Add lines 1a through 1h	1	1					9,264.		
1099-R if	2a	Tax-exempt interest 2a			able interest			-			
tax was withheld.	3a	Qualified dividends 3		-	nary dividends .			-			
	4a 5-	IRA distributions 44		-	able amount			-			
If you did not get a Form	5a c	Pensions and annuities 5a			able amount						
W-2, see	6 7	Reserved for future use									
instructions.	8	Additional income from Schedule 1	. ,	•	•						
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and							9,264.		
			-				-				
	10					• • •	. 10)			
	11	Subtract line 10 from line 9. This is y						I	9,264.		
	12	Itemized deductions (from Schedu deduction (see instructions)			. Std Dedn US			2	13,850.		
	13a	Qualified business income deductio									
	b	Exemptions for estates and trusts o	,								
	С	Add lines 13a and 13b									
	14								13,850.		
	<u>15</u>	Subtract line 14 from line 11. If zero		s is your tax	able income .		. 1		0.		

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

Form 1040-NR (2023)								Page 2
Fax and	16	Tax (see instructions). Check if an	y from For	m(s): 1 🗌 88	814 2 🗌 497	2 3		16	0.
redits	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 othe	r depende	ents from Sched	ule 8812 (Form 10	40)		. 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 z						. 22	0.
	23a	Tax on income not effectively co	nnected w	ith a U.S. trade	or business from				
		Schedule NEC (Form 1040-NR),				23a			
	b	Other taxes, including self-emplo							
		line 21	5		().	23b			
	с	Transportation tax (see instruction				23c			
	d	Add lines 23a through 23c	,					. 23d	
	24	Add lines 22 and 23d. This is you							0.
ayments	25	Federal income tax withheld from							
aymento	а	Form(s) W-2				25a	3	31.	
	b	Form(s) 1099				25b			
	c	Other forms (see instructions)				25c			1
	d	Add lines 25a through 25c						. 25d	81.
	e	Form(s) 8805						. <u>25e</u>	
	f	Form(s) 8288-A						. 25f	
		Form(s) 1042-S						. 25g	
	g 26	2023 estimated tax payments an					•	. 239	
	20 27	Reserved for future use		••		27		. 20	
	27							-	
		Additional child tax credit from S			,	28			
	29 00	Credit for amount paid with Forn				29			
	30	Reserved for future use				30		_	
	31	Amount from Schedule 3 (Form	<i>,</i> .			31			il contraction of the second sec
	32	Add lines 28, 29, and 31. These	-						01
	33	Add lines 25d, 25e, 25f, 25g, 26,							81.
efund	34	If line 33 is more than line 24, su				•			81.
	35a	Amount of line 34 you want refu							81.
rect deposit? e instructions.	b	Routing number 1 2 2 1				Checking	Savin	gs	
	d	Account number 4 5 7 0							
	е	If you want your refund check m	ailed to ar	n address outsic	de the United State	es not shown on	page	1,	
		enter it here.				1			
	36	Amount of line 34 you want appl				36			
mount	37	Subtract line 33 from line 24. Thi							
ou Owe		For details on how to pay, go to	0	,			•	· 37	
	38	Estimated tax penalty (see instru				38			
hird	Do yo	u want to allow another person to	discuss th	his return with th	ne IRS? See instru	ctions. 🗌 Ye	es. Co	omplete be	elow. 🛛 No
arty	Desig	nee's		Phone				entification	I
esignee	name					numbe	`	/	
		penalties of perjury, I declare that I have they are true, correct, and complete. D							
ian	,								, 0
ign	Your	signature		Date	Your occupation				sent you an Identity
ere					STUDENT			Protection (see inst.)	PIN, enter it here
	Dhar	220		Email address				<u>, 366 mist.)</u>	
	Phone	e no. rer's name	Prenarer'	s signature		Date	PTIN		Check if:
aid	•		•	0					Self-employed
	SYAM	I PRIYA RAM SAGAR GUPTA		KIIA KAM	SAGAR GUPTA	03/21/2024	-	082703	
reparer	Electron 1							n = n = 16	101066 0600
reparer Ise Only	Firm's	address 245 ROONEY C					-	neno. (6 i's EIN	78)965-9522

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

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D

Report property sales or exchanges that are effectively connected with a U.S. business

Form 4797, or both.

on Schedule D (Form 1040),

(Form 1040).

Attachment Sequence No. 7B Your identifying number

6

74

000 00 000

SAM	ARA SIMHA REDD	Y KŁ	THAM						899-08-6	082
Enter a	amount of income und	er the	appropriate rate of tax. See instructions.							
			Nature of Income			(a) 10%	(b) 15%	(c) 30%	. ,	(specify)
						(4)	(1) 12/1	(0,000	%	%
1	Dividends and divide									
а			porations		1 a					
b		-	corporations		1b					
С		baymer	nts received with respect to section 871(m) trai	nsactions	1c					
2	Interest:									
а					2a					
b			าร		2b					
С					2c					
3			s, trademarks, etc.)		3					
4			right royalties		4					
5		-	, recording, publishing, etc.)		5					
6			natural resources royalties		6					
7					7					
8	-				8					
9			elow		9					
10	Gambling-Resident If zero or less, ente	ts of C # r -0	anada only. Enter net income in column (c).							
а	Winnings									
b					10c					
11	Gambling—Resident Note: Enter winnings	ts of c s only.	ountries other than Canada. Losses aren't allowed		11					
12										
					10					
13	Add lines 1a through	n 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	ffectiv	ely connected with a U.S. trade or business.						-NR, line 23a 15	
			Capital Gains and	Losses	From	Sales or Excha	nges of Proper	ty		
losses f exchan	nly the capital gains and from property sales or ges that are from sources he United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acq mm/dd/yy		(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.									
	uuuuuuu gulli									

17 Add columns (f) and (g) of line 16

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

18

. .

17 (

SCHE	DUL	e oi
(Form	1040-	NR)

Other Information

OMB No. 1545-0074

Attach to Form 1040-NR.

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

2023
Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service	
Name shown on Form 1040	

Name shown on Form 1040-NR					Your identifying number		
SAMARA SIMHA REDDY KETHAM					899-08-6582		
Α	Of what country or countries were you a citizen or national during the tax year? INDIA						
В	In what country did you claim residence for tax purposes during the tax year? India						
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?					Yes	🛛 No
D	Were you ever:						_
	A U.S. citizen?						🛛 No
2.	A green card holder (lawful permanent resident) of the United States?						
_	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.						
E	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. $F1$						
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?						
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,						
		neck the box for Canada or Mexico and skip to item H					
	Date entered United States mm/dd/yy	Date departed United Stat mm/dd/yy	es Da	te entered United State mm/dd/yy		arted United nm/dd/yy	d States
н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021, 2022, and 2023, and 2023365						
I	Did you file a U.S. income tax	return for any prior year? .				🛛 Yes	🗌 No
	If "Yes," give the latest year and form number you filed: <u>1040NR</u>						
J	Are you filing a return for a trust?						
к	Did you receive total compens					☐ Yes	
	f "Yes," did you use an alternative method to determine the source of this compensation?						
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 mon claimed in prior tax y				
							-
~	(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1						
	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?						
м	If "Yes," attach a copy of the Competent Authority determination letter to your return.						
	Check the applicable box if: This is the first year you are making an election 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							🗆
2.	. You have made an election in a previous year that has not been revoked, to treat income from real property located in the						ie United
	States as effectively connected	d with a U.S. trade or busir	ness under section 871	(d). See instructions .			🗌
For Pa	perwork Reduction Act Notice,	see the Instructions for Fo	rm 1040-NR. B	REV 03/07/24 PRO	Schedule O	l (Form 1040)-NR) 2023