Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID) Targapar's name Social security number \$5/247LT TTPLE \$76-51-38.22 \$500ues's social security number \$500ues's social security numbe	- Internal Ne	venue Service						
Spouse's social security number Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Submis	sion Identification Number (SID)						
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on line 1 through 5. Note: Form 1040-SS filers use I line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpayer'	s name	Social securi	ty numb	er			
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter 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	SAYA	LI TIPLE	076-51	-8822	2			
Enter whole dollars only on lines 1 through 5. Note: Form 104-0S filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1 4. 4 Amount you want refunded to you 4 A 14. 5 Amount you own refunded to you 5 Amount you own refunded to you 6 A mount you want refunded to you 7 A mount you want refunded to you 8 A mount you want refunded to you 8 A mount you want refunded to you 9 A mount you want refunded to you 1 A mount you want refunded to receive the fire service provided in the tax preparation (Brothed and You 1 A mount you want refunded to receive from the fire from you 1 A mount you want refunded to you 1 A mount you 1 A mount you want you 1 A mount you 1 A mount you want you 1 A mount you 1 A mount you	Spouse's	name	Spouse's social security number					
Enter whole dollars only on lines 1 through 5. Note: Form 104-0S filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1 4. 4 Amount you want refunded to you 4 A 14. 5 Amount you own refunded to you 5 Amount you own refunded to you 6 A mount you want refunded to you 7 A mount you want refunded to you 8 A mount you want refunded to you 8 A mount you want refunded to you 9 A mount you want refunded to you 1 A mount you want refunded to receive the fire service provided in the tax preparation (Brothed and You 1 A mount you want refunded to receive from the fire from you 1 A mount you want refunded to you 1 A mount you 1 A mount you want you 1 A mount you 1 A mount you want you 1 A mount you 1 A mount you	Dort I	Tay Poturn Information Tay Year Ending December 21 2002 (Enter	Woor Woll o	ro out	horizina '	\		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax		<u> </u>	year you a	re aut	nonzing.)		
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2 0.0. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				11	5	. 245		
3								
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perliph, 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 which the processing of the income tax return (original or amended) I am now authorizing. The return originator (RFO) between the processing of the electronic return originator (RFO) in the season of the penalties of the processing of the electronic return originator (RFO) in the season of the processing of the electronic return originator (RFO) in the processing of the electronic return originator (RFO) in the season of the processing of the electronic return originator (RFO) in the season of the processing of the electronic return originator (RFO) in the season of the processing of the electronic return originator (RFO) in the financial institution account indicated in the tax preparation software for payment of the rederal taxes own of 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 1888-835-4857. 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 or the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment or the payment (pertinement) date. I also authorize the financial institutions involved in the processing of the electronic payment or the payment (pertinement) date. I also authorize the financial institutions involved in the processing of the electronic payment or the income tax return (original or amended) I am now authorizing. ■ I will enter my PIN as my signature for the income tax return (orig				\vdash				
S Septent Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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, 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, 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. The correct or payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the bat to remain the into the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the tax preparation software for payment of the payment (actiment) date. I also authorize the financial institutions involved in the provoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-335-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settiment) date. I also authorize the financial institutions involved in the provoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-335-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (estiment) date. I also the payment of the financial institutions involved in the pr				4				
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)		·		5				
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Taxpayer's PIN: check one box only	return (or to send in for any di Agent to payment authorizate payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return 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 required days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the pidentification number (PIN) below is my signature for the income tax return (original or amended) I as	itter, or electrication of the tiles. Treasury a cated in the tiles the authorization must be processing or ayment. I fur	onic returnation of its dax preparentry to attorn. The receives the electrical control of the el	urn originatesion, (b) the lesignated aration sofo this accorder or revoke (content of the letter) are lateration at the letter) are lateration at the letter) are lateration at lateration are lateration at lateration are lateration at lateration are lateration at lateration are lateration a	tor (ERO) the reason Financial tware for bunt. This cancel) a er than 2 yment of that the		
I authorize GLOBAL TAXES LLC to enter or generate my PIN LT 8 8 2 2 2 2 2 2 2 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		-	mv PIN 🖳			as my		
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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. Don't enter all zeros 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 Form — See Instructions	Spouse	s signature ▶ Date ▶						
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ERO Must Retain This Form — See Instructions	authorize	d to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	itting this retu	ırn in a	ccordance			
	ERO's s	ignature ▶ Date ▶						
)- O-					

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 middle initial			Last name Y			Your iden	our identifying number	
							(see instru	ictions)
SAYALI			TIPLE				076-5	1-8822
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.
40 BOWERS	ST	, APT 2L						
City, town, or po	ost of	fice. If you have a foreign address, als	so comp	lete spaces below.		State	ZI	P code
JERSEY CI	ΤΥ					NJ	0	7307
Foreign country	nam	e	Foreigr	n province/state/county		Foreign p	ostal code	
Filing	×	☐ Estat	e 🗌 Trust					
Status	1	ndent:	_					
Check only		, ,				,		
one box.							<i>a</i> >	
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					(b) sell, ex	
Dependents	0	es alepese e. a alg.la. aeset (e. a .			,. (6666666.)			qualifies for (see inst.):
(see instructions):				(2) Dependent's		1	I tax credit	Credit for other
(coo inciraciono).		(1) First name Last name		identifying number	(3) Relationship to yo	u Ciliic	- Lax Cledit	dependents
If more than four							<u> </u>	
dependents, see							<u> </u>	
instructions and								
check here	<u> </u>							<u> </u>
Income	1a	Total amount from Form(s) W-2, box	`	,				5,245.
Effectively	b	Household employee wages not rep		` '				
Connected	C C	Tip income not reported on line 1a (s Medicaid waiver payments not report		,				
With U.S.	d	Taxable dependent care benefits fro		` '	,		1d 1e	
Trade or Business	e f	Employer-provided adoption benefit		•			1f	
Dusilless	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,	k	Total income exempt by a treaty from	n Sched	ule OI (Form 1040-NR), i	tem L,			
and 8288-A here. Also		line 1(e)			1k			
attach	z	Add lines 1a through 1h					1z	5,245.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1	b Tax	able interest		2b	
tax was	3a	Qualified dividends 3a	1	b Ord	linary dividends		3b	
withheld.	4a	IRA distributions 4a	1	b Tax	able amount		4b	
If you did not	5a	Pensions and annuities 5a	_		able amount			
get a Form W-2, see	6	Reserved for future use						
instructions.	7	Capital gain or (loss). Attach Schedu						
	8	Additional income from Schedule 1		5.015				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		5,245.				
	10	Adjustments to income from Sched income						
	11	Subtract line 10 from line 9. This is y	our adju	ısted gross income			11	5,245.
	12	Itemized deductions (from Schedu						
		deduction (see instructions)				ndia Ţreạ	ty 12	13,850.
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts or						
	C	Add lines 13a and 13b						10.5-1
	14							13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -U This is your ta :	xable income		15	0.

Form 1040-NR (2	2023)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 497	2 3 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.
	18	Add lines 16 and 17	18	0.		
	19	Child tax credit or credit for other 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),				
		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	0.
Payments	25	Federal income tax withheld from:				
-	а	Form(s) W-2	25a	14.		
	b	Form(s) 1099	25b			
	С	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	14.
	е	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				
	32	Add lines 28, 29, and 31. These are your total other payments and refunda	32			
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .			33	14.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour	nt you overpaid		34	14.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chec	k here	. 🗆	35a	14.
Direct deposit?	b	Routing number 0 3 1 2 0 7 6 0 7 c Type:	Checking	Savings		
See instructions.	d	Account number 8 1 4 4 0 6 2 3 9 7				
	е	If you want your refund check mailed to an address outside the United State	es not shown 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 amount you owe .				
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	ou want to allow another person to discuss this return with the IRS? See instru	es. Comple	ete below.	. 🗵 No	
Party	Desig	nee's Phone	nal identific	cation		
Designee	name	no.	er (PIN)			
		penalties of perjury, I declare that I have examined this return and accompanying scheduthey are true, correct, and complete. Declaration of preparer (other than taxpayer) is basic				
Sign	Your	signature Date Your occupation		If the	IRS sent	you an Identity
Here	Table Signature Table Sign					, enter it here
		inst.)				
	Phone	<u> </u>				
Paid	Prepa	PTIN	Ch	eck if:		
	SYAM	1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA	04/14/2024	P02082	703	Self-employed
Preparer	Firm's	sname GLOBAL TAXES LLC		Phone no	o. (678)	965-9522
Use Only	Firm's		3171965			

BAA

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 SAYALI TIPLE 076-51-8822 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income				(a) 10% (b) 15%	(b) 150/	(c) 30%	(d) Other (specify)			
					(b) 15%	(6) 30%	%	%		
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	.S. cor	porations		1a					
b	Dividends paid by fo	oreign corporations								
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:	•	,							
а	Mortgage				2a					
b	~ ~		ns		2b					
С					2c					
3			s, trademarks, etc.)		3					
4	• "		right royalties		4					
5	Other royalties (copy	rights,	, recording, publishing, etc.)		5					
6		-	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8	Social security benef	fits .			8					
9										
10	Gambling—Resident	ts of C r -0	anada only. Enter net income in column	(c).						
а	Winnings									
b	Losses				10c					
11	Note: Enter winnings	s only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine						-NR, line 23a 15	
			Capital Gains a	nd Losses F	rom	Sales or Excha	inges 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. ss. Do not include a gain									
or loss	on disposing of a U.S. real y interest; report these									
gains and losses on Schedule D (Form 1040).										
•	040). property sales or									
exchan	ges that are effectively									
connected with a U.S. business on Schedule D (Form 1040),										
Form 4797, or both.		18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 abo	ove. If a loss, ente	er -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

Name sl	nown on Form 1040-NR				Your identifying number						
SAYA	LI TIPLE				076-51-8822						
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? 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?			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. $_{\rm F1}$										
F	Have you ever changed your vill you answered "Yes," indicate		tus) or U.S. immigrati	on status?	🗌 Yes 🗵	No					
G	List all dates you entered and I	eft the United States during	g 2023. See instruction	ons.							
	Note: If you're a resident of Ca				ent intervals,						
	check the box for Canada or	Mexico and skip to item F	<u> </u>	🗌 Canada	Mexico						
	Date entered United States	Date departed United State	es Da	ate entered United State		tates					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy						
Н	Give number of days (including										
	2021	, 2022	, and 20	365	···	No					
I	Did you file a U.S. income tax in If "Yes," give the latest year an	d form number you filed:									
J	Are you filing a return for a trus	st?			∟ Yes 🗵	No					
	If "Yes," did the trust have a U.S. person, or receive a contr					No					
K	Did you receive total compensation	ation of \$250,000 or more	during the tax year? .		🗌 Yes 🗵	No					
	If "Yes," did you use an alterna	ative method to determine t	he source of this con	npensation?	🗌 Yes 🗌	No					
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with a foreign co	ountry,					
1.	Enter the name of the country, amount of exempt income in the				claimed the treaty benefit, a	nd the					
	(a) Cour	ntry	(b) Tax treaty article	(c) Number of month							
				claimed in prior tax ye	ars income in current tax y	/ear					
	(e) Total. Enter this amount or	Form 1040-NR line 14 D	o not enter it anywho	re else on line 1							
2.	Were you subject to tax in a fo		-		Yes	No					
	Are you claiming treaty benefits					No					
٠.	If "Yes," attach a copy of the C				<u> </u>	•					
М	Check the applicable box if:										
	This is the first year you are ma			erty located in the Unite		nected					
9	with a U.S. trade or business under section 871(d). See instructions										
	States as effectively connected	d with a U.S. trade or busin	ess under section 87	1(d). See instructions.		. 🔲					