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

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	y numb	er	
GOW	THAM YENIGALLA	816-90-	-6700)	
Spouse	's name	Spouse's soc	ial secu	rity number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re aut	horizing.)	1
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	5	,214.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		71.
4	Amount you want refunded to you		4		71.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retur	<u>'n)</u>
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution account indicated in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the financial the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particular information in the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (Sundance).	itter, or electro- ection of the tr .S. Treasury are icated in the ta on to debit the et the authoriza- uests must be processing of payment. I furt	enic retuents ansmissed its distance of the entry to the electric the electric receivable.	urn originat sion, (b) the lesignated I aration soft to this according to the lesignated I aration soft to the lesignated I are lesignated I a	or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the
	ayer's PIN: check one box only				
> \(\)		my PIN 0	6 7	0 0	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶ _				
Spour	se's PIN: check one box only				
Spou.		my DINI			00 1001
L	I authorize to enter or generate		or five o	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 0 er all ze	8 2 7 ros	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subnumerments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in a	ccordance	
FR∩'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

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 Jan. 1-Dec. 31, 2023, or other tax year beginn				ning, 2023, ending, 20					ee separate nstructions.		
Your first name and middle initial				Last name Ye					our identifying number see instructions)		
GOWTHAM				GALLA			816-	816-90-6700			
Home address (number and street). If you have a P.O. box,				tructions.			•	Apt. r			
357 E COR	POR	ATE DR							1412		
City, town, or post office. If you have a foreign address, also complete spaces below.								ZIP code			
LEWISVILI	E					TX		75067			
Foreign country name Foreign province/state/county Foreign post							oostal co	de			
Filing Status								tate	☐ Trust		
Check only one box.	וו you checked the עסס box, either the child's name if the qualifying person is a child but not your depende										
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					r (b) sell, 				
Dependents						(4) Ch	eck the box	if qual	ifies for (see inst.):		
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Chil	d tax cred	it C	Credit for other dependents		
		(1) First flame Last flame		idontifying nambor	(b) Helationship to ye	, u			dependents		
If more than four							\Box		$-\ddot{\vdash}$		
dependents, see instructions and							\Box		$-\ddot{\vdash}$		
check here							П				
Income	1a	Total amount from Form(s) W-2, box	1 (see ii	nstructions)			. 1a	T	5,214.		
Effectively	b	Household employee wages not rep	•	,							
Connected	С	Tip income not reported on line 1a (s		. ,							
With U.S.	d	Medicaid waiver payments not report		*							
Trade or	е	Taxable dependent care benefits fro		, , ,	*		. 1e				
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29 .			. 1f				
	g	Wages from Form 8919, line 6	. 1g								
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h								
1042-S,	i	Reserved for future use									
SSA-1042-S,	j	Reserved for future use					. <u>1j</u>				
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)									
attach	Z	Add lines 1a through 1h	. 1z		5,214.						
Form(s) 1099-R if	2 a	Tax-exempt interest 2a	_	b Tax	able interest		. 2b				
tax was	3a	Qualified dividends 3a			inary dividends .		. 3b				
withheld.	4a	IRA distributions 4a	. 4b								
If you did not get a Form	5a	Pensions and annuities 5a	. 5b								
W-2, see	6	Reserved for future use									
instructions.	7	Capital gain or (loss). Attach Schedu									
	8	Additional income from Schedule 1 (
	9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income								5,214.		
	10	Adjustments to income from Schedincome	. 10								
	11	Subtract line 10 from line 9. This is y							5,214.		
	12	Itemized deductions (from Schedu deduction (see instructions)			13,850.						
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-							
	b	Exemptions for estates and trusts or	• .	·							
	С	Add lines 13a and 13b									
	14								13,850.		
	15	Subtract line 14 from line 11. If zero	or less, e	enter -0 This is your ta x	cable income .		. 15		0.		

Form 1040-NR (2023)											Page 2
Tax and	16	Tax (see instructions). Check if any	from For	rm(s): 1	314 2 [497	2 3	3 🗌		16		0.
Credits	17	Amount from Schedule 2 (Form 10	040), line	3						17		0.
	18	Add lines 16 and 17								18		0.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Fc	orm 104	40) .			19		
	20	Amount from Schedule 3 (Form 10	040), line	8						20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. If ze	ro or less	s, enter -0						22		0.
	23a	Tax on income not effectively conschedule NEC (Form 1040-NR), lin		vith a U.S. trade o			23a					
	b	Other taxes, including self-employ line 21	yment ta	x, from Schedule	e 2 (Form 10	040),	23b					
	С	Transportation tax (see instruction					23c					
	d	Add lines 23a through 23c	-							23d		
	24	Add lines 22 and 23d. This is your								24		0.
Payments	25	Federal income tax withheld from										
	а	Form(s) W-2					25a		71.			
	b	Form(s) 1099					25b					
	С	Other forms (see instructions) .					25c					
	d	Add lines 25a through 25c								25d		71.
	е	Form(s) 8805								25e		
	f	Form(s) 8288-A								25f		
	g	Form(s) 1042-S								25g		
	26	2023 estimated tax payments and	l amount	applied from 20	22 return .					26		
	27	Reserved for future use					27					
	28	Additional child tax credit from Sc	hedule 8	812 (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 10	040), line	15			31					
	32	Add lines 28, 29, and 31. These a	re your t o	otal other paym	ents and re	efunda	ble cr	edits .		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, a	and 32. T	hese are your to	tal paymer	nts .				33		71.
Refund	34	If line 33 is more than line 24, sub	tract line	24 from line 33.	This is the	amoun	t you o	overpaid		34		71.
	35a	Amount of line 34 you want refun	ded to y	ou . If Form 8888	is attached	d, chec	k here		🗆	35a		71.
Direct deposit?	b	Routing number 1 1 1 0	0 0	0 2 5	c Type:	X	Check	ing 🗌	Savings			
See instructions	d	Account number 4 8 8 0	7 3	5 3 4 4	7 1							
	е	If you want your refund check ma	iled to a	n address outsid	le the United	d State	es not	shown or	page 1,			
	enter it here.											
	36	Amount of line 34 you want applied					36					
Amount	37	Subtract line 33 from line 24. This	is the ar	nount you owe.								
You Owe		For details on how to pay, go to w	ww.irs.g	ov/Payments or	see instruct	tions .				37		
	38	Estimated tax penalty (see instruc	tions) .				38					
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See	instruc	ctions.	□ Y	es. Comp	olete be	low.	⊠ No
Party Designee	Designee's Phone Personal identifiname no. Personal identifiname (PIN)							fication				
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which											
Sign Here	Pro						tection	•	u an Identity nter it here			
	D.				SOFTWA	KE E	NGTV	IEEK	(see	e inst.)		
	Phon		Drongra	Email address			Dota		PTIN		Ch	. :6.
Paid			•	's signature	33.635.65		Date	2 / 0 2 2 1		0000	Check	
Preparer	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/03/2024 P0208									elf-employed		
Use Only	Firm's name GLOBAL TAXES LLC Phone r								1 -	78)9	65-9522	
- ,	ı ⊢ırm'∘	address 245 DOONEY Co	םכן עם יו	TINICIAIT OVER IN	T 10016				Firm's F	-IN		

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 GOWTHAM YENIGALLA 816-90-6700 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income				(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)			
					(a) 10%	(b) 1370	(6) 30%	%	%	
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	S. co	porations		1a					
b	Dividends paid by fo	reign (corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corporations									
С	Other				2c					
3	Industrial royalties (p	atents	s, trademarks, etc.)		3					
4	Motion picture or TV	соруг	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuit	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10										
а	Winnings									
b	Losses		<u> </u>		10c					
11	Note: Enter winnings	s only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	_		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 an	d Losses F	rom	Sales or Excha	inges of Proper	ty	ı	I
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain		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).
or loss	on disposing of a U.S. real									
property interest; report these gains and losses on Schedule D										
(Form 1	property sales or									
exchan	ges that are effectively									
	ted with a U.S. business edule D (Form 1040),		Add columns (f) and (g) of line 16 .							
Form 4797, or both.		18	Capital gain. Combine columns (f) and	(g) of line 17	. Ente	er the net gain her	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. Answer all questions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attachment Sequence No. **7C**

Name sh	nown on Form 1040-NR	Your identifying	number								
<u>GOW</u> T	HAM YENIGALLA	816-90-6	700								
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?					☐ Yes	⊠ 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 yearF1										
F	Have you ever changed your value of the same of the sa		, obongo.	gration status?		☐ Yes	⊠ No				
G	List all dates you entered and	left the United States during									
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item H	<u>! .</u>	🗌 Canada	Mexico						
	Date entered United States	Date departed United State	es	Date entered United State		rted Unite	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	r	nm/dd/yy					
					_						
Н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021, and 2023, and 2023										
I	Did you file a U.S. income tax					X Yes	☐ No				
	If "Yes," give the latest year ar										
J	Are you filing a return for a trus					∐ Yes	⊠ No				
	If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person?										
K	Did you receive total compens					☐ Yes	□ No ⊠ No				
K	If "Yes," did you use an alterna		-			Yes	□ No				
L	Income Exempt From Tax—If										
-	complete (1) through (3) below				tax treaty with	a lordigi	Country,				
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		(b) Tax treaty ar		ns (d) Am	ount of ex	emnt				
	(a) 00a	Titl y	(b) Tax treaty ar	claimed in prior tax ye	1						
											
	(e) Total. Enter this amount o										
	Were you subject to tax in a fo					☐ Yes	☐ No				
3.	Are you claiming treaty benefit					☐ Yes	⊠ No				
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to y	your return.							
M	Check the applicable box if:		_								
1.	This is the first year you are mwith a U.S. trade or business u										
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										