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

IIILEITIAI	nevertue Service					
Submi	ssion Identification Number (SID)					
Taxpaye	pr's name	Social secu	rity numl	oer		
GIR	IDHARI DODDI	072-6	7-887	0		
Spouse		Spouse's s			mber	
Part	, , ,	r year you	are au	thoriz	ing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income		1 1	I	11	695.
1 2	Total tax		2		тт,	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			222.
4	Amount you want refunded to you		4			<u>222.</u> 222.
5	Amount you owe		5			<u> </u>
Part			_	our r	eturr	n)
Under my know return (to send for any Agent 1 paymee authori paymee busines taxes t person Electro	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by bledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income 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 requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the particle and identification number (PIN) below is my signature for the income tax return (original or amended) I and inc Funds Withdrawal Consent. Super's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate 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 rif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.	n) I am now a ve are the cection of the including its processing payment. I furn now authors are processing the cection of	uthorizing and its of tax prepared to tax prep	g, and from the turn or ssion, (design or sour at to this for every extremely a final state of the state of t	to the lee incodiginato (b) the leated Fin softwaccouloke (cab later ic payredge tapplica	best of time tax or (ERO) reason inancial ware for nt. This ancel) a than 2 ment of hat the ble, my as my
Your s	ignature ▶ Date ▶ _					
Spous	se's PIN: check one box only	Г				
	I authorize to enter or generate	my PIN				as my
	ERO firm name		nter five	•		
_	signature on the income tax return (original or amended) I am now authorizing.					
L	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 metholow.		_			-
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
Part	Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1
	= 11 11 11 11 Enter your on digit Enter tollowed by your live digit out collected into		nter all ze		- '	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income t zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of I	nitting this re	turn in a	accord	anće v	
ERO'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–C	ec. 31, 2023, or other tax year begin	nning, 2023, ending, 20					20	See ser		
Your first name	and r	niddle initial	Last name						Your ide	ntifying nu	
			(Se					(see instructions)			
GIRIDHARI			DODD	Ι					072-6	67-8870	
Home address (numl	per and street). If you have a P.O. bo	x, see ins	structions.						Apt	. no.
1147 17TH	AV	E N								25	9
City, town, or po	ost of	fice. If you have a foreign address, a	ilso comp	lete spaces below.			St	ate	Z	ZIP code	
FARGO							N	D	!	58105	
Foreign country	nam	е	Foreig	n province/state/county			Fo	oreign po	ostal cod	е	
	ı										
GIRIDHARI Home address (r. 1147 17TH City, town, or por FARGO Foreign country r. The country	X	Single Married filing sep	parately (N	MFS) Qualifyii	ng surviv	ving spo	use (QS	SS)	☐ Esta	ate 🗀	Trust
	lf :	you checked the QSS box, enter the	ndent:								
,											
	Δta	ny time during 2023, did you: (a) reco	aive (as a	reward award or paym	ant for n	roperty	or convi	cos): or	(b) sell e	vchange o	r
Digital Assets		erwise dispose of a digital asset (or a									์ ⊠ No
Dependents								(4) Che	ck the box	if qualifies for	(see inst.):
(see instructions):		(A) E: .		(2) Dependent's	(0) 5			1	tax credit	Credit f	or other
		(1) First name Last name	•	identifying number	(3) Relationship to y		to you			deper	ndents
If more than four											
dependents, see											-
check here											
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see i	nstructions)					1a	11	,695.
	b	Household employee wages not re	,	,					1b		•
_	С	Tip income not reported on line 1a	(see instr	ructions)					1c		
With U.S.	d	Medicaid waiver payments not repo	orted on l	Form(s) W-2 (see instruc	tions) .				1d		
Trade or	е	Taxable dependent care benefits fr	1e								
Business	f	Employer-provided adoption benef	its from F	Form 8839, line 29 .					1f		
Attach	g	Wages from Form 8919, line 6 .							1g		
Form(s) W-2,	h	Other earned income (see instruction	,			 1i			1h		
1042-S,	i	Reserved for future use	4.								
SSA-1042-S, RRB-1042-S,	J	Reserved for future use							1j		
and 8288-A	k	Total income exempt by a treaty fro		,	tem L,	41/2					
	z	line 1(e)				1k			1z	11	,695.
Form(s)	2a		 2a		 kable int	erest			2b		,000.
	3a	·	Ba			vidends			3b		
withheld.	4a		la		-	nount .					
If you did not	5a	Pensions and annuities 5	ia	b Tax	kable am	nount .			5b		
get a Form	6	Reserved for future use							6		
instructions.	7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here									
	8	Additional income from Schedule 1									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your total effectively c	onnect	ed incor	ne .		9	11	,695.
•	10	Adjustments to income from Sche income	•	orm 1040), line 26. Thes 	•		-				
	11	Subtract line 10 from line 9. This is	your adj ı	usted gross income					11	11	,695.
	12	2 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)									,850.
	13a	Qualified business income deduction									
	b Exemptions for estates and trusts only (see instructions)										
	С	Add lines 13a and 13b									
	14								-	13	,850.
	15	Subtract line 1/1 from line 11. If zero	or loce	antar -() - This is vour to	vabla in	come			15	1	Λ

Form 1040-NR (2	2023)									Page 2	
Tax and	16	Tax (see instructions). Check if any from F	Form(s): 1 88	314 2	4972	2 ;	3 🗌		16	0.	
Credits	17	Amount from Schedule 2 (Form 1040), li	ne 3						17	0.	
	18	Add lines 16 and 17							18	0.	
	19	Child tax credit or credit for other deper	19								
	20	Amount from Schedule 3 (Form 1040), li	ne 8						20		
	21	Add lines 19 and 20	21								
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0						22	0.	
	23a	Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15	with a U.S. trade			23a					
	b	Other taxes, including self-employment line 21	tax, from Schedul	e 2 (Form 10	040),	23b					
	С	Transportation tax (see instructions) .			Г	23c					
	d	Add lines 23a through 23c			L				23d		
	24	Add lines 22 and 23d. This is your total							24	0.	
Payments	25	Federal income tax withheld from:								• •	
. ayınıcınıc	а	Form(s) W-2				25a		222.			
	b	Form(s) 1099			T I	25b					
	c	Other forms (see instructions)			- t	25c					
	d	Add lines 25a through 25c							25d	222.	
	e	Form(s) 8805							25e		
	f	Form(s) 8288-A							25f		
	g	Form(s) 1042-S							25g		
	26	2023 estimated tax payments and amou							26		
	27	Reserved for future use			1	27					
	28	Additional child tax credit from Schedule			- 1	28					
	29	Credit for amount paid with Form 1040-				29					
	30	Reserved for future use			- 1	30					
	31	Amount from Schedule 3 (Form 1040), li				31					
	32	Add lines 28, 29, and 31. These are you					edits		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32							33	222.	
Refund	34	If line 33 is more than line 24, subtract li							34	222.	
neiuliu	35a	Amount of line 34 you want refunded to				-	-		35a	222.	
Direct deposit?	b	Routing number 0 9 1 3 0		c Type:	_	Check	_	Savings	55a		
See instructions.	d	Account number 1 6 3 0 7		, ,			iiig 🗀	Javings			
		If you want your refund check mailed to			l Ctoto	0 00t	LLLI oboven on	naga 1			
	е	enter it here.	an address outsit	ie the Onitet	Jolale	5 1101	SHOWITOI	page 1,			
	36	Amount of line 34 you want applied to y			1	36					
Amount	37	Subtract line 33 from line 24. This is the			•	30					
Amount	31	For details on how to pay, go to www.irs	•		ions				37		
You Owe	38					38	 		31		
Thind										ow. 🗵 No	
Third Party	•	Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Comp								ow. 🔼 No	
Designee	Designee's Phone Personal iden name no. number (PIN)								rication		
200191100	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Sign								ent you an Identity			
Here	Pr					Prof		PIN, enter it here			
İ	Phone	e no.	Email address								
Doid			er's signature			Date		PTIN		Check if:	
Paid	CYAM DDIVA DAM CACAD CIDTA SVAM DDIVA DAM SAGAD CIIDTA 04/13/2024 D0208							2703	Self-employed		
Preparer		sname GLOBAL TAXES LLC						Phone r			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E									4-3171965	

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 GIRIDHARI DODDI 072-67-8870 Enter amount of income under the appropriate rate of tax. See instructions

Nature of Income					(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)		
	Nature of Income				(a) 10%		(6) 30 %	%	%	
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U	.S. cor	porations	1a						
b	Dividends paid by fo	reign c	corporations	1b						
С	Dividend equivalent p	oaymen	its received with respect to section 871(m)	1c						
2	Interest:									
а	Mortgage			2a						
b	Paid by foreign corp	oration	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atents	, trademarks, etc.)		3					
4	Motion picture or TV	copyr	ight royalties		4					
5	Other royalties (copy	rights,	recording, publishing, etc.)		5					
6	Real property incom	e and ı	natural resources royalties		6					
7	Pensions and annuit	ies .			7					
8	Social security bene-	fits .		8						
9	Capital gain from line 18 below									
10	Gambling — Residents of Canada only. Enter net income in column (c). If zero or less, enter -0									
а	Winnings									
b	Losses									
11	Gambling – Residents of countries other than Canada. Note: Enter winnings only. 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	ffective	ely connected with a U.S. trade or busine)-NR, line 23a 15	
			Capital Gains ar	nd Losses F	From	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 effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real		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).
gains a	property interest; report these gains and losses on Schedule D (Form 1040).									
	property sales or									
connec	ges that are effectively ted with a U.S. business	17	Add columns (f) and (g) of line 16 .	1		<u> </u>		17	(
	on Schedule D (Form 1040), Form 4797, or both.		Capital gain. Combine columns (f) and							

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 shown on Form 1040-NR Your identifying number 072-67-8870 GIRIDHARI DODDI Of what country or countries were you a citizen or national during the tax year? INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: ☐ Yes X No 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε 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 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: 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, Date entered United States Date departed United States **Date entered United States Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ___. ⊠ No ☐ Yes ı If "Yes," give the latest year and form number you filed: X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a □ No Yes ⊠ No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 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 months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 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