8879 Form

(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)		-		
Taxpayer's name	Social security number			
VENKATA VISWANATH PAVAN KALYAN KAJJAM	316-87-5790			
Spouse's name	Spouse's soci	al secur	ity number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	re auth	norizing.)	
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	12,728.	
2 Total tax		2	0.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,510.	
4 Amount you want refunded to you		4	1,510.	
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejefor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutio authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, 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 payment of the payment (settlement) date. I also authorize the financial institutions involved in the payment indential information necessary to answer inquiries and resolve issues related to the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	tter, or electro ction of the tra S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of ayment. I furth	enic returnissend its de la preparent to la preparent la p	urn originator (ERO) sion, (b) the reason esignated Financial aration software for bothis account. This prevoke (cancel) a ed no later than 2 ctronic payment of anowledge that the	
Taxpayer's PIN: check one box only				
X I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Ent		igits, but all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your signature ▶ Date ▶				
Chausala DINI, chaola and hay only				
Spouse's PIN: check one box only	a DIN			
I authorize to enter or generate r		or five d	igits, but	
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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below				
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 4 9 6 Don't ente		8 2 7 1 os	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta: authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Income.	tting this retu	rn in ac	cordance with the	
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

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						instruc		
Your first name and middle initial								Your identifying number			
							(see instructions)				
VENKATA V	KATA VISWANATH PAVAN KALYAN KAJJAM										
Home address (number and street). If you have a P.O. box, see instructions.									Apt	. no.	
4307 W 36	ТН	ST ST.LOUIS PARK									
City, town, or po	ost o	ffice. If you have a foreign address, al	so comp	olete spaces below.		State			ode code		
MINNEAPOLIS									5416		
Foreign country name Foreign province/state/county Foreign province/state/county								reign postal code			
Filing	X	Single Married filing sepa	arately (N	MFS) Qualifyir	ng surviving spouse	(QSS)		Estate	e 🗆	Trust	
Status		you checked the QSS box, enter the		epende	nt:						
Check only one box.						•					
	۸۰	ti	/			: \	/ - \	11			
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a							nange, o		
Dependents	_	, a		l a digital deser	,. (5555 455					(see inst.):	
(see instructions):	1		(2) Dependent's					credit	í	for other	
(000 111011 00110110)1		(1) First name Last name		identifying number	(3) Relationship to y	ou C	illiu tax	Cleuit	deper	ndents	
If more than four									L		
dependents, see								1	L		
instructions and								1	<u> </u>	┽	
check here	_	T	4 / 1						1 D		
Income	1a	Total amount from Form(s) W-2, box	,	•				1a	12	, 728.	
Effectively	b	Household employee wages not rep Tip income not reported on line 1a (1b 1c			
Connected With U.S.	d	Medicaid waiver payments not repo						1d			
Trade or	e	Taxable dependent care benefits from					•	1e			
Business	f	Employer-provided adoption benefi						1f			
Dusiness	g Wages from Form 8919, line 6										
Attach	h	Other earned income (see instruction	1g 1h								
Form(s) W-2, 1042-S,	i Reserved for future use										
SSA-1042-S,	j Reserved for future use										
RRB-1042-S, and 8288-A	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,										
here. Also		line 1(e)									
attach	Z	z Add lines 1a through 1h							12	, 728.	
Form(s) 1099-R if	2a	a Tax-exempt interest 2a b Taxable interest									
tax was	3a										
withheld.	4a										
If you did not get a Form	5a	Pensions and annuities 56			able amount			5b 6			
W-2, see		Reserved for future use									
instructions.	8	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here									
	9	, , , , , , , , , , , , , , , , , , , ,								,728.	
		Adjustments to income from Sched						9		, 120.	
	10	income	•	•	•			10			
	11	Subtract line 10 from line 9. This is y						11	12	,728.	
	12	Itemized deductions (from Schedu								<u> </u>	
	deduction (see instructions)									,850.	
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-	A . 13a						
	b	Exemptions for estates and trusts o	nly (see	instructions)	13b						
	С	Add lines 13a and 13b						13c			
	14							14	13	,850.	
	15	Subtract line 1/1 from line 11. If zero	or loce	antar _N_ This is your ta	vahla incomo			15		()	

Form 1040-NR (2023)							Page 2
Tax and	16	Tax (see instructions). Check if any from F	Form(s): 1 88	814 2	72 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 depen	dents from Sched	ule 8812 (Form 10	040)	<u> </u>	19	
	20	Amount from Schedule 3 (Form 1040), li	ne 8			<u>L</u>	20	
	21	Add lines 19 and 20				<u>.</u>	21	
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0			<u>.</u>	22	0.
	23a	Tax on income not effectively connected 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				2	.3d	
	24	Add lines 22 and 23d. This is your total					24	0.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a	1,510.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	25d	1,510.
	е	Form(s) 8805				2	25e	
	f	Form(s) 8288-A				2	25f	
	g	Form(s) 1042-S				2	25g	
	26	2023 estimated tax payments and amou	nt applied from 20)22 return		🗔	26	
	27	Reserved for future use			27			
	28	Additional child tax credit from Schedule			28			
	29	Credit for amount paid with Form 1040-	,	•	29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 1040), li			31			
	32	Add lines 28, 29, and 31. These are your	:	32				
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32	_	33	1,510.			
Refund	34	If line 33 is more than line 24, subtract line					34	1,510.
riciana	35a	Amount of line 34 you want refunded to			•		85a	1,510.
Direct deposit?	b	Routing number 0 7 1 2 1	Savings					
See instructions.	d	Account number 3 7 4 0 0			Checking	ouvingo		
	u 0	If you want your refund check mailed to	nage 1					
	C	enter it here.	an address odisic	de the Officed Stat	es not snown on	page 1,		
	36	Amount of line 34 you want applied to y	our 2024 estimat	od tav	36			
Amount	37	Subtract line 33 from line 24. This is the			1 00 1			
You Owe	0,	For details on how to pay, go to www.irs	•				37	
Tou Owe	38	Estimated tax penalty (see instructions)			38			
Third		bu want to allow another person to discuss			<u>-</u> -	es. Complete	helow	⊠ No
Party	-	·	•		<u>~ 140</u>			
Designee	Desig name		nal identifica [:] er (PIN)	lion				
	Under	s, and to the b		knowledge and any knowledge.				
Sign	Your signature Date Your occupation If the						•	ou an Identity
Here							-	enter it here
11016				NETWORK EN	IGINEER	(see ins		
	Phone no. Email address							
Doid			er's signature		Date	PTIN	Che	eck if:
Paid			PRIYA RAM SAGAH	R GUPTA TALLAM	03/12/2024	P020827	03	Self-employed
Preparer		sname GLOBAL TAXES LLC			1 -, ., _,	Phone no.		965-9522
Use Only		saddress 245 ROONEY CT E 1	BRIINSWICK N	т 08816		Firm's EIN		171965

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. Attachment Sequence No. **7B**

Name shown on Form 1040-NR Your identifying number 316-87-5790 VENKATA VISWANATH PAVAN KALYAN KAJJAM 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					(c) 30%	%	%	
1	Dividends and divide	nd equivalents:						
а	Dividends paid by U.	S. corporations						
b	Dividends paid by fo	foreign corporations						
С	Dividend equivalent p							
2	Interest:							
а	Mortgage		2a					
b		orations	2b					
С								
3		atents, trademarks, etc.)	3					
4		copyright royalties						
5		rights, recording, publishing, etc.)						
6		e and natural resources royalties						
7		es						
8		its						
9		e 18 below						
10		s of Canada only. Enter net income in column (c).						
а	Winnings							
b	Losses	<u></u>		:				
11	Gambling—Resident Note: Enter winnings	s of countries other than Canada.	11					
12	Other (specify):		.					
			12					
13	•	12 in columns (a) through (d)						
14		ate of tax at top of each column						
15	Tax on income not e	ffectively connected with a U.S. trade or business. Add colu					-NR, line 23a 15	
		Capital Gains and Losses	From	Sales or Excha	nges 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 ac mm/dd/		(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).
	rely connected with a U.S. ss. Do not include a gain							
or loss	on disposing of a U.S. real ty interest; report these							
gains a	nd losses on Schedule D							
(Form 1	•							
exchan	property sales or ges that are effectively							
	eted with a U.S. business edule D (Form 1040),	17 Add columns (f) and (g) of line 16				17		
Form 4797, or both.		18 Capital gain. Combine columns (f) and (g) of line	17. Ent	er the net gain here	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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **7C**

Name sl	hown on Form 1040-NR				Your identifying number					
VENE	ATA VISWANATH PAVAN				316-87-5790					
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	t) of the United States? .	🗌 Yes	⊠ No						
D	Were you ever:									
1.	A U.S. citizen?				🗌 Yes	⊠ No				
2.	A green card holder (lawful per	manent resident) of the Un	ited States? .		🗌 Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation ru	lles 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 visa type (nonimmigrant status) or U.S. immigration status?									
G	List all dates you entered and	left the United States durin	g 2023. See instru	uctions.						
	Note: If you're a resident of C				ent intervals,					
	check the box for Canada or	Mexico and skip to item H	1	\square Canada						
	Date entered United States	Date departed United State	es	Date entered United State	s Date departed United	States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy					
Н	Give number of days (including				_					
	2021	, 2022	, an	d 2023 365		.				
I	Did you file a U.S. income tax	return for any prior year?.				⊠ No				
	If "Yes," give the latest year ar	ia form number you filea:								
J	Are you filing a return for a trus					⊠ No				
	If "Yes," did the trust have a U.S. person, or receive a contr	· ·	•			□No				
V		·				⊔ No ⊠ No				
K	Did you receive total compens If "Yes," did you use an alterna					Δ No □ No				
L	Income Exempt From Tax—If					_				
	complete (1) through (3) below	. See Pub. 901 for more inf	ormation on tax t	reaties.		-				
1.	Enter the name of the country, amount of exempt income in the				claimed the treaty benefit,	and the				
	·				(84) (
	(a) Cou	ntry	(b) Tax treaty art	icle (c) Number of month claimed in prior tax ye						
				oldimod in prior tax yo	are moonie in carrent tax	your				
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it any	where else on line 1						
2.	Were you subject to tax in a fo		-		Yes	☐ No				
	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?									
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to y	our return.						
М	Check the applicable box if:									
1.	This is the first year you are may with a U.S. trade or business u			roperty located in the Unite		nnected				
2.	You have made an election in									
	States as effectively connected									