## 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)				
Taxpayer's name	Social securi	ty number		
SAKSHI SHARMA	761-73	-4251		
Spouse's name	Spouse's soc	number		
Part I Tax Return Information — Tax Year Ending December 31, 20	 23 <b>(Enter year you a</b>	re autho	rizina )	
Enter whole dollars only on lines 1 through 5.	25 (Enter year year	ic datilo	1121119.)	—
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	6,00	0.
<b>2</b> Total tax		2		0.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4 Amount you want refunded to you		4		
<b>5</b> Amount you owe		5		0.
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of you	r return)	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service prov to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution: payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finan authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment canc business days prior to the payment (settlement) date. I also authorize the financial institutions invitaxes to receive confidential information necessary to answer inquiries and resolve issues relat personal identification number (PIN) below is my signature for the income tax return (original or ar Electronic Funds Withdrawal Consent.	Part I above are the am- der, transmitter, or electro- ason for rejection of the transcription of transcription of the transcription of the transcription of the transcription of the transcription of transcription of transcription of transcription of the transcription of transcripti	counts from conic return ransmission of its designated at preparation. To received the electricher acknown and control of the	n the income originator (E n, (b) the rea gnated Finar tition software iis account. evoke (cance no later tha conic paymer owledge that	e tax ERO) ason ncial e for This el) a an 2 nt of
Taxpayer's PIN: check one box only				
	generate my PIN	4 2 .	5 1	my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En .	ter five digi n't enter all	ts, but	y
I will enter my PIN as my signature on the income tax return (original or amence if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.				
Your signature ▶	Date ▶			
Spouse's PIN: check one box only				
· _	generate my PIN		20	my
ERO firm name	• _	ter five digi		y
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter all	zeros	
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—contin	ue below			
Part III Certification and Authentication — Practitioner PIN Method Only	У			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9  Don't ent	6 0 8 er all zeros	2 7 1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Practical Pr	I am submitting this retu	ırn in acco	ordance with	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Instru				
Don't Submit This Form to the IRS Unless Reque	Sted To Do So			

# E 1040-NR Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

2023	3
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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	, ;	20	See separate instructions.
Your first name and middle initial						Your iden	tifying number	
					(see instructions)			
SAKSHI			SHAR	MA			761-7	3-4251
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.		•		Apt. no.
11 MANHAT	TAN	AVENUE, UNIT-2,						
City, town, or po	ost o	fice. If you have a foreign address, als	so comp	lete spaces below.		State	ZI	P code
JERSEY CI	ΤY					NJ	0	7307
Foreign country	nam	е	Foreigr	n province/state/county		Foreign p	ostal code	
Filing	×	☐ Estat	e 🗌 Trust					
Status	ı	ndent:						
Check only		,		9		,		
one box.								
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					(b) sell, ex	
Danandanta	Otric	i wise dispose of a digital asset (of a f	manciai	interest in a digital asset	): (OCC IIISTI UCTIONS.)			qualifies for (see inst.):
<b>Dependents</b> (see instructions):				(2) Dependent's				Credit for other
(See instructions).		(1) First name Last name		identifying number	(3) Relationship to yo	u Chill	tax credit	dependents
If more than four								
dependents, see							Ц	
instructions and								
check here								
Income	1a	Total amount from Form(s) W-2, box	`	,				400.
Effectively	b	Household employee wages not rep		` '				
Connected	C	Tip income not reported on line 1a (s						
With U.S.	d	Medicaid waiver payments not report Taxable dependent care benefits fro		` '	,		1d	
Trade or Business	e f	Employer-provided adoption benefit		•			1e 1f	
Dusiness	g	Wages from Form 8919, line 6		•			1g	
Attach	9 h	Other earned income (see instruction					1h	
Form(s) W-2, 1042-S,	ï	Reserved for future use	,					
SSA-1042-S,	i	Reserved for future use					1j	
RRB-1042-S,	k	Total income exempt by a treaty from			1 1			
and 8288-A here. Also		line 1(e)			1k			
attach	z	Add lines 1a through 1h					1z	400.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	ı	<b>b</b> Tax	able interest		2b	
tax was	3a	Qualified dividends 3a	1	<b>b</b> Ord	linary dividends		3b	
withheld.	4a	IRA distributions 4a	1	<b>b</b> Tax	able amount		4b	
If you did not	5a	Pensions and annuities 5a	1	<b>b</b> Tax	able amount		5b	
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 (						5,600.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		-				6,000.
	10	Adjustments to income from Schedincome	•	,.				
	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	ısted gross income			. 11	6,000.
	12	Itemized deductions (from Schedu	,	,,				
		deduction (see instructions)				ndia Trea	ty <b>12</b>	13,850.
	13a	Qualified business income deduction						
	b	Exemptions for estates and trusts or						
	C	Add lines 13a and 13b						10.050
	14 15							13,850.
	15	Subtract line 14 from line 11. If zero	or iess,	enter -υ This is your <b>ta</b> x	kapie income		15	0.

Form 1040-NR (2	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from F	orm(s): <b>1</b>	314 <b>2</b> [	497	2 <b>3</b>			16	0.
Credits	17	Amount from Schedule 2 (Form 1040), lir							17	0.
	18	Add lines 16 and 17	18	0.						
	19	Child tax credit or credit for other depen-	dents from Sched	ule 8812 (F	orm 10	40) .			19	
	20	Amount from Schedule 3 (Form 1040), lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero or le	ss, 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	ax, from Schedule	e 2 (Form 1	040),					
		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 to	ax						24	0.
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	
	е	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				27				
	28	Additional child tax credit from Schedule	8812 (Form 1040)			28				
	29	Credit for amount paid with Form 1040-0	· . ` ´			29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1040), lir				31				
	32	Add lines 28, 29, and 31. These are your				ble cre	edits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.							33	
Refund	34	If line 33 is more than line 24, subtract lir							34	
11010110	35a	Amount of line 34 you want refunded to				•	=		35a	
Direct deposit?	b	Routing number X X X X X X					ng 🗌			
See instructions.	d	Account number X X X X X X						J		
	е	If you want your refund check mailed to						page 1.		
		enter it here.								
	36	Amount of line 34 you want <b>applied to y</b>	our 2024 estimate	ed tax .		36				
Amount	37	Subtract line 33 from line 24. This is the								
You Owe		For details on how to pay, go to www.irs	.gov/Payments or	see instruc	tions .				37	0.
	38	Estimated tax penalty (see instructions)				38				
Third	Do yo	u want to allow another person to discuss	this return with th	e IRS? See	e instruc	ctions.		es. Com	olete be	low. X No
Party	Desia	nee's	Phone					nal identi		
Designee	Designee's Phone Personal identification name number (PIN)									
		penalties of perjury, I declare that I have examir they are true, correct, and complete. Declaration								
Sign	Your	signature	Date	Your occu	pation			If th	ne IRS s	ent you an Identity
Here									PIN, enter it here	
				BUSINES	SS ANA	ALYST	INTER	N (se	e inst.)	
	Phone	e no.	Email address					,		
Paid	Prepa	rer's name Prepare	er's signature			Date		PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM I	PRIYA RAM SAGAF	GUPTA T	ALLAM	02/2	8/2024	P0208	2703	Self-employed
Preparer		sname GLOBAL TAXES LLC						Phone		78) 965-9522
Use Only		saddress 245 ROONEY CT E F	BRUNSWICK N.	T 08816				Firm's I		4-3171965

BAA

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SAKSHI SHARMA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 761-73-4251

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z				
	Nonemployee compensation from 1099-NEC 5,600.	<b>8z</b> 5,600		
9	Total other income. Add lines 8a through 8z			5,600.
10	Combine lines 1 through 7 and 9. This is your additional income. Ente			
	1040, 1040-SR, or 1040-NR, line 8		10	5,600.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
05					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### **SCHEDULE NEC** (Form 1040-NR)

#### Tax on Income Not Effectively Connected With a U.S. Trade or Business

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number SAKSHI SHARMA 761-73-4251 Enter **amount of income** under the appropriate rate of tax. See instructions.

	Nature of Income			(a) 10%	<b>(b)</b> 15%	( <b>c)</b> 30%	(d) Other (specify)			
					(a) 1070	(b) 1370	(6) 30 70	%	%	
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b	Dividends paid by fo	reign (	corporations		1b					
С		_	nts received with respect to section 871(m) to		1c					
2	Interest:	•	, ,							
а	Mortgage				2a					
b			18		2b					
С					2c					
3			s, trademarks, etc.)		3					
4	• "		ight royalties		4					
5	•		, recording, publishing, etc.)		5					
6		-	natural resources royalties		6					
7					7					
8					8					
9			elow		9					
10		s of C	anada only. Enter net income in column (c)							
а	Winnings									
b	Losses		<del></del>		10c					
11	Gambling - Resident	s of co	ountries other than Canada.  Losses aren't allowed		11					
12					<u> </u>					
12					12					
13			columns (a) through (d)		13					
14	•		tax at top of each column		14					
15			ely connected with a U.S. trade or busines			through (d) of line 1	Enter the total here	and on Form 1040	-NR. line 23a <b>15</b>	
	rax on moonic not c	iicotiv	Capital Gains and						TVI I, IIIIC ZOG	
Enter only the capital gains and losses from property sales or exchanges that are from sources		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	on (b) Date acquired		(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).
	he United States and not ely connected with a U.S.		descriptive details flot shown below)						Subtract (d) from (e).	Subtract (e) from (u).
busines	ss. Do not include a gain									
propert	on disposing of a U.S. real ty interest; report these								+	
gains a (Form 1	nd losses on Schedule D								<del>                                     </del>	
•	property sales or								<del>                                     </del>	
exchan	ges that are effectively ted with a U.S. business	4-7	Add solvens (A sed (-) -f lis- 40						1	
on Sch	edule D (Form 1040),									
Form 4	797, or both.	18	Capital gain. Combine columns (f) and (	(g) of line 17	. ⊏nte	er une net gain ner	e and on line 9 ab	ove. ir a ioss, ente	er -0 <b>18</b>	

#### 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 SAKSHI SHARMA 761-73-4251 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: ⊠ No Yes 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: List all dates you entered and left the United States during 2023. See instructions. G 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 entered United States Date departed 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 \_\_\_\_. ☐ Yes X No 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 Κ Yes ⊠ No ☐ 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 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . . . . . . . . . No 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