IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

| Taxpay | /er s name | Social secur | Social security number | | | | | |
|--------|--|---------------|---------------------------------|------------|--|--|--|--|
| SAN | IKET ZANWAR | 774-43 | -9884 | ł | | | | |
| Spouse | o's name | Spouse's so | Spouse's social security number | | | | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent | er year you a | are aut | horizing.) | | | | |
| 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 | 33,859. | | | | |
| 2 | Total tax | | 2 | 2,183. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 4,933. | | | | |
| 4 | Amount you want refunded to you | | 4 | 2,750. | | | | |
| 5 | | | 5 | | | | | |

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit 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 **1-888-353-4537**. 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 of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| | | | ERO firm name | _ 0 , | Er |
|---|-------------|--------------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL TAXES | LLC | to enter or generate my PIN | Ľ |
| - | | | | | |

| 3 Ent | 9 er fiv | 8 /e di | 8 gits, all ze | 4 but | as my |
|----------|-------------|------------|----------------------|----------|-------|
| don | | | | | |

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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.

| Spouse's signature E | ate | | | | | |
|---|-------|----|---|------|-----------|---|
| Practitioner PIN Method Returns Only—continue | e bel | ow | | | | |
| 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 | | 6 0 8 2 7 | 1 |

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 F Submit This Form to the I | | | |
| For Denominarily Deduction Act Notice | | | | Earm 8879 (Pay 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

| 1040 |)- | NR Department of the Treasury-Interr U.S. Nonresident Ali | al Revenue Service en Income | • Tax Return | 2023 | OMB No. | 1545-0074 | or sta | aple in this | |
|----------------------------------|---|---|--|---------------------------------------|--|------------------|---------------|-------------------------|------------------------|---------------------|
| For the year Jan | n. 1- | Dec. 31, 2023, or other tax year beginni | ng | , 2023, 0 | ending | | , 20 | | See sepa nstructi | |
| Your first name | and | middle initial | Last name | | | | | Your identifying number | | |
| | | | | | | | (see in | instructions) | | |
| SANKET | | | ZANWAR | | | | 774 | -43- | 9884 | |
| Home address (| Home address (number and street). If you have a P.O. box, see instructions. | | | | | | | | Apt. | no. |
| 28 TERRAC | | | | | | | | 1 | 2L | |
| | | office. If you have a foreign address, als | o complete spac | ces below. | | State | | ZIP c | | |
| JERSEY CI | | | Foreign provinc | o lototo locuntu | | NJ | n nontal a | 073 | 0.1 | |
| Foreign country | nar | le | Foreign provinc | e/state/county | | Foreig | n postal c | ode | | |
| Filing | | | | | | | | | | |
| Status | | Single ☐ Married filing sepa you checked the QSS box, enter the c | | - | g surviving spous on is a child but n | | | state | | Trust |
| Check only one box. | - | · | | | | | | - | | |
| Digital Assets | At otł | any time during 2023, did you: (a) receiv erwise dispose of a digital asset (or a fi | ve (as a reward, a nancial interest i | award, or payme n a digital asset) | ent for property or ? (See instruction: | services) s.) | ; or (b) sell | , excha | inge, or Yes | 🗙 No |
| Dependents | | | | | | | Check the b | | | |
| (see instructions): | | | | Dependent's | | | hild tax cre | 1 | Credit fo | or other |
| | | (1) First name Last name | Identi | ifying number | mber (3) Relationship to | | | - | depend | Jents |
| If more than four | | | | | | | | | | <u>]</u>] |
| dependents, see instructions and | | | | | | | | | | <u></u> 1 |
| check here | | | | | | | | | | 1 |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see instructio | ns) | | | . 1 | a | 38, | 056. |
| Effectively | b | Household employee wages not repo | | , | | | | b | | |
| Connected | с | Tip income not reported on line 1a (s | ee instructions) | | | | . 1 | c | | |
| With U.S. | d | Medicaid waiver payments not repor | ted on Form(s) W | V-2 (see instructi | ions) | | . 1 | d | | |
| Trade or | е | Taxable dependent care benefits from | - | | | | . 1 | e | | |
| Business | f | Employer-provided adoption benefits | | | | | . 1 | | | |
| Attach | g | Wages from Form 8919, line 6 | | | | | | - | | |
| Form(s) W-2, | h i | Other earned income (see instruction Reserved for future use | | | | | . 1 | n | | |
| 1042-S, SSA-1042-S, | i | Reserved for future use | | | | | . 1 | | | |
| RRB-1042-S, | , k | | | | 1 1 | | | | | |
| and 8288-A here. Also | | line 1(e) | | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1 | z | 38, | 056. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | | b Tax | able interest | | . 2 | b | | |
| tax was | 3a | Qualified dividends 3a | | b Ord | inary dividends . | | . 3 | b | | |
| withheld. | 4a | IRA distributions 4a | | | able amount | | | | | |
| If you did not get a Form | 5a | Pensions and annuities 5a | | | able amount | | | | _ | |
| W-2, see | 6 | Reserved for future use | | | | | | _ | | |
| instructions. | 7 8 | Capital gain or (loss). Attach Schedu Additional income from Schedule 1 (| , , | • | | | | | Л | 107 |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | | | | | | | <u>197.</u> 859. |
| | 10 | Adjustments to income from Schedu | - | | | | | <u> </u> | | 000. |
| | 10 | income | • | , | • | - | | o | | |
| | 11 | Subtract line 10 from line 9. This is ye | our adjusted gro | oss income | | | . 1 | 1 | 33, | ,859. |
| | 12 | Itemized deductions (from Schedul | e A (Form 1040- | -NR)) or, for cert | tain residents of Ir | ndia, stan | dard | | | |
| | | deduction (see instructions) | | | | | | | 13, | ,850. |
| | 13a | Qualified business income deduction | | | | | | | | |
| | b | Exemptions for estates and trusts or | - | | | | | | | |
| | c | Add lines 13a and 13b | | | | | | | | 0.5.5 |
| | 14 | | | | | | | | | 850. |
| | 15 | Subtract line 14 from line 11. If zero | | | able income . | | . 1 | | | 009. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| Form 1040-NR (| 2023) | | | | | | | Page 2 |
|----------------------------------|--------|---|--------------------------|--------------------|-----------------|-------------------|-----------|---|
| Tax and | 16 | Tax (see instructions). Check if any from | m Form(s): 1 🗌 88 | 314 2 🗌 497 | 2 3 | | 16 | 2,183. |
| Credits | 17 | Amount from Schedule 2 (Form 1040 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | 18 | 2,183. |
| | 19 | Child tax credit or credit for other dep | pendents from Schedu | ule 8812 (Form 10 | 40) | | 19 | · · · · · · |
| | 20 | Amount from Schedule 3 (Form 1040 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero of | | | | | 22 | 2,183. |
| | 23a | Tax on income not effectively connec | | | 1 1 | | | |
| | | Schedule NEC (Form 1040-NR), line 1 | | | 23a | | | |
| | b | Other taxes, including self-employme | | | | | | |
| | | 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 to | | | | | 24 | 2,183. |
| ayments | 25 | Federal income tax withheld from: | | <u></u> | | | | 2/1001 |
| aymento | a | Form(s) W-2 | | | 25a 4 | 4,933 | | |
| | b | Form(s) 1099 | | | 25b | 1,000 | · | |
| | c | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 4,933. |
| | e | Form(s) 8805 | | | | | 25u | 4,000. |
| | f | Form(s) 8288-A | | | | | 25e | |
| | | | | | | | | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2023 estimated tax payments and an | • • | | | • • | 26 | |
| | 27 | Reserved for future use | | | 27 | | - | |
| | 28 | Additional child tax credit from Sched | , , | | 28 | | _ | |
| | 29 | Credit for amount paid with Form 104 | | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | - | |
| | 31 | Amount from Schedule 3 (Form 1040 | ,. | | 31 | | - | |
| | 32 | Add lines 28, 29, and 31. These are y | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and | | | | | 33 | 4,933. |
| efund | 34 | If line 33 is more than line 24, subtract | | | - | | 34 | 2,750. |
| | 35a | Amount of line 34 you want refunded | | | | | 35a | 2,750. |
| rect deposit? e instructions. | b | Routing number 0 2 1 2 0 | | c Type: 🛛 🛛 | Checking | Savings | | |
| | d | Account number 8 8 7 9 3 | | | | | | |
| | е | If you want your refund check mailed | to an address outsid | e the United State | es not shown on | page 1, | | |
| | | enter it here. | | | 1 | | | |
| | 36 | Amount of line 34 you want applied t | to your 2024 estimate | ed tax | 36 | | | |
| mount | 37 | Subtract line 33 from line 24. This is t | - | | | | | |
| ou Owe | | For details on how to pay, go to www | | | | | 37 | |
| | 38 | Estimated tax penalty (see instruction | , | | 38 | | | • |
| hird | Do yo | u want to allow another person to disc | cuss this return with th | e IRS? See instru | ctions. 🗌 Ye | es. Com | olete bel | ow. 🛛 No |
| arty | Desig | nee's | Phone | | | nal identi | fication | |
| esignee | name | | | | | er (PIN) | | |
| | | penalties of perjury, I declare that I have exa they are true, correct, and complete. Declar | | | | | | |
| ign | | • | | | | | | , , |
| - | Yours | signature | Date | Your occupation | | | | ent you an Identity PIN, enter it here |
| lere | | | | STUDENT | | | e inst.) | Fin, enter it here |
| | Dhon | 200 | Email address | STODENT | | (30 | c 113t.) | |
| | Phone | | parer's signature | | Date | PTIN | | Check if: |
| Paid | • | | | | | | 17702 | Self-employed |
| | SIAM | PRIYA RAM SAGAR GUPTA TALLAM SYA | AM PRIYA RAM SAGAR | GUPIA TALLAM | 02/14/2024 | P0208 | | |
| | | | | | | | | |
| Preparer Jse Only | Firm's | aname GLOBAL TAXES LLC address 245 ROONEY CT F | | - 00010 | | Phone Firm's I | | <u>78)965-9522</u> 4-3171965 |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 202 23 Attachment Sequence No. 01

| Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Sequence No. 01 |
|--------------------------|---|-----------|--------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR | Your soci | al security number |
| SANKET ZANWAR | | 774-43 | -9884 |
| Part I Additio | onal Income | | |

| Par | 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 | -4,197. |
| 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 | | |
| I | 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 (| <u> </u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | _ | |
| u | Wages earned while incarcerated | 8u | _ | |
| Z | Other income. List type and amount: | | | |
| • | Tatal athen income. Add lines 0s through 0s | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8 | nere and on Form | 10 | -4,197. |
| Eor Do | perwork Reduction Act Notice, see your tax return instructions. | <u>· · · · · · · · · · · · · · · · · · · </u> | 10 Sehedule | |
| i vi ra | permore neuronon not nouce, see your las return instructions. | | Scheudle | 1 (Form 1040) 2023 |

| 1 | Educator expenses | | | | | 11 | |
|--------|---|-------|------|-------|------|-----|--|
| 2 | Certain business expenses of reservists, performing artists, and fee | | | | nont | | |
| 2 | officials. Attach Form 2106 | -Dasi | s go | venin | lent | 12 | |
| 3 | Health savings account deduction. Attach Form 8889 | • • | • • | ••• | • | 13 | |
| 4 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | | 14 | |
| - 5 | Deductible part of self-employment tax. Attach Schedule SE | | | | | 15 | |
| 6 | Self-employed SEP, SIMPLE, and qualified plans | | | | | 16 | |
| 7 | Self-employed bealth insurance deduction | | | | | 17 | |
| 8 | Penalty on early withdrawal of savings | | | | | 18 | |
| | | | | | | | |
| 9a | | | | | | 19a | |
| b | Recipient's SSN | | | | | | |
| C | Date of original divorce or separation agreement (see instructions): | | | | | 00 | |
| 20 | IRA deduction | | | | | 20 | |
| 1 | Student loan interest deduction | | | | | 21 | |
| 2 | Reserved for future use | | | | | 22 | |
| 3 | 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 | | | | | | |
| | | 24c | | | | | |
| d | | 24d | | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | | |
| | | 24e | | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | | |
| g | | 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 | | | | | | |
| | tax law violations | 24i | | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | | |
| | | 24k | | | | | |
| z | Other adjustments. List type and amount: | | | | | | |
| | | 24z | | | | | |
| 5 | Total other adjustments. Add lines 24a through 24z | | | | | 25 | |
| 6 | Add lines 11 through 23 and 25. These are your adjustments to income | | | | don | | |
| - | Form 1040, 1040-SR, or 1040-NR, line 10 | | | | | 26 | |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

774-43-9884

SANKET ZANWAR

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% | (d) 15% | (C) 30% | % | % |
| 1 | Dividends and divide | nd equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by for | reign corporations | [| 1b | | | | | |
| с | Dividend equivalent p | ayments received with respect to section 871(m) tra | ansactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | | prations | | 2b | | | | | |
| c | | | - | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | | copyright royalties | F | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | F | 5 | | | | | |
| 6 | | e and natural resources royalties | F | 6 | | | | | |
| 7 | | es | | 7 | | | | | |
| 8 | | ïts | | 8 | | | | | |
| 9 | | e 18 below | | 9 | | | | | |
| 10 | | s of Canada only. Enter net income in column (c). | | 3 | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Gambling-Resident Note: Enter winnings | s of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by ra | ate of tax at top of each column | [| 14 | | | | | |
| 15 | Tax on income not ef | ffectively connected with a U.S. trade or business | . Add columr | ns (a) t | through (d) of line 14 | 1. Enter the total here | and on Form 1040- | NR, line 23a 15 | |
| | | Capital Gains and | Losses F | rom | Sales or Excha | nges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sourc within the United States and no | | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (if necessary, attach statement of | | (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). |
| effectiv | ely connected with a U.S. | | | | | | | | |
| business. Do not include a gain or loss on disposing of a U.S. real | | | | | | | | | |
| | y interest; report these nd losses on Schedule D | | | | | | | | |
| (Form 1 | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | |
| connec | ted with a U.S. business | 17 Add columns (f) and (g) of line 16 . | | | | | 17 | () | |
| | edule D (Form 1040), 797, or both. | 18 Capital gain. Combine columns (f) and (g | | | | | | r-0 18 | |
| | | | | | <u> </u> | | | | |

SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Other Information

OMB No. 1545-0074

Attach to Form 1040-NR.

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

| 20 23 |
|-------------------------------|
| Attachment Sequence No. 7C |

| Internal F | Revenue Service | | Ans | wer all questions. | | | Sequence N | o. 7C | |
|------------|---|------------------|---|------------------------|-------------------------|----------------|-----------------|------------|--|
| Name sh | nown on Form 1040 | -NR | | | | Your identify | ing number | | |
| SANK | SANKET ZANWAR 774-43-9884 | | | | | | | | |
| 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? India | | | | | | | | |
| 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? | | | | | | | | |
| 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. | | | | | | | | |
| Е | 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. | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | |
| | 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. | | | | | | | | |
| | | | anada or Mexico AND cor | | | ient intervals | 5, | | |
| | check the box | for Canada or | Mexico and skip to item H | 4 | 🗌 Canada | Mexico | 2 | | |
| | Date entered | United States | Date departed United Stat | es Da | te entered United State | s Date de | eparted United | d States | |
| | mm/o | dd/yy | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| н | | | vacation, nonworkdays, and | | | | ; : | | |
| | | | , 2022 | | | | _ | _ | |
| I | | | return for any prior year? . | | | | | No | |
| | If "Yes," give th | e latest year ar | d form number you filed: | 104 | ONR | | | _ | |
| J | | | st? | | | | | 🗙 No | |
| | | | J.S. or foreign owner unde | | | | | _ | |
| | - | | ribution from a U.S. person | | | | | No | |
| К | - | | ation of \$250,000 or more | | | | | 🛛 No | |
| | · · · | | ative method to determine | | • | | | No | |
| L | Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country complete (1) through (3) below. See Pub. 901 for more information on tax treaties. | | | | | | | | |
| 1. | | | the applicable tax treaty art e columns below. Attach Fo | | | claimed the | treaty benefi | t, and the | |
| | | (a) Cou | | (b) Tax treaty article | (c) Number of month | ne (a) | Amount of exe | amnt | |
| | | | | claimed in prior tax | | | e in current ta | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | n Form 1040-NR, line 1k. D | | | | | | |
| | | | | | | | | | |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | | |
| | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | |

Check the applicable box if: Μ

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 States as effectively connected with a U.S. trade or business under section 871(d). See instructions

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023

| (Form 1040) | | (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | 2023 | | |
|--|--|---|--------------|---|-----------|-----------|------------------|-----------|-----------------|-------------------------------|---------------|----------|
| Department of the Treasury Internal Revenue Service | | | | | | | | | | Attachment Sequence No. 13 | | |
| . , | shown on return | | | | | | | | | | al security r | number |
| 1 | ET ZANWAR | | | | | | | | | //4-4 | 3-9884 | |
| Part | Note: If yo | ou are in [.] | the busines | Rental Real Estate a s of renting personal prop m 4835 on page 2, line 40 | erty, us | | e C . See | e instruc | tions. If you a | are an indi | vidual, repo | ort farm |
| Α | | | | 3 that would require yo | | e Form(s) | 1099? \$ | See inst | tructions . | | . 🗌 Ye | s 🛛 No |
| Bl | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | | |
| 1 a | | | | | | | | | | | | |
| Α | GANESHRAJA NIVAS GOKUL NAGAR, NANDED MAHARASHTRA IN 431602 | | | | | | | | | | | |
| В | | | | | | | | | | | | |
| С | | | | | | | | | | | | |
| 1b | Type of Prope (from list belo | | | | | | | - | r Rental | Personal Use | | QJV |
| A | 3 | personal use days. Check the QJ | | | | | Α | Days | | Days | | |
| | 3 | | if you m | eet the requirements to | o file as | a | B | 365 | | 0 | | |
| C | | | qualified | l joint venture. See inst | ruction | s. | C | | | | | |
| | of Property: | | | | | | Ū | | | | | |
| | Single Family R | Residenc | e 3V | acation/Short-Term Re | ental | 5 Lan | d | 7 | Self-Rental | | | |
| | Multi-Family Re | | | commercial | | 6 Roy | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | | | Propert | | | |
| Incom | | | | | | | Α | | B | ies. | | С |
| 3 | | Ч | | | 3 | | | 50. | D | | | 0 |
| 4 | | | | | 4 | | | | | | | |
| Exper | | | | | | | | | | | | |
| 5 | | | | | 5 | | | | | | | |
| 6 | 0 | | | | 6 | | | | | | | |
| 7 | | | | | 7 | | 3 | 50. | | | | |
| 8 | - | | | | 8 | | | | | | | |
| 9 | | | | | 9 | | | | | | | |
| 10 | | | | s | 10 | | | | | | | |
| 11 | Management | fees . | | | 11 | | 5 | 70. | | | | |
| 12 | Mortgage inte | rest paic | d to banks, | etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | | 13 | | | | | | | |
| 14 | Repairs | | | | 14 | | | 50. | | | | |
| 15 | Supplies . | | | | 15 | | 1,5 | 26. | | | | |
| 16 | Taxes | | | | 16 | | | | | | | |
| 17 | | | | | 17 | | g | 51. | | | | |
| 18 | - | expense | or depletion | on | 18 | | | | | | | |
| 19 20 | | | | ugh 19 | | | 1 (| 17 | | | | |
| 20 | | | | 0 | | | 4,0 | 47. | | | | |
| 21 | | | · · · | s) and/or 4 (royalties). I to find out if you mus | | | | | | | | |
| | | | | | 21 | | -4,1 | 97. | | | | |
| 22 | | | | s after limitation, if any | | | - / - | | | | | |
| | | | | · · · · · · · · · · | , 22 | (| -4,19 | 97.)(| |) | (| |
| 23a | | - | | line 3 for all rental prop | | | | 23a | | 450. | | , |
| b | | | - | line 4 for all royalty pro | | s | | 23b | | | | |
| с | | Total of all amounts reported on line 12 for all properties | | | | | | | | | | |
| d | d Total of all amounts reported on line 18 for all properties | | | | | | | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | | | | | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | | | | | | | | | | | |
| 25 | | | | ne 21 and rental real esta | | | | | | | (| 4,197. |
| 26 | | | | yalty income or (loss) ine 40 on page 2 do r | | | | | | | | |

Supplemental Income and Loss

SCHEDULE E

I

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

Schedule E (Form 1040) 2023

26

-4,197.

OMB No. 1545-0074