# 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

IIILEIIIAI	nevenue Service				
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social secur	ity numl	per	
KUS	HAL REDDY MOTLA	038-83	-330	0	
	's name	Spouse's so			r
Part	, , , , ,	year you a	are au	thorizing	.)
	whole dollars only on lines 1 through 5.				
_	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 .	l 10	400
1	Adjusted gross income		1	12	2,402.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		435.
4	Amount you want refunded to you		4		435.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and be penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed 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 Uto 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 active in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises 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 period in the confidential information in the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I are formed withdrawal Consent.	ection of the f S. Treasury a cated in the on to debit the the authorizates must b processing cayment. I ful	ransmistand its of any prepared entry fraction. The receipt of the electric ther acceptance of the acc	ssion, (b) the designated paration so to this according revoke (wed no late ectronic parking which we have the control of the design of the de	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ayer's PIN: check one box only				
Tuxpe		$_{\rm my}$ DINI $3$	3 3	3 0 0	as my
	ERO firm name	´ Er		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	ac	on t ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Yours	signature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
Орош	Practitioner PIN Method Returns Only—continue below				
Part					
EDO!	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 0	6 0	8 2 7	7 1
ERU	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2   4   9   Don't en	6   0 ter all ze		/
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 submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this ret	urn in a	accordance	I am now with the
FR∩'	s signature ► Date ►				
	FRO 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				20		eparate ctions.
Your first name and middle initial			Last na	ame		,		ntifying n	
							(see instructions)		
KUSHAL RE	EDDY		MOTL	А			038-83-3300		
Home address (number and street). If you have a P.O. box				structions.				Ар	t. no.
		ST ,ST LOUIS PARK							
City, town, or p	ost o	ffice. If you have a foreign address,	also comp	lete spaces below.		State		IP code	
MINNEAPOLIS						MN		55416	
Foreign country	nam	е	Foreig	n province/state/county		Foreign	oostal code	Э	
Filing							☐ Esta	ite 🗆	Trust
Status	If	you checked the QSS box, enter the	endent:						
Check only one box.									
	At a	ny time during 2023, did you: (a) rec	eive (as a	reward award or navme	ent for property or se	ervices): o	r (h) sell e	xchange (	
Digital Assets	othe	erwise dispose of a digital asset (or	a financial	interest in a digital asset	)? (See instructions.)				
Dependents					,		eck the box i		
(see instructions):	1	(4) First server		(2) Dependent's	(O) Deletien eleie te un	Chil	d tax credit		for other
		(1) First name Last nam	ie	identifying number	(3) Relationship to yo	ou		depe	endents
If more than four									
dependents, see									
instructions and check here									
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	instructions)			. 1a	12	2,402.
Effectively	b	Household employee wages not re	•	•					.,
Connected	С	Tip income not reported on line 1a	-						
With U.S.	d	Medicaid waiver payments not rep	orted on I	Form(s) W-2 (see instruct	ions)		. 1d		
Trade or	е	Taxable dependent care benefits t	rom Form	2441, line 26			. 1e		
Business	f	Employer-provided adoption bene	. 1f						
Attach	g	g Wages from Form 8919, line 6							
Form(s) W-2,	h	Other earned income (see instruct	. 1h						
1042-S,	i Reserved for future use								
SSA-1042-S, RRB-1042-S,	j Reserved for future use								
and 8288-A	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,								
here. Also attach	line 1(e)								2,402.
Form(s)	2a							12	2,402.
1099-R if tax was	3a								
withheld.	4a								
If you did not	5a		5a		able amount				
get a Form W-2, see	6								
instructions.	7								
	8	Additional income from Schedule 1 (Form 1040), line 10							
	9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income							12	2,402.
	10	Adjustments to income from Scheincome	•	orm 1040), line 26. These					
	11	Subtract line 10 from line 9. This is	your <b>adj</b> ı	usted gross income			. 11	12	2,402.
	12	<b>Itemized deductions</b> (from Schededuction (see instructions)		13	3 <b>,</b> 850.				
	13a	Qualified business income deduct							
	b Exemptions for estates and trusts only (see instructions)								
	С	Add lines 13a and 13b					. 13c		
	14							13	3,850.
	15	Subtract line 1/1 from line 11. If zer	n or lace	antar _N_ This is your ta	vahla incomo		15		Λ

Tax and	16	Tax (see instructions). Check if an	y from For	rm(s): <b>1</b>	814 <b>2</b> 🗌 497	2 <b>3</b> 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040), line 3							0.
	18	Add lines 16 and 17		18	0.				
	19	Child tax credit or credit for othe	r depende	ents from Sched	lule 8812 (Form 10-	40)		19	
	20	Amount from Schedule 3 (Form	1040), line	8			[	20	
	21	Add lines 19 and 20					Г	21	
	22	Subtract line 21 from line 18. If z					<b>—</b>	22	0.
	23a	Tax on income not effectively con							
		Schedule NEC (Form 1040-NR),				23a			
	b	Other taxes, including self-emploine 21	-			23b			
	С	Transportation tax (see instruction				23c			
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is you						24	0.
Doumento	25	Federal income tax withheld from		<b>x</b>	<u> </u>			24	U.
Payments						0Eo	125		
	a	Form(s) W-2				25a	435.		
	b	Form(s) 1099				25b			
	C	Other forms (see instructions) .				25c			405
	d	Add lines 25a through 25c					_	25d	435.
	е	Form(s) 8805						25e	
	f	Form(s) 8288-A					_	25f	
	g	Form(s) 1042-S					2	25g	
	26	2023 estimated tax payments an	d amount	applied from 20	022 return	<u></u>		26	
	27	Reserved for future use				27			
	28	Additional child tax credit from S	chedule 8	8812 (Form 1040	))	28			
	29	Credit for amount paid with Forn	n 1040-C			29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3 (Form	1040), line	15		31			
	32	Add lines 28, 29, and 31. These		32					
	33	Add lines 25d, 25e, 25f, 25g, 26,	=				<del>-</del>	33	435.
Refund	34	If line 33 is more than line 24, su						34	435.
riorana	35a	Amount of line 34 you want <b>refu</b>						35a	435.
Direct deposit?	b	Routing number 0 7 1 2				Checking			1001
See instructions.	d	Account number 3 7 4 0	Savings						
	e	If you want your refund check m	nago 1						
	E	enter it here.	alleu to al	ii addiess odisid	de the Officed State	S HOL SHOWN ON	page 1,		
	36	Amount of line 34 you want appl	ied to you	ur 2024 estimat	ted tax	36			
Amount	37	Subtract line 33 from line 24. Thi	s is the <b>ar</b>	mount you owe					
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions .			37	
	38	Estimated tax penalty (see instru	ctions) .			38			
Third	Do yo	u want to allow another person to				ctions.	s. Complet	e belo	ow. 🗵 No
Party	Desig	nee's		Phone	<b>1</b>	Persor	al identifica	tion	
Designee	name	·							
		penalties of perjury, I declare that I have they are true, correct, and complete. D	ve examine	d this return and a					
Sign			eciaration			ed on all information		•	,
-	Your signature			Date	Your occupation				nt you an Identity
Here					QUALITY EN	GINEER	(see in		IN, enter it here
	Phone	2 no		Email address	Soumer IN	O T 141111	(000 111	,	
		rer's name	Preparer	's signature		Date	PTIN		Check if:
Paid	-			_	מאכאם מווחשא		P020827		Self-employed
Preparer		PRIYA RAM SAGAR GUPTA		LVIIA KAM	SAGAR GUPTA	03/31/2024			
Use Only							Phone no.	(67	8) 965-9522
-	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816   Firm's E								

Form 1040-NR (2023)

BAA

#### **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. Attachment Sequence No. **7B** 

OMB No. 1545-0074

Name shown on Form 1040-NR KUSHAL REDDY MOTLA Your identifying number 038-83-3300

Enter amount of income under the appropriate rate of tax. See instructions.							(d) Other (specify)		
	Nature of Income	(a) 10%		<b>(b)</b> 15%	(c) 30%	%	%		
1	Dividends and dividend equivalents:								
а	Dividends paid by U.S. corporations	nds paid by U.S. corporations							
b	Dividends paid by foreign corporations	1b							
С	Dividend equivalent payments received with respect to section 871(m) trans	nsactions	1c						
2	Interest:								
а	Mortgage		2a						
b	Paid by foreign corporations		2b						
С	Other		2c						
3	Industrial royalties (patents, trademarks, etc.)		3						
4	Motion picture or TV copyright royalties		4						
5	Other royalties (copyrights, recording, publishing, etc.)		5						
6	Real property income and natural resources royalties		6						
7	Pensions and annuities		7						
8	Social security benefits	8							
9	Capital gain from line 18 below	9							
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0								
а	Winnings								
b	Losses	10c							
11	Gambling – Residents of countries other than Canada. <b>Note:</b> 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	Multiply line 13 by rate of tax at top of each column		14						
15	Tax on income not effectively connected with a U.S. trade or business.						-NR, line 23a <b>15</b>		
	Capital Gains and	Losses F	From	Sales or Excha	inges of Proper	ty			
losses f	to the capital gains and from property sales or ges that are from sources the United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	<b>(b)</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).	
	vely connected with a U.S. ss. Do not include a gain								
or loss	on disposing of a U.S. real								
gains a	ty interest; report these ind losses on Schedule D								
(Form 1	, and the second								
exchan	property sales or ges that are effectively								
	18 Capital gain. Combine columns (f) and (g)	) of line 17	7. Ente	r the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0 <b>18</b>		

#### SCHEDULE OI (Forn

## **Other Information**

OMB No. 1545-0074

(Form 1040-NR)  Department of the Treasury Internal Revenue Service		0 0.1.01 11.1.01.11.01.01					
		Attach to Form 1040-NR.	202	)3			
		Go to www.irs.gov/Form1040NR for instructions and the latest information Answer all questions.		Attachment Sequence No			
Name shown on Form 1040-NR				ying number			
KUSHAL REDDY MOTLA 038-							
Α	A 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		. 🗌 Yes	⊠ No			
D	Were you ever:						
1.	A U.S. citizen?			. 🗌 Yes	⊠ No		
2.	A green card he	older (lawful permanent resident) of the United States?		. 🗌 Yes	⊠ No		

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:		,					
	•				🗌 Yes 🗵 No			
	A green card holder (lawful pe							
۲.	If you answer "Yes" to (1) or (2)	•			<u>- 103 240</u>			
E	If you had a visa on the last immigration status on the last of			didn't have a visa, enter				
F	Have you ever changed your value of you answered "Yes," indicate		tus) or U.S. immigration		🗌 Yes 🗵 No			
G	List all dates you entered and	left the United States during						
	Note: If you're a resident of C	· · · · · · · · · · · · · · · · · · ·			t intervals,			
	check the box for Canada or				Mexico			
	Date entered United States	Date departed United State	_	ate entered United States	Date departed United States	٦		
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy			
		1		, ,	+	+		
					+	$\dashv$		
						$\dashv$		
						$\dashv$		
		<u> </u>			<u> </u>			
Н	Give number of days (including 2021	· · · · · · · · · · · · · · · · · · ·		- ' <del>-</del> '	_			
ı	Did you file a U.S. income tax	return for any prior year?.			🗌 Yes 🔀 No			
	If "Yes," give the latest year ar	nd form number you filed:						
J	Are you filing a return for a true	st?			🗌 Yes 🔀 No			
	If "Yes," did the trust have a	U.S. or foreign owner under	r the grantor trust rule	es, make a distribution or	r loan to a			
	U.S. person, or receive a cont	ribution from a U.S. person'	?		· · · 🗌 Yes 🗌 No			
K	Did you receive total compens	sation of \$250,000 or more of	during the tax year? .		🗌 Yes 🗵 No			
	If "Yes," did you use an alterna							
L	Income Exempt From Tax—If			•				
_	complete (1) through (3) below				troaty with a foreign country	,,		
4	Enter the name of the country,				nimed the treaty benefit, and th	_		
٠.	amount of exempt income in the				inned the treaty benefit, and th	C		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		1	(-1) A	_		
	<b>(a)</b> Cou	intry	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year			
				Claimed in prior tax years	Income in current tax year	_		
						_		
						_		
	(e) Total. Enter this amount o	on Form 1040-NR, line 1k. D	o not enter it anywhe	re else on line 1				
2.	Were you subject to tax in a fo	oreign country on any of the	income shown in 1(d	) above?	🗌 Yes 🗌 No	_		
3.	Are you claiming treaty benefit	ts pursuant to a Competent	Authority determinati	on?	🗌 Yes 🗵 No			
	If "Yes," attach a copy of the Competent Authority determination letter to your return.							
М	Check the applicable box if:	<sub>1</sub>	, i i i i i jou					
	This is the first year you are m	aking an election to treat in	come from real prope	erty located in the United	States as effectively connecte	d		
••	with a U.S. trade or business u					ر ا		
2.					_	Ϋ́		
۷.	States as effectively connecte					٦ ٦		