# 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

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	ber	
ANI	LA DUBALA	713-94	-535	2	
Spouse		Spouse's so			r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	 er year you a	ire au	thorizina	.)
	whole dollars only on lines 1 through 5.	or your your			•/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	7	,943.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		310.
4	Amount you want refunded to you		4		310.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
return ( to send for any Agent t paymer authori paymer busines taxes t person	owledge 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, transfer of the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for respective delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the intrinstitution 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 responds 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 all identification number (PIN) below is my signature for the income tax return (original or amended) I	mitter, or electre ejection of the tours. Treasury a dicated in the tour to debit the tet the authorized quests must be processing of payment. I fur	onic reransmind its cax prepare entry ation. The entry ation of the elther ac	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no latalectronic para eknowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	onic Funds Withdrawal Consent.  Bayer's PIN: check one box only				
X		my PIN	5	3 5 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Er		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.				
Your s	signature ▶ Date ▶				
Snous	se's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	N			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't en	6 6	1 9 8	9
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordance	
ERO's	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-Dec. 31, 2023, or other tax year beginn				nning, 2023, ending, 20					See separate instructions.		
Your first name and middle initial									our identifying number see instructions)		
ANILA				LA			713-	713-94-5352			
Home address (number and street). If you have a P.O. box				tructions.				Apt.			
1407 STRA	TFO	RD DRIVE									
City, town, or post office. If you have a foreign address, also complete spaces below.								ZIP code			
KENT						OH		442	40		
Foreign country name Foreign province/state/county Foreign							ostal co	de			
Filing Status	tus								☐ Trust		
Check only one box.											
Digital Assets		ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a f					r (b) sell,				
Dependents						(4) Ch	eck the bo	x if qua	alifies for (see inst.):		
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Chil	d tax cred	it	Credit for other dependents		
		(I) I I St Hame	identifying number		(b) Helationship to ye	,u		_	dependents		
If more than four							$\overline{\Box}$	+			
dependents, see instructions and							Ħ				
check here							Ħ				
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	1	7,943.		
Effectively	b	Household employee wages not rep	•	,							
Connected	С	Tip income not reported on line 1a (		• •							
With U.S.	d	Medicaid waiver payments not repo	rted on F	Form(s) W-2 (see instruct	ions)		. 1d				
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 26			. 1e				
Business	f	f Employer-provided adoption benefits from Form 8839, line 29									
	g	Wages from Form 8919, line 6	. 1g								
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h								
1042-S,	i	Reserved for future use									
SSA-1042-S, RRB-1042-S,	j	j Reserved for future use									
and 8288-A here. Also	k	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)									
attach Form(s)	Z								7,943.		
1099-R if	2a	·									
tax was	_	Qualified dividends 3a		<del> </del>							
withheld.	4a	<del> </del>									
If you did not get a Form	5a	Pensions and annuities 5a									
W-2, see	6	Reserved for future use									
instructions.	7 8	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>							7,943.		
		Add lines 12, 25, 35, 45, 55, 7, and 6. This is your <b>total effectively connected income</b>									
	10	-									
	11		ome btract line 10 from line 9. This is your adjusted gross income						7,943.		
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard										
	-	deduction (see instructions)							13,850.		
	13a										
	b	Exemptions for estates and trusts or	nly (see i	nstructions)	13b						
	С	c Add lines 13a and 13b									
	14	Add lines 12 and 13c	ines 12 and 13c						13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b> x	able income .	<u>.</u>	. 15		0.		

Form 1040-NR (2	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	Form(s): <b>1</b>	8814	<b>2</b> 49	72 ;	з 🗌		16	0.
Credits	17	Amount from Schedule 2 (Form 1040),	line 3						17	0.
	18	Add lines 16 and 17	18	0.						
	19	Child tax credit or credit for other depe	19							
	20	Amount from Schedule 3 (Form 1040), line 8								
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero or	less, enter -0-						22	0.
	23a	Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15				23a				
	b	Other taxes, including self-employmer 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							24	0.
Payments	25	Federal income tax withheld from:								
. ayınıdını	а	Form(s) W-2				25a		310.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	310.
	e	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments and amo							26	
	27	Reserved for future use				27				
	28	Additional child tax credit from Schedu				28				
	29	Credit for amount paid with Form 1040				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1040),				31			-	
	32	Add lines 28, 29, and 31. These are yo				_	edits		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 3							33	310.
Refund	34	If line 33 is more than line 24, subtract							34	310.
neruna	35a	Amount of line 34 you want <b>refunded</b>				•	=	_	35a	310.
Direct deposit?	b	Routing number 0 4 4 0 0			_	Check		Savings	Jou	310.
See instructions.	d	Account number 9 2 5 1 1			)		9	Ouvingo		
	e	If you want your refund check mailed			Inited Sta	tes not	EHOWN ON	nage 1		
	C	enter it here.	o an address c	Juiside life C	Jillea Sta	163 1101	SHOWIT OH	page 1,		
	36	Amount of line 34 you want applied to				36			-	
Amount	37	Subtract line 33 from line 24. This is th	-							
You Owe	0.	For details on how to pay, go to www.	•		structions				37	
rou Owe	38					38			0,	
Third	38 Estimated tax penalty (see instructions)								lete hel	ow. 🗵 No
Party									ow. 🖭 110	
Designee	Designee's Phone Personal ide name no. number (PIN						ication			
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Sign	Your signature		Date Your occupation				l If th	e IRS se	ent you an Identity	
Here	Jaco Signaturo			Tour \	oooapatio					PIN, enter it here
				STUI	DENT			(see	inst.)	
	Phon	e no.	Email add	ress						
Paid	Prepa	arer's name Prep	arer's signature	·		Date	<u> </u>	PTIN		Check if:
	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247					0833	Self-employed			
Preparer	Firm's name CIODAI TAVECIIC   Phone n						10. (6'	78)965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN									8-2145487

BAA

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Form 4797, or both.

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

ANILA DUBALA 713-94-5352 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties . . . . . . . . . . . . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). 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 property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

18

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

## **Other Information**

Attach to Form 1040-NR.

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Attachment Sequence No. **7C** 

OMB No. 1545-0074

ANI	LA DUBALA	713-94-5352									
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	green card holder (lawful p	ermanent resident)	of the United States? .	[	Yes	⊠ No				
D	Were you ever:		,								
1.	•					Yes	⊠ No				
2.							_ ⊠ No				
	A green card holder (lawful permanent resident) of the United States?										
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.										
	immigration status on the last day of the tax year $_{\rm E1}$										
F	Have you ever changed your v			 ation status?		Yes	⊠ No				
•	If you answered "Yes," indicat		change:			00	<u> </u>				
G	•			tions							
~	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,										
	check the box for Canada or				Mexico						
	Date entered United States	Date departed United State		Date entered United States		d I Inited	States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy					
	,,,	, ,	$\dashv$								
н	Give number of days (including	vacation nonworkdays and	 I nartial davs) vou w	ere present in the United S	States during:						
••		, 2022									
ı	Did you file a U.S. income tax	return for any prior year?	, and i	2020	· _	Yes	⊠ No				
•	If "Yes," give the latest year ar					_ 103	<u></u>				
J	Are you filing a return for a tru	et?		0 1 0 IV	Г	Yes	⊠ No				
Ū	If "Yes," did the trust have a					_ 103	<u> </u>				
	U.S. person, or receive a cont				_	Yes	☐ No				
κ	Did you receive total compens	•			_	Yes	⊠ No				
	If "Yes," did you use an alternation					∃ Yes	□ No				
L	Income Exempt From Tax—I					_					
_	complete (1) through (3) below				ar troaty mar a	ioroigii	oouring,				
1.					claimed the treat	v benefit	and the				
	amount of exempt income in the					,	,				
	(a) Cou	le (c) Number of month	hs (d) Amount of exempt								
	(,	······ <b>,</b>	(b) Tax treaty articl	claimed in prior tax yea		in current tax year					
	(e) Total. Enter this amount o	on Form 1040-NR, line 1k. D	o not enter it anywh	nere else on line 1							
2.		/ere you subject to tax in a foreign country on any of the income shown in 1(d) above?									
		re you claiming treaty benefits pursuant to a Competent Authority determination?									
		f "Yes," attach a copy of the Competent Authority determination letter to your return.									
М	Check the applicable box if:										
1.	This is the first year you are m	aking an election to treat in	come from real pro	perty located in the Unite	d States as effec	tively co	nnected				
	with a U.S. trade or business under section 871(d). See instructions										
2.	You have made an election in										
	States as effectively connecte	d with a U.S. trade or busin	ess under section 8	371(d). See instructions .			. 🗆				