(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   | Social security number   |   |  |  |  |
| MAHESH KOMMALAPATI  | 330  | 330-43-1420  |   |  |  |  |
| Spouse's name   |  | 's social securi   | ty number   |  |  |  |
| Part I Tax Return Information — Tax Year Ending December 31, 20   |  | <u> </u>   | 1-1   |  |  |  |
| Enter whole dollars only on lines 1 through 5.  | 23 (Enter year y   | ou are auth  | orizing.)   |  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |  |   |  |  |  |
| 1 Adjusted gross income   |  | 1.1  | 35,000.   |  |  |  |
| Z Total tax   |  | 1  | 2,321.  |  |  |  |
| Federal income tax withheld from Form(s) W-2 and Form(s) 1099 .   |  | . 2  |   |  |  |  |
| 4 Amount you want refunded to you   | Borne A contract   | 3 4  | 3,185.  |  |  |  |
| 5 Amount you owe  |  |  | 864.  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you   | get and keep a   | conv of voi  | ir return)  |  |  |  |
| 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 if you are entering your own PIN and your return is filed using the Practitioner below.   | iccount indicated in to icial institution to debit icial institution to debit to terminate the authorized in the processing to the payment, nended) I am now authorized to the payment.  I am now authorized I | the tax preparation the entry to the entry to the entry to the state of the electron of the el | ation software to his account. This revoke (cancel) at no later than a ronic payment of cowledge that the if applicable, my as my as my as my tree, but I zeros |  |  |  |
| Your signature ► N' Llolus / (/)  | Date ▶ 9/0   | 2/202  | 4   |  |  |  |
| Spouse's PIN: check one box only  |  |  |   |  |  |  |
|   | ganarata m. DIN  |  | The second second   |  |  |  |
| ERO firm name   | generate my PIN  | Enter five dist  | as my   |  |  |  |
| signature on the income tax return (original or amended) I am now authorizing.  |  | Enter five digi<br>don't enter all   | ts, but<br>I zeros  |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.  | ed) I am now author PIN method. The  | orizing. Chec<br>ERO must co   | k this box <b>only</b><br>omplete Part III  |  |  |  |
|   |  |  |   |  |  |  |
| Spouse's signature ▶  | Date ►   |  |   |  |  |  |
| Practitioner PIN Method Returns Only—continu  |  | 1 - 1  |   |  |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  | a bull speed feeling   | 53 ST - 1  |   |  |  |  |
| RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   | 2 2 2 4 Don'   | 9 6 0 8<br>t enter all zeros   | 2 7 1   |  |  |  |
| certify that the above numeric entry is my PIN, which is my signature for the electronic individual uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I equirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Pro- | am submitting this   | return in acco   | ordonos with the  |  |  |  |
| RO's signature ►  | Date ►   |  |   |  |  |  |

ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

REV 02/05/24 PRO

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

| 20 | 23 |
|----|----|
| GU |    |

IRS Use Only -- Do not write or staple in this space.

| or the year Jan. 1                  | -Dec.                          | 31, 2023, or other tax year   | beginning                      | )  | , 20   | 023, endi  | ng                               |                  | 20           | T    | See separate   |
|-------------------------------------|--------------------------------|---|--------------------------------|--|--|--|----------------------------------|------------------|--------------|------|--|
| Your first name an                  | e and middle initial Last name |   |                                |  | our identifying number see instructions)   |  |                                  |                  |              |      |  |
| MAHESH                              | CH Transfer                    |   |                                |  |  |  |                                  | 330-43-1420      |              |      |  |
| Home address (ni                    | umber                          | and street). If you have a P  |                                |  |  |  |                                  |                  | 330          | 43   | Apt. no.   |
| 4124 BUCKN                          |                                |   |                                |  |  |  |                                  |                  |              |      | Apt. 110.  |
| City, town, or pos                  | st offic                       | e. If you have a foreign add  | dress, also                    | complete   | e spaces below.  | amble for  |                                  | State            |              | 7IP  | code   |
| IRVING TX                           |                                |   |                                |  | 75063  |  |                                  |                  |              |      |  |
| Foreign country r                   | name                           |   | F                              | oreign province/state/county   |  |  | -                                | postal co        | -            |      |  |
|                                     |                                |   |                                | 3. p.  | -16-20   |  |                                  | roreign          | postai co    | ue   |  |
| Filing<br>Status                    | X s                            | Single Married fil  | ling separa                    | ately (MFS   | S)   | alifying sı  | urviving spouse                  | (099)            | ☐ Es         | tate | ☐ Trust  |
| Check only one box.                 |                                | u checked the QSS box, er   |                                |  |  | person is  | s a child but not                | your dep         |              | iaio |  |
| Digital Assets                      | At any                         | y time during 2023, did you:<br>wise dispose of a digital ass   | : (a) receive<br>set (or a fin | e (as a rev  | ward, award, or p  | payment for asset)? (S   | or property or see instructions. | ervices); o      | r (b) sell,  | exch | nange, or Yes No   |
| Dependents                          |                                | a to horacing age   | 190                            |  |  | 1  | 5 392 August 10.                 |                  |              | _    | ualifies for (see inst.):  |
| (see instructions):                 |                                | (1) First name L  |                                |  | (2) Dependent's  |  |                                  | Chi              | ld tax cred  | - 1  | Credit for other   |
|                                     | -                              | (1) First name  | _ast name                      |  | identifying number   | er (3)   | Relationship to y                | ou OIII          | T Tax Cled   | -    | dependents   |
| If more than four                   | -                              | State |                                |  |  |  |                                  | _                |              | -    |  |
| dependents, see<br>instructions and |                                | AND   |                                |  |  |  |                                  |                  | <del>-</del> | +    | <u> </u>   |
| check here                          |                                |   |                                | A STATE OF THE STA | establishmen Militaria   | and the same of th | ***                              | TOTAL CO.        | <u> </u>     | +    | <del></del>  |
| Income                              | 1a                             | Total amount from Form(s)   | W-2 hov                        | 1 /see inc   | tructions)   |  |                                  |                  | Ц.           | 1    | 35,000   |
| Effectively                         | b                              | Household employee wage   | es not reno                    | orted on E   | corm(a) W 2  |  |                                  |                  | 100          | +    | 35,000.  |
| Connected                           | c                              | Tip income not reported or  | n line 1a (s                   | ee instruc   | ctions)  |  | - Short                          |                  | . 1b         | +    |  |
| With U.S.                           | d                              | Medicaid waiver payments  | s not report                   | ted on Fo  | rm(s) W-2 (see in  | etructions   |                                  |                  | 1d           | +    |  |
| Trade or                            | е                              | Taxable dependent care b  | enefits from                   | m Form 2   | 441 line 26  | Structions   | ,,                               | Section 1        |              | -    |  |
| Business                            | f                              | Employer-provided adopti  | ion benefits                   | s from Fo  | rm 8839. line 29   |  |                                  |                  | . 1f         | -    |  |
|                                     | g                              | Wages from Form 8919, lin   | ne 6                           |  |  |  |                                  |                  | . 1g         | 1    |  |
| Attach<br>Form(s) W-2,              | h                              | Other earned income (see  | instruction                    | ns)  | g Ferris Parish to a   |  |                                  |                  | . 1h         |      |  |
| 1042-S,                             | i                              | Reserved for future use .   |                                |  |  | 4 7 6 6 .  | 1i                               |                  |              |      | The state of the s |
| SSA-1042-S,<br>RRB-1042-S,          | j                              | Reserved for future use .   |                                |  | 1. 1   |  |                                  |                  | . 1j         |      |  |
| and 8288-A                          | k                              | Total income exempt by a  |                                |  |  | -NR), item   | L,                               |                  |              |      |  |
| here. Also                          |                                | line 1(e)   |                                |  |  |  | 1k                               |                  |              |      |  |
| attach<br>Form(s)                   | Z                              | Add lines 1a through 1h .   |                                |  | All the second s |  |                                  |                  | . 1z         |      | 35,000.  |
| 1099-R if                           | 2a                             | Tax-exempt interest   |                                |  |  |  |                                  |                  | . 2b         | _    |  |
| tax was withheld.                   | 3a                             | Qualified dividends   |                                | _  |  |  | ry dividends .                   |                  |              | _    |  |
| If you did not                      | 4a<br>5a                       | IRA distributions   |                                |  |  |  | e amount                         |                  |              | -    |  |
| get a Form                          | 6                              | Reserved for future use   |                                |  |  |  | e amount                         |                  |              |      |  |
| W-2, see                            | 7                              | Capital gain or (loss). Atta  |                                |  |  |  |                                  |                  |              | 1000 |  |
| instructions.                       | 8                              | Additional income from S  |                                |  |  |  |                                  |                  |              | +    |  |
|                                     | 9                              | Add lines 1z, 2b, 3b, 4b,   |                                |  |  |  |                                  |                  |              | +    | 35,000.  |
|                                     | 10                             | Adjustments to income f   |                                |  |  |  |                                  |                  |              | +    | 33,000.  |
|                                     | 1                              |   |                                |  |  |  |                                  |                  |              |      |  |
|                                     | 11                             | Subtract line 10 from line  |                                |  |  |  |                                  |                  |              |      | 35,000.  |
|                                     | 12                             | Itemized deductions (fr<br>deduction (see instructio  |                                |  |  |  |                                  |                  |              |      |  |
|                                     | 13a                            |   |                                |  |  |  |                                  | Junga 410        | 12           |      | 13,850.  |
|                                     | 1                              |   |                                |  |  |  |                                  | and the State of |              |      |  |
|                                     |                                | Add lines 13a and 13b   |                                |  |  |  |                                  |                  | . 130        |      |  |
|                                     | 14                             | Add lines 12 and 13c  |                                |  |  |  |                                  |                  |              | -    | 13,850.  |
|                                     | 15                             | Subtract line 14 from line  | a 11 If zero                   | or less  | enter -O- This is w  | our taval  | de income                        |                  | 15           | 1    | 21 150   |