IRS e-file Signature Authorization

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)

Taxpayer's name	Social security number					
KUMAR P MANAVATHI	123-83-9831					
Spouse's name	Spouse's social security number					
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are authorizing.)					
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 9,195.					
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 II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

X	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
1	I dddiionzo	020202 00000 000	

3	9	8	3	1	00 001
Ent don	as my				

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 PIN: check one box only

I authorize

to enter or generate my PIN

Date

			as my
er fiv 't en			

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 🕨	Date 🕨	
Practitioner PIN Met	hod Returns Only—continue below	
Part III Certification and Authentication – Prac	titioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	

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 🕨	
Don'i	ERO Must Retain This Form — Submit This Form to the IRS Unit		
E. D. J. D. J. J. A. I. N. J.	the second se	DEV 00/05/04 DD0	Farm 9970 (Days 01 0001)

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

1040	-	Department of the Treasury-Inte U.S. Nonresident A	rnal Re ien l	venue Service ncome Tax Return	2023	OMB N	lo. 154	5-0074		Only—Do not le in this spac	ce.
For the year Jan	n. 1–C	ec. 31, 2023, or other tax year begin	ning	, 2023, e	ending		, 2	0		e separate structions.	
Your first name	and	niddle initial	Last	name				Your ic	-	ng numbe	
								(see ins	structior	is)	
KUMAR		Р	MAI	NAVATHI				123	-83-9	831	
	•	per and street). If you have a P.O. bo	x, see	instructions.						Apt. no.	
		ORD DRIVE									
	ost o	fice. If you have a foreign address, a	lso coi	nplete spaces below.		Stat			ZIP co		
KENT		_	- Court	:		OH			4424	0	
Foreign country	nam	e	Fore	ign province/state/county		FOR	eign po	ostal co	de		
Filing Status Check only one box.		Single Married filing sep you checked the QSS box, enter the	-		g surviving spous on is a child but n	•		DES	tate	Trus	st
Digital Assets	At a othe	ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a	eive (as financ	a reward, award, or payme ial interest in a digital asset)'	nt for property or ? (See instruction:	service s.) .	es); or 	(b) sell, 	exchan	ge, or Yes ⊠ I	No
Dependents						((4) Cheo	k the bo	i i	ies for (see ir	
(see instructions):		(1) First name Last name	•	(2) Dependent's identifying number	(3) Relationship to	vou	Child	tax crec	117 1	redit for oth dependents	
					(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,		\Box			
If more than four											
dependents, see instructions and											
check here											
Income	1a	Total amount from Form(s) W-2, bo	x 1 (se	e instructions)				1a		9,19	5.
Effectively	b	Household employee wages not re	oorted	on Form(s) W-2				1b			
Connected	С	Tip income not reported on line 1a						10	-		
With U.S.	d	Medicaid waiver payments not repo			,		• •	1d	-		
Trade or	e	Taxable dependent care benefits fr						1e	-		
Business	f	Employer-provided adoption benef					• •	1f			
Attach	g h	Wages from Form 8919, line 6 . Other earned income (see instruction						1g 1h			
Form(s) W-2, 1042-S.	i	Reserved for future use	,								
SSA-1042-S,	i	Reserved for future use						1j			
RRB-1042-S, and 8288-A here. Also	, k	Total income exempt by a treaty fro	m Sch	edule OI (Form 1040-NR), ite	1 1						
attach	z	Add lines 1a through 1h						1z		9,19	5.
Form(s) 1099-R if	2a	-	a	b Taxa	able interest			2b		· · ·	
tax was	3a	Qualified dividends 3	a	b Ordi	nary dividends .			3b			
withheld.	4a	IRA distributions 4	a		able amount			4b			
If you did not	5a	Pensions and annuities 5	a	b Taxa	able amount			5b			_
get a Form W-2, see	6	Reserved for future use						6			
instructions.	7	Capital gain or (loss). Attach Sched		, ,	•						
	8	Additional income from Schedule 1	•							0 10	F
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and								9,19	5.
	10					• •		10	-	0.10	
	11	Subtract line 10 from line 9. This is	-							9,19	5.
	12	Itemized deductions (from Sched deduction (see instructions) .	• •		Std Dedn US					13,85	0.
	13a	Qualified business income deductio									
	b	Exemptions for estates and trusts of	• •	,	· · · · ·						
	С 1/	Add lines 13a and 13b Add lines 12 and 13c						13		12 05	0
	14 15	Subtract line 14 from line 11. If zero								13,85	0.
	<u></u>	Subtract line 14 from line 11. Il zero									

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

Form **1040-NR** (2023)

orm 1040-NR (2023)							Page 2
ax and	16	Tax (see instructions). Check if any	r from Form(s): 1	8814 2 4 97	72 3		16	0.
redits	17	Amount from Schedule 2 (Form 1	040), line 3				17	0.
	18	Add lines 16 and 17					18	0.
	19	Child tax credit or credit for other	dependents from S	chedule 8812 (Form 10	040)		19	
	20	Amount from Schedule 3 (Form 1)	040), line 8...				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If ze	ro or less, enter -0-				22	0.
	23a	Tax on income not effectively con Schedule NEC (Form 1040-NR), lin			23a			
	b	Other taxes, including self-employ line 21	•	()·	23b			
	с	Transportation tax (see instruction	ns)		23c			
	d	Add lines 23a through 23c					23d	
	24	Add lines 22 and 23d. This is your	r total tax				24	0.
ayments	25	Federal income tax withheld from	:					
-	а	Form(s) W-2			25a	435.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions) .			25c			
	d	Add lines 25a through 25c					25d	435.
	е	Form(s) 8805					25e	
	f	Form(s) 8288-A					25f	
	g	Form(s) 1042-S					25g	
	26	2023 estimated tax payments and	amount applied fro	om 2022 return			26	
	27	Reserved for future use			27			
	28	Additional child tax credit from So			28			
	29	Credit for amount paid with Form	1040-C	,	29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3 (Form 1)			31			
	32	Add lines 28, 29, and 31. These a	re your total other	payments and refund	able credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, a	and 32. These are y	our total payments			33	435.
efund	34	If line 33 is more than line 24, sub					34	435.
	35a	Amount of line 34 you want refun					35a	435.
ect deposit?	b	Routing number 0 4 4 0	0 0 0 3 7	с Туре: 🛛	Checking	Savings		
instructions.	d	Account number 9 2 2 1	3 7 6 6 3			-		
	е	If you want your refund check ma	iled to an address	outside the United Stat				
	36	Amount of line 34 you want applie	ed to vour 2024 es	timated tax	36			
nount	37	Subtract line 33 from line 24. This						
ou Owe		For details on how to pay, go to w	-				37	
	38	Estimated tax penalty (see instruct			38			
nird	Do yo	u want to allow another person to	,			es. Comp	olete bel	ow. 🛛 No
arty esignee	Desig name		F	Phone Io.	Perso	nal identi er (PIN)		
		penalties of perjury, I declare that I have	e examined this return					
	belief,	they are true, correct, and complete. De	eclaration of preparer (other than taxpayer) is bas	sed on all informatio			, ,
gn ere	Your	signature	Date	Your occupation	ו	Pro	tection	ent you an Identity PIN, enter it here
				STUDENT		(see	e inst.)	
	Phone		Email add		1 -			
aid	Prepa	rer's name	Preparer's signatur	e	Date	PTIN		Check if:
reparer	VENKA	TA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI PAV	AN KUMAR DUDIPALLI		P0247	0833	Self-employed
	Firm's name GLOBAL TAXES LLC Phone no					no. (6	78)965-9522	
se Only								8-2145487

SCHEDULE NEC (Form 1040-NR)

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

Attach to Form 1040-NR.

OMB No. 1545-0074 2023

Sequence No. 7B

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Department of the Treasury Internal Revenue Service

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

Your identifying number

Attachment

123-83-9831

Name shown on Form 1040-NR

KUM	AR P MANAVATHI					123-83-98	331
nter a	mount of income under the appropriate rate of tax. See instructions.						
	Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)
	Dividends paid by foreign corporations		(a) 1070	(6) 1070	(0) 00 /0	%	
1	•						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b)				
С	Dividend equivalent payments received with respect to section 871(m) trans	sactions 1c	:				
2	Interest:						
а	Mortgage	2 a					
b	Paid by foreign corporations	2b					
С	Other	2 c	:				
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	100					
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11					
12	Other (specify):						
		10					
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. A	dd columns (a	a) through (d) of line	14. Enter the total her	e and on Form 1040	D-NR, line 23a 15	
	Capital Gains and L	osses Fron	n Sales or Exch	nanges of Proper	ty		
sses f) 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)	

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(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).	
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),	17 Add columns (f) and (g) of line 16								
Form 4797, or both.	18 (Capital gain. Combine columns (f) and	(g) of line 17. Ente	r the net gain here	e and on line 9 abo	ove. If a loss, enter	r-0 18		

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074

	ent of the Treasury G Revenue Service	o to www.irs.gov/Form1040NF Ansv	ver all questions.	the latest information.		Attachment Sequence No	5. 7C
Name sł	hown on Form 1040-NR				Your identifyi		
KUMA	AR P MANAVATHI				123-83-	9831	
Α	Of what country or countrie	s were you a citizen or nationa	I during the tax year?	INDIA			
в	In what country did you cla	im residence for tax purposes	during the tax year?	United States			
С	Have you ever applied to be	e a green card holder (lawful p	ermanent resident) of	the United States? .		2 Yes	🛛 No
D	Were you ever:						
1.	A U.S. citizen?					Yes	🗙 No
2.	A green card holder (lawful	permanent resident) of the Un	ited States?			🗌 Yes	🗙 No
	If you answer "Yes" to (1) or	r (2), see Pub. 519, chapter 4,	for expatriation rules t	hat apply to you.			
Е		st day of the tax year, enter y	our visa type. If you o	didn't have a visa, ent	er your U.S		
		st day of the tax yearF1					
F	Have you ever changed you	ır visa type (nonimmigrant stat	us) or U.S. immigratio	n status?		Yes	🗙 No
	If you answered "Yes," indic	cate the date and nature of the	e change:				
G	-	nd left the United States during					
		f Canada or Mexico AND con			_		
	check the box for Canada	or Mexico and skip to item H)	
	Date entered United States		es Dat	te entered United States	s Date de	parted United	d States
	mm/dd/yy	mm/dd/yy		mm/dd/yy		mm/dd/yy	
н		ng vacation, nonworkdays, and					
	Did you file a LLS income to	, 2022, ax return for any prior year? .	, and 202	3 305	··	Yes	🗙 No
I							
J	Are you filing a return for a t	and form number you filed: trust?...........	104			Yes	🔀 No
U		a U.S. or foreign owner under					
		ontribution from a U.S. person					🗌 No
к	•	ensation of \$250,000 or more of					
i.		rnative method to determine t					
L		-If you are claiming exemption					
_	•	ow. See Pub. 901 for more info			,,,,		,
1.	Enter the name of the count	ry, the applicable tax treaty arti	cle. the number of mo	nths in prior vears vou	claimed the	treatv benefit	t. and the
		the columns below. Attach Fo				,	,
	(a) C	Country	(b) Tax treaty article	(c) Number of month	s (d) A	mount of exe	empt
		-		claimed in prior tax yea	ars incom	e in current ta	ix year
		t on Form 1040-NR, line 1k. D	-				
		a foreign country on any of the					🗌 No
3.		efits pursuant to a Competent	-			Yes	🗙 No
		e Competent Authority determ	nination letter to your r	eturn.			
М	Check the applicable box if						
1.	This is the first year you are	making an election to treat in	come from real proper	ty located in the Unite	d States as	effectively co	onnected
	with a U.S. trade or busines	s under section 871(d). See in	structions				· 🗆

BAA

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

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