| 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.

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number |
|--|---------------------------------|
| SHRUSHTI SANJAY KENEKAR | 810-80-9366 |
| Spouse's name | Spouse's social security number |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (En | ter 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 8,807. |
| 2 Total tax | 2 0. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 176. |
| 4 Amount you want refunded to you | 4 176. |
| 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 | I authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |
|---|-------------|--------|-------|---------------|-----------------------------|---|
| | | | | ERO firm name | | 5 |

| 0 | 9 | 3 | 6 | 6 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent dor | er fiv n't er | /e di iter a | gits, all ze | but ros | as my |

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 > | Da | ate 🕨 | • | | | | | | |
|--|-----------|-------|----|--|-----------------|---|-------|---|--|
| Practitioner PIN Method Returns Only— | -continue | bel | ow | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Metho | od Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected | ed PIN. | 2 | 2 | | 6 0 er all 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 Don't Submit This Form to the I | | | | | | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 07/14/23 PRO | Form 8879 (Rev. 01-2021) | | | | | |

| E1040 |)-[| IR Department of the Treasury-Inter U.S. Nonresident AI | rnal Rever ien In | nue Service come Tax Ret | urn | 2022 | OMB No. | 1545-0074 | | Jse Only—Do not write staple in this space. |
|--|-------------|---|----------------------|---------------------------------------|-------|---|--------------------------|--------------|---------|--|
| | | Dec. 31, 2022, or other tax year beginr | | | | • • • | | | | See separate instructions. |
| Filing Status Check only one box. | | Single Married filing sep you checked the QSS box, enter the ch | • • | | , , | surviving spouse s a child but not y | ` ' | Eendent: | state | |
| Your first name | and | middle initial | Last na | ame | | | | | | ifying number |
| SHRUSHTI | 9 D N | Ι.ΤΔΥ | KENE | KAR | | | | (see in | | -9366 |
| | | ber and street). If you have a P.O. box | | | | | | 010 | 00 | Apt. no. |
| 1850 COTI | | | | | | | | | | 3311 |
| City, town, or p | ost o | ffice. If you have a foreign address, al | so comp | lete spaces below. | | | State | | | code |
| ATLANTA | | - | | | | | GA | | | 338 |
| Foreign country | / nam | e | Foreigi | n province/state/cour | nty | | Foreigi | n postal co | bde | |
| Digital Assets | | ny time during 2022, did you: (a) rece erwise dispose of a digital asset (or a | | | | | | | | |
| Dependents | ; | | | | | | (4) | Check the be | ox if q | ualifies for (see inst.): |
| (see instructions) | : | (1) First name Last name | | (2) Dependent's identifying number | | (3) Relationship to | C C | hild tax cre | dit | Credit for other dependents |
| | | | | | | (-) | | | | |
| If more than four dependents, see | | | | | | | | | | |
| instructions and | | | | | | | | | | |
| check here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | • | , | | | | | _ | 8,807. |
| Effectively | b | Household employee wages not rep | | | | | | | | |
| Connected With U.S. | c d | Tip income not reported on line 1a (Medicaid waiver payments not repo | | | | | | | _ | |
| Trade or | e | Taxable dependent care benefits fro | | | | | | | _ | |
| Business | f | Employer-provided adoption benefi | | | | | | | : | |
| | g | Wages from Form 8919, line 6 | | | | | | . 10 | 1 | |
| Attach Form(s) W-2, | h | Other earned income (see instruction | ns) . | | | | | . 11 | 1 | |
| 1042-S, | i | Reserved for future use | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | 1 | Reserved for future use | | | | | | . 1 | _ | |
| and 8288-A | k | Total income exempt by a treaty fro line 1(e) | | | , | | | | | |
| here. Also attach | z | Add lines 1a through 1h | | | | | | . 12 | | 8,807. |
| Form(s) | 2a | Tax-exempt interest 2 | 1 | 1 | | ble interest | | | | |
| 1099-R if tax was | 3a | Qualified dividends 3 | a | b | Ordin | ary dividends . | | . 3ł |) | |
| withheld. | 4a | IRA distributions 4 | a | b | Taxal | ble amount | | . 41 |) | |
| If you did not | 5a | Pensions and annuities 5 | | | | ble amount | | | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | | | |
| instructions. | 7 8 | Capital gain or (loss). Attach Schedu Other income from Schedule 1 (For | | | | | | | _ | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | ,, | | | | | | | 8,807. |
| | 10 | Adjustments to income: | 0. 1110 10 | | ., | | | | | 0,007: |
| | а | From Schedule 1 (Form 1040), line 2 | 26 | | | . 10a | | | | |
| | b | Reserved for future use | | | | . 10b | | | | |
| | с | Reserved for future use | | | | | | | | |
| | d | Enter the amount from line 10a. The | | | | | | | | |
| | 11 | Subtract line 10d from line 9. This is | | | | | | | | 8,807. |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) | • | | | a: 1 a 1 | dia, stan n_US/India_ | | 2 | 12,950. |
| | 13a | Qualified business income deduction | | | | 1 1 | | | | |
| | b | Exemptions for estates and trusts o | nly (see i | instructions) | | . 13b | | | | |
| | с | Add lines 13a and 13b | | | | | | . 13 | c | |
| | 14 | | | | | | | | | 12,950. |
| | 15 Deixe | Subtract line 14 from line 11. If zero | | | | | | | | 0. |
| FUT DISCIOSURE, | -riva | cy Act, and Paperwork Reduction Ac | INOTICE, | see separate instruc | uons. | BAA | REV 07/14/ | 23 PRO | ⊢orn | n 1040-NR (2022) |

Form **1040-NR** (2022)

| Form 1040-NR (| 2022) | | | | | | | Page 2 |
|-------------------|--------|---|------------------------------|---------------------|------------------------|--------------|------------|----------------|
| Tax and | 16 | Tax (see instructions). Check if any from | Form(s): 1 🗌 8 | 814 2 🗌 497 | 2 3 🗌 | | 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 | ndents from Sched | lule 8812 (Form 10 | 40) | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), | line 8 | | | | 20 | |
| | 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 connecte Schedule NEC (Form 1040-NR), line 15 | | | 23a | | | |
| | b | Other taxes, including self-employment 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: | | | | | | |
| | а | Form(s) W-2 | | | 25a | 176. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | с | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 176. |
| | е | Form(s) 8805 | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | 25g | |
| | 26 | 2022 estimated tax payments and amo | unt applied from 20 | 021 return | | | 26 | |
| | 27 | Reserved for future use | | | 27 | | | |
| | 28 | Additional child tax credit from Schedu | le 8812 (Form 1040 |)) | 28 | | | |
| | 29 | Credit for amount paid with Form 1040 | -C | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 1040), | | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are you | ur total other payn | nents and refunda | ble credits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 3 | 2. These are your t e | otal payments . | | | 33 | 176. |
| Refund | 34 | If line 33 is more than line 24, subtract | ine 24 from line 33 | . This is the amour | nt you overpaid | | 34 | 176. |
| | 35a | Amount of line 34 you want refunded t | o you. If Form 888 | 8 is attached, cheo | khere | . 🗆 | 35a | 176. |
| Direct deposit? | b | Routing number 1 1 1 0 0 | 0 6 1 4 | c Type: 🛛 🗙 | Checking | Savings | | |
| See instructions. | d | Account number 8 3 8 5 7 | 2 6 1 4 | | | | | |
| | е | If you want your refund check mailed to enter it here. | | | | | | |
| | 36 | Amount of line 34 you want applied to | your 2023 estimat | ted tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the | - | | | | | |
| You Owe | | For details on how to pay, go to www.in | rs.gov/Payments or | see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | | 38 | | | |
| Third | Do yo | ou want to allow another person to discus | ss this return with t | he IRS? See instru | ctions. 🗌 Ye | es. Comple | ete below. | X No |
| Party | Desig | nee's | Phone |) | Persor | nal identifi | cation | |
| Designee | name | | no. | | numbe | er (PIN) | | |
| | | penalties of perjury, I declare that I have exam they are true, correct, and complete. Declarati | | 1 2 0 | | , | , | 0 |
| Sign | Your | signature | Date | Your occupation | | | | ou an Identity |
| Here | | | | | | | | enter it here |
| | | | | STUDENT | | (see | inst.) | |
| | Phone | | Email address | | Data | | | |
| Paid | | | rer's signature | | Date | PTIN | | eck if: |
| Preparer | | | PRIYA RAM SAGA | R GUPTA TALLAM | 03/29/2024 | P02082 | | Self-employed |
| Use Only | | sname GLOBAL TAXES LLC | | | | Phone no | 1 | 965-9522 |
| | | address 245 ROONEY CT E | | J 08816 | | Firm's El | | 3171965 |
| Go to www.irs. | gov/Fo | rm1040NR for instructions and the latest inf | ormation. | | REV 07/14/23 PR | С | Form | 1040-NR (2022) |

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to *www.irs.gov/Form1040NR* for instructions and the latest information. Attach to Form 1040-NR.



Name shown on Form 1040-NR

Your identifying number

810-80-9366

| SHRUSHTI | SANJAY | KENEKAR |
|------------|----------|---------|
| DINCODILLE | 01110111 | |

| Enter a | amount of income und | er the appropriate rate of tax. See instructions. | | | | | | | |
|--------------------|--|---|---------------------------|---------|------------------------------------|---------------------|----------------------------|--|--|
| | | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | (specify) |
| | | Nature of Income | | | (a) 1070 | (6) 1370 | (0) 30 /0 | % | % |
| 1 | Dividends and divide | end equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayments received with respect to section 871(m) tra | ansactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | Paid by foreign corpo | orations | | 2b | | | | | |
| С | Other | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income | e and natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies | | 7 | | | | | |
| 8 | - | fits | | 8 | | | | | |
| 9 | Capital gain from line | e 18 below | | 9 | | | | | |
| 10 | If zero or less, ente | | | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Gambling winnings – | -Residents of countries other than Canada. | | 11 | | | | | |
| 12 | | | | | | | | | |
| 12 | | | | 12 | | | | | |
| 13 | Add lines 1a through | 1 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | - | ate of tax at top of each column | | 14 | | | | | |
| 15 | | ffectively connected with a U.S. trade or business | | | through (d) of line 14 | Enter the total her | e and on Form 1040- | NR. line 23a 15 | |
| | | Capital Gains and | | () | • () | | | 10 | |
| losses f exchan | nly the capital gains and from property sales or ges that are from sources he United States and not | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yy | uired | (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. | | | | | | | | |
| or loss | ss. Do not include a gain 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 | g) of line 17 | '. Ente | er the net gain her | e and on line 9 ab | ove. If a loss, enter | r-0 18 | |

| SCHE | DULE | ΟΙ |
|-------|--------|-----|
| (Form | 1040-N | IR) |

| SCHEDULE OI (Form 1040-NR) Department of the Treasury Internal Revenue Service | | Other Information Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR. Answer all guestions. | | | | | | | OMB No. 1545-0074 | | |
|---|---|--|----------------------|---------------|-------------------------|-------|--|---|---|--------------|--|
| Name shown on Form 1040-NR | | | | | | - | | Your identify | | 0.10 | |
| SHRUSHTI SANJAY KENEKAR | | | | | | | | 810-80-9366 | | | |
| Α | Of what country | / or countries v | vere you a citizen c | or national d | luring the tax | /ear? | INDIA | | | | |
| В | In what country | | | | | | | | | | |
| С | Have you ever a | ave you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | 🛛 No | |
| D | Were you ever: | | | | | | | | _ | | |
| | A U.S. citizen? | | | | | | | | | X No | |
| 2. | A green card holder (lawful permanent resident) of the United States? | | | | | | | | | 🛛 No | |
| 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. <u>F1</u> | | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | . 🗌 Yes | 🛛 No | |
| G | List all dates you entered and left the United States during 2022. 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 and skip to item H | | | | | | | | | | |
| | Date entered United States mm/dd/yy Date departed United States mm/dd/yy Date entered United States mm/dd/yy | | | | | | es Date d | Date departed United States mm/dd/yy | | | |
| | | | | | | | | | | | |
| | | | | | _ | | | | | | |
| | | | | | _ | | | | | | |
| | Oise much an of | alas sa (isa a la salisa a | | | | | | | | | |
| Н | | | | | | | present in the United | | g: | | |
| I | Did you file a U | .S. income tax | return for any prior | vear? | | | | | . 🗌 Yes | 🛛 No | |
| J | Are you filing a | return for a true | st? | | | | | | . 🗌 Yes | 🗙 No | |
| | | | | | | | s, make a distribution | | | No | |
| К | • | | | | | | | | | 🔀 No 🗌 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. | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | | | | | |
| | (a) Country | | | () | o) Tax treaty ar | ticle | (c) Number of montl claimed in prior tax ye | | d) Amount of exempt ome in current tax year | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 | | | | | | | | |
|----|--|----------------------------|--------|--|--|--|--|-----|------|
| 2. | Vere you subject to tax in a foreign country on any of the income shown in 1(d) above? | | | | | | | Yes | 🗌 No |
| З. | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | Yes | 🗙 No |
| | If "Yes," attach a copy of the Competent Authority determ | nination letter to your re | eturn. | | | | | | |

Μ Check the applicable box if:

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

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

REV 07/14/23 PRO Schedule OI (Form 1040-NR) 2022