## 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

Submission Identification Nu	umber (SID)			•				
Taxpayer's name	Social securit	Social security number						
SHRUTHI VODELA			084-21	084-21-9457				
Spouse's name			Spouse's social security number					
Part I Tax Return In	formation — Tax Year Ending Dece	mber 31, 2023 (Ente	⊥ er year you a	re autl	horizing.	)		
Enter whole dollars only on I	<u> </u>	,				,		
Note: Form 1040-SS filers u	se line 4 only. Leave lines 1, 2, 3, and 5 bla	ank.						
<ol> <li>Adjusted gross incon</li> </ol>	ne			1	33	,000.		
				2	2	,081.		
	rithheld from Form(s) W-2 and Form(s) 1099			3	4	,035.		
4 Amount you want ref	•			4	1	,954.		
5 Amount you owe .	Levetice and Cianature Authorization			5		ww.\		
	claration and Signature Authorization clare that I have examined a copy of the income	· · · · · · · · · · · · · · · · · · ·						
to send my return to the IRS an for any delay in processing the Agent to initiate an ACH electro payment of my federal taxes ow authorization is to remain in flu payment, I must contact the Lusiness days prior to the payn taxes to receive confidential in	m now authorizing. I consent to allow my intermed to receive from the IRS (a) an acknowledgen return or refund, and (c) the date of any refund nic funds withdrawal (direct debit) entry to the yed on this return and/or a payment of estimate II force and effect until I notify the U.S. Treasu J.S. Treasury Financial Agent at 1-888-353-49 nent (settlement) date. I also authorize the final formation necessary to answer inquiries and (PIN) below is my signature for the income tax	nent of receipt or reason for ref. If applicable, I authorize the Ufinancial institution account inced tax, and the financial institution prinancial agent to terminate Tay. Payment cancellation reconcial institutions involved in the resolve issues related to the	jection of the tr J.S. Treasury a dicated in the to ion to debit the te the authoriza quests must be processing of payment. I furl	ansmiss and its deax preparently to ation. To receive the ele ther ack	sion, (b) the esignated aration sofo this according revoke (ed no late actronic parameters)	ne reason Financial Tiware for bunt. This cancel) a er than 2 yment of that the		
Taxpayer's PIN: check one								
X I authorize GLOB		to enter or generate	my DINI 1	9 4	5 7	ac my		
	ERO firm name come tax return (original or amended) I am		ř En		ligits, but all zeros	as my		
☐ I will enter my PIN a	as my signature on the income tax return your own PIN <b>and</b> your return is filed usir	(original or amended) I am ı						
Your signature ▶		Date ▶						
Spouse's PIN: check one b	nox only							
authorize	,	to enter or generate	my PIN			as my		
	ERO firm name		_	ter five d	ligits, but	a.cy		
_	come tax return (original or amended) I am	_			all zeros			
	as my signature on the income tax return your own PIN <b>and</b> your return is filed usir							
Spouse's signature ▶		Date ►						
	Practitioner PIN Method Retui		/					
Part III Certification a	and Authentication — Practitioner P	PIN Method Only						
ERO's EFIN/PIN. Enter your	r six-digit EFIN followed by your five-digit	self-selected PIN. 2 2	2 4 9	6 0	8 2 7	1		
			Don't ent	er all zer	os			
authorized to file for tax year in	entry is my PIN, which is my signature for the ndicated above for the taxpayer(s) indicated at PIN method and <b>Pub. 1345</b> , Handbook for Aut	bove. I confirm that I am subr	nitting this retu	ırn in ad	ccordance			
ERO's signature ►		Date ►						
-	ERO Must Retain This For							
	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 beginning, 2023, ending					,	20		See separate instructions.	
Your first name	and r	niddle initial	Last na	ime				lentify	ing number
							`		,
							084-	-21-	
		• •	, see ins	tructions.					
						<u> </u>			
SHRUTHI									
									56
Foreign country	name	9	Foreigr	n province/state/county		Foreign	oostal co	ae	
<b>F</b> :::	rest aft. 1-Qet. 31, 2025, of fuller lax year beginning 2025, of year lax years and full year beginning 2025, of years year lax years and year beginning 2025, of years year								
	X	Single Married filing sepa	arately (N	∕/IFS) ☐ Qualifyir	ng surviving spouse (	QSS)	☐ Es	tate	☐ Trust
	lf y	ou checked the QSS box, enter the o	child's na	ame if the qualifying pers	on is a child but not	your depe	endent:		
,	,								
Digital Assets	At a	ny time during 2023, did you; (a) rece	ve (as a	reward, award, or payme	ent for property or se	rvices): o	r (b) sell.	excha	ange. or
Dependents						(4) Ch	eck the bo	x if qua	lifies for (see inst.):
		(4) First rame			(0) Deletienskie te	Chil	d tax cred	it	
	-	(1) First name Last name		identifying number	(3) Relationship to yo	ou		-	dependents
If more than four							-		
							$\overline{\Box}$		
	12	Total amount from Form(s) W-2, box	/ 1 (see i	netructions)			12	$\top$	33 000
	_								33,000.
	_	·						_	
		•		•				_	
Dusiness				•					
	-	•							
	i								
SSA-1042-S,	j	Reserved for future use					. 1j		
and 8288-A	k								
	z	Add lines 1a through 1h					. 1z		33,000.
	2a	Tax-exempt interest 2a	a	<b>b</b> Tax	able interest		. 2b		
	За	Qualified dividends 3a	a	<b>b</b> Ord	inary dividends .		. 3b		
withheld.	4a	IRA distributions 4a	3	<b>b</b> Tax	able amount		. 4b		
	5a	Pensions and annuities 5a	1	<b>b</b> Tax	able amount		. 5b		
	6	Reserved for future use					. 6		
	7	Capital gain or (loss). Attach Schedu	ıle D (Fo	rm 1040) if required. If no	ot required, check he	re [	Estate		
	8		•	•					
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	your total effectively c	onnected income		. 9		33,000.
	10	. *	,	,.			I		
	11	Subtract line 10 from line 9. This is y	our <b>adj</b> u	sted gross income			. 11		33,000.
	12								13,850.
	13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a								
	С	Add lines 13a and 13b					. 130	;	
•	14	Add lines 12 and 13c					. 14		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your <b>ta</b> x	cable income .		. 15		19,150.

Form 1040-NR (	2023)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	y from Foi	rm(s): <b>1</b>	814 <b>2</b>	4972	3 🗌		16	2,081.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	2,081.
	19	Child tax credit or credit for other	r depende	ents from Sched	dule 8812 (Forn	n 1040)			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 z	ero or less	s, enter -0					22	2,081.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),					3a			
	b	Other taxes, including self-empl line 21	•		,	· 1	3b			
	С	Transportation tax (see instruction	ons)			. 2	3с			
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is you	ur <b>total ta</b>	x					24	2,081.
<b>Payments</b>	25	Federal income tax withheld from	n:							
-	а	Form(s) W-2				. 2	5a	4,035.		
	b	Form(s) 1099				. 2	5b			
	С	Other forms (see instructions) .				. 2	5c			
	d	Add lines 25a through 25c							25d	4,035.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar	nd amount	applied from 2	022 return .				26	
	27	Reserved for future use				. 2	27			
	28	Additional child tax credit from S	Schedule 8	3812 (Form 104)	0)	. 2	28			
	29	Credit for amount paid with Forn	n 1040-C			. 2	29			
	30	Reserved for future use				3	30			
	31	Amount from Schedule 3 (Form	,.				31			
	32	Add lines 28, 29, and 31. These	are your <b>t</b> o	otal other payr	nents and refu	undable	e credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26	and 32. T	These are your <b>t</b>	otal payments	s			33	4,035.
Refund	34	If line 33 is more than line 24, su					=		34	1,954.
	35a	Amount of line 34 you want refu	35a	1,954.						
Direct deposit?	b	Routing number 0 7 1 0 0 0 0 1 3 c Type:  Checking Savings								
See instructions.	d	Account number 9 6 0 3 5 0 5 2 5								
	е	enter it here.								
-	36	Amount of line 34 you want app				. 3	36			
Amount	37	Subtract line 33 from line 24. Th		-						
You Owe		For details on how to pay, go to	www.irs.g	gov/Payments o	r see instructio	ns			37	
	38	Estimated tax penalty (see instru					38			(F-1)
Third	Do yo	u want to allow another person to	discuss t	his return with t	he IRS? See in	nstructio	ons. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es. Comp	lete bel	ow. 🗵 No
Party		signee's Phone Personal identi							ication	
Designee	name nonumber (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									
		penalties of perjury, I declare that I har they are true, correct, and complete. I								
Sign	·		,00141411011		1 , ,					ent you an Identity
Here	Your signature			Date	Your occupa	ation				PIN, enter it here
Here								inst.)	,	
	Phone	e no.		Email address	·					
Daid		rer's name	Preparer	's signature		D	ate	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM 1	PRIYA RAM	SAGAR GUP	TA 0	4/16/2024	P0208	2703	Self-employed
Preparer	Firm's name CIODAI TAVEC IIC							Phone n		78)965-9522
Use Only		address 245 ROONEY (		RUNSWICK N	J 08816			Firm's E		4-3171965
0-1	/F-									1040 ND (0000)

BAA

#### **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

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

Name shown on Form 1040-NR Your identifying number SHRUTHI VODELA 084-21-9457 Enter amount of income under the appropriate rate of tax. See instructions

Nature of Income				(a) 10%	/b) 150/	(c) 30%	(d) Other (specify)		
		Nature of income			(a) 10%	<b>(b)</b> 15%	(C) 30%	%	%
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) tran	sactions	1c					
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corpo	orations		2b					
С				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 annuiti	es		7					
8	Social security benef	fits		8					
9		e 18 below		9					
10	<del></del>								
а	Winnings								
b		<u> </u>		10c					
11	Note: Enter winnings	s of countries other than Canada. only. Losses aren't allowed		11					
12	Other (specify):								
				12					
13	•	12 in columns (a) through (d)		13					
14		ate of tax at top of each column		14					
15	Tax on income not e	ffectively connected with a U.S. trade or business.						-NR, line 23a <b>15</b>	
		Capital Gains and L	osses F	rom	Sales or Excha	nges of Proper	ty	1	
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	b) Date acqu mm/dd/yy		(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).
effective	ely connected with a U.S. s. Do not include a gain								
or loss	on disposing of a U.S. real								
	y interest; report these nd losses on Schedule D 040).								
	property sales or								
connec	ges that are effectively ted with a U.S. business	17 Add columns (f) and (g) of line 16					17	(	
on Schedule D (Form 1040), Form 4797, or both.		18 Capital gain. Combine columns (f) and (g)	of line 17	'. Ente	er the net gain here	e and on line 9 abo			

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

#### **Other Information**

Attach to Form 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

Department of the Treasury Internal Revenue Service

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

Name	shown on Form 1040-NR	Your identifying number								
SHF	RUTHI VODELA				084-21-9457					
Α	Of what country or countries we	vear? 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 permanent resident) of the United States?									
D	Were you ever:				r					
2	. 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. F1									
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?									
G	List all dates you entered and le	ft the United States during	g 2023. See instri	uctions.						
	Note: If you're a resident of Ca				_					
	check the box for Canada or N	· · · · · · · · · · · · · · · · · · ·				☐ Mexico				
		Date departed United State	es	Date entered United State		ed United States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	- 1111	n/dd/yy				
Н	Give number of days (including va	acation, nonworkdays, and	I partial days) you	were present in the United	States during:					
	2021	, 2022	, an	id 2023365	·					
I	Did you file a U.S. income tax re					⊠ Yes □ No				
	If "Yes," give the latest year and									
J	Are you filing a return for a trust If "Yes," did the trust have a U.					☐ Yes				
	U.S. person, or receive a contrib				-	<b>Yes</b> □ No				
K	Did you receive total compensa					_ Yes ⊠ No				
	If "Yes," did you use an alternat		-			Yes No				
L	Income Exempt From Tax—If y complete (1) through (3) below.				tax treaty with a	a foreign country,				
1	<ol> <li>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.</li> </ol>									
	(a) Count		(b) Tax treaty and		ns (d) Amor	unt of exempt				
				claimed in prior tax ye						
	(e) Total. Enter this amount on	Form 1040-NR, line 1k. D	o not enter it any	where else on line 1						
		Were you subject to tax in a foreign country on any of the income shown in 1(d) above?								
3		Are you claiming treaty benefits pursuant to a Competent Authority determination?								
	If "Yes," attach a copy of the Co	empetent Authority detern	nination letter to y	our return.						
M	Check the applicable box if:	ving an election to treat in	como from roal =	roporty located in the Limit	nd Staton on off-	ctivoly consected				
	<ul> <li>This is the first year you are make with a U.S. trade or business un</li> </ul>	ider section 871(d). See in	structions							
2	<ul> <li>You have made an election in States as effectively connected</li> </ul>									