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 Number (SID) | | | | | |
|---|---|--|--|--|--|
| Taxpayer's name | Social security | Social security number | | | |
| LOKESH YANAMANDALA | 471-97- | 471-97-5344 | | | |
| Spouse's name | Spouse's soci | al securi | ty number | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (En | nter year you ar | e auth | orizing.) | | |
| Enter whole dollars only on lines 1 through 5. | , , , , , , , , , , , , , , , , , , , | | 3 7 | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 Adjusted gross income | | 1 | 18, | 750. | |
| 2 Total tax | | 2 | | 493. | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 1, | 016. | |
| 4 Amount you want refunded to you | | 4 | | 523. | |
| 5 Amount you owe | | 5 , of yo | ur retur | n) | |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen | | | | | |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment 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 termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. | ne Ú.S. Treasury ar t indicated in the ta itution to debit the inate the authoriza requests must be the processing of he payment. I furtl | nd its de x prepa entry to tion. To receive the electer ner acki | signated Fration soft this accourevoke (ced no later thronic paynowledge | inancial ware for unt. This ancel) a than 2 ment of that the | |
| | | | | | |
| Taxpayer's PIN: check one box only X lauthorize GLOBAL TAXES LLC to enter or general | ata my DINI | 5 3 | 4 4 | 00 mv | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | [*] Ent | er five di 't enter a | gits, but all zeros | as my | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | | |
| Your signature ► Date I | - | | | | |
| Spouse's PIN: check one box only | | | | | |
| ☐ I authorize to enter or general | ate my PIN | | | as my | |
| ERO firm name | | er five di | gits, but | asiny | |
| signature on the income tax return (original or amended) I am now authorizing. | don | i't enter a | all zeros | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below. | | | | | |
| Spouse's signature ▶ Date ▶ | • | | | | |
| Practitioner PIN Method Returns Only—continue bel | low | | | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 | | | 8 2 7 | 1 | |
| | Don't ente | ıı alı zero | 15 | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incoma uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers | ubmitting this retu | rn in ac | cordance | | |
| ERO's signature ▶ Date ▶ | • | | | | |
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested T | | | | | |

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 Jar | n. 1–D | ec. 31, 2023, or other tax year beginn | ning | , 2023, | ending | , 2 | .0 | See separate instructions. |
|---|--|--|--|--|---------------------------|-------------------------|---------------|-----------------------------|
| Your first name and middle initial | | | | | | Your identifying number | | |
| | | | | | | | | ctions) |
| LOKESH | LOKESH YANAMANDA | | | | | 471-97-5344 | | |
| Home address | (numl | per and street). If you have a P.O. box | , see ins | tructions. | | | | Apt. no. |
| 6201 WINI | HAV | EN PKWY | | | | | | 2223 |
| City, town, or p | ost of | fice. If you have a foreign address, als | so comp | lete spaces below. | | State | ZI | P code |
| PLANO | | | | | | 7 | 5093 | |
| Foreign country | nam | e | Foreigr | n province/state/county | | Foreign po | ostal code | |
| | | | | | | | | |
| Filing | | Single Married filing sepa | | 450) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ng surviving spouse (C | 200) | П г | - T |
| Status | | Estat | e | | | | | |
| Check only | " | you checked the QSS box, enter the o | child S na | arne ii the qualifying pers | son is a crilia but not y | our deper | ident. | |
| one box. | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rece | | | | vices); or | (b) sell, exc | |
| | othe | rwise dispose of a digital asset (or a f | financial | interest in a digital asset | ;)? (See instructions.) | | | |
| Dependents | | | | (O) Dependent's | | (4) Che | ck the box if | qualifies for (see inst.): |
| (see instructions) | : | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to you | Child | tax credit | Credit for other dependents |
| | | (1) | | , , | (-) | | П | |
| If more than four | | | | | | | ī | |
| dependents, see instructions and | | | | | | | ī | |
| check here | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | k 1 (see i | nstructions) | | | 1a | 18,750. |
| Effectively | b | Household employee wages not rep | orted on | Form(s) W-2 | | | 1b | |
| Connected | С | Tip income not reported on line 1a (| see instr | uctions) | | | 1c | |
| With U.S. | d | Medicaid waiver payments not repo | rted on F | Form(s) W-2 (see instruc | tions) | | 1d | |
| Trade or | е | Taxable dependent care benefits from | 1e | | | | | |
| Business | f | Employer-provided adoption benefit | ts from F | orm 8839, line 29 . | | | 1f | |
| | g Wages from Form 8919, line 6 | | | | | | | |
| Attach Form(s) W-2, | h | 1h | | | | | | |
| 1042-S, | i | | | | | | | |
| SSA-1042-S, | j Reserved for future use | | | | | | | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | m Sched | ule OI (Form 1040-NR), i | tem L, | | | |
| here. Also | | line 1(e) | | | 1k | | | |
| attach Form(s) | Z | Add lines 1a through 1h | 1 | 1 | | | 1z | 18,750. |
| 1099-R if | 2a | Tax-exempt interest 2a | _ | | cable interest | | 2b | |
| tax was | 3a | Qualified dividends 3a | | | dinary dividends | | 3b | |
| withheld. | 4a | IRA distributions 4 | | | cable amount | | 4b | |
| If you did not get a Form | 5a | Pensions and annuities 5a | _ | | cable amount | | 5b | |
| W-2, see | 6 | Reserved for future use | | | | | 7 | |
| instructions. | 7 8 | Additional income from Schedule 1 | • | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | 18,750. |
| | | | | | | | | 10,750. |
| | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | | | | | | |
| | 11 | | | | | | 10 | 18,750. |
| | Subtract line 10 from line 9. This is your adjusted gross income Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) | | | | | | | |
| | | | | | | | | |
| | 13a | | ualified business income deduction from Form 8995 or Form 8995-A . 13a | | | | | |
| b Exemptions for estates and trusts only (see instructions) | | | | | | | | |
| | c Add lines 13a and 13b | | | | | | | |
| | 14 | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your ta | xable income | | 15 | 4,900. |

| Form 1040-NR | (2023) | | | | | | | | | | Page 2 |
|--|--|--|---------------------|-------------------------|--------------|-----------|---------|---------------------|--------------------|----------|---------------|
| Tax and | 16 | Tax (see instructions). Check if an | y from For | m(s): 1 88 | 314 2 | 4972 | 2 3 | | | 16 | 493. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 493. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (F | orm 104 | 10) . | | | 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 | 493. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | | | | | 23a | | | | |
| | b | Other taxes, including self-emploine 21 | , | , | ` | ′′ | 23b | | | | |
| | С | Transportation tax (see instruction | ons) | | | . [| 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | | | | | | | | 24 | 493. |
| Payments | 25 | Federal income tax withheld fror | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | | 1,016. | | |
| | b | Form(s) 1099 | | | | . [| 25b | | | | |
| | С | Other forms (see instructions) . | | | | Г | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 1,016. |
| | 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 20 | 22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | | - 1 | 27 | | | | |
| | 28 | Additional child tax credit from S | Schedule 8 | 812 (Form 1040 |) | . [| 28 | | | | |
| | 29 | Credit for amount paid with Forn | n 1040-C | | | . [| 29 | | | | |
| | 30 | Reserved for future use | | | | . [| 30 | | | | |
| | 31 | Amount from Schedule 3 (Form | 1040), line | 15 | | . [| 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These | are your t o | otal other paym | ents and r | efundal | ole cre | dits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | and 32. T | hese are your to | tal payme | nts . | | | | 33 | 1,016. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | | | 34 | 523. |
| | 35a | - | | | | | | | | 35a | 523. |
| Direct deposit? | b | Routing number 1 1 1 0 0 6 1 4 c Type: Checking Savings | | | | | | | | | |
| See instructions | d | Account number 7 6 7 3 6 5 3 3 8 | | | | | | | | | |
| | е | e If you want your refund check mailed to an address outside the United States not shown on page | | | | | | | page 1, | | |
| | | enter it here. | | | | | | | | | |
| enter it here. 36 Amount of line 34 you want applied to your 2024 estimated tax | | | | | | | 36 | | | | |
| Amount | 37 Subtract line 33 from line 24. This is the amount you owe. | | | | | | | | | | |
| You Owe | We For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see instru | ictions) . | | | | 38 | | | | |
| Third | Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See | e instruc | tions. | □ Y | es. Comp | lete bel | ow. 🗵 No |
| Party Designee | Designee's Phone Personal identifiname no. number (PIN) | | | | | | ication | | | | |
| | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the statements is belief. | | | | | | | | | | |
| Sign | Your signature Date Your occupation | | | | | If the | e IRS s | ent you an Identity | | | |
| Here | | | | EMPLOYEE | | | | ection inst.) | PIN, enter it here | | |
| | Phone | e no. | | Email address | | | | | (| | |
| Deid | Preparer's name Preparer's signature | | | | | | Date | | PTIN | | Check if: |
| Paid | Ι ΟΝΆΜ ΤΡΤΥΝ ΕΝΜ ΟΝΟΝΕ ΟΙΙΌΤΝ Ι ΟΝΆΜ ΤΡΤΥΝ ΕΝΜ ΟΝΟΝΕ ΟΙΙΌΤΝ ΙΛΑ/ΛΙΙ/2024 ΙΡΛΙΟΛ | | | | | | P02082 | 2703 | Self-employed | | |
| Preparer | | sname GLOBAL TAXES | | | | | , | | Phone n | | 78)965-9522 |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN | | | | | | | | | | |

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

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

LOKESH YANAMANDALA 471-97-5344 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 subtract (d) from (e). descriptive details not shown below) 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 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

| Name s | shown on Form 1040-NR | | | | Your identifying r | number | | | |
|--------|--|--------------------------------|-------------------------|---------------------------|--------------------|----------------------|------------|--|--|
| LOK | ESH YANAMANDALA | | | | 471-97-53 | 44 | | | |
| 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 | | Yes | X No | | | | | |
| D | Were you ever: | | | | | | | | |
| 1. | A U.S. citizen? | | ☐ Yes | X No | | | | | |
| 2. | A green card holder (lawful per | | ☐ Yes | X No | | | | | |
| | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. | | | | | | | | |
| E | 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 | left the United States during | | | | | | | |
| | Note: If you're a resident of C | | | | ent intervals, | | | | |
| | check the box for Canada or | Mexico and skip to item H | <u>! .</u> _. | \square Canada | ☐ Mexico | | | | |
| | Date entered United States | Date departed United State | es | Date entered United State | | parted United States | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | m | m/dd/yy | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Н | Give number of days (including | | | | | | | | |
| | 2021 | , 2022 | , an | d 2023365 | ·· | V | | | |
| ı | Did you file a U.S. income tax | | | | | ⊠ Yes | No | | |
| | If "Yes," give the latest year an Are you filing a return for a trus | | | | | Yes | ⊠ No | | |
| J | If "Yes," did the trust have a l | | | | | res | ∆ NO | | |
| | U.S. person, or receive a contr | | | | | ☐ Yes | No | | |
| K | | | | | | | No ⊠ No | | |
| ĸ | | | | | | | | | |
| L | If "Yes," did you use an alternative method to determine the source of this compensation? | | | | | | | | |
| - | 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. | | | | | | | | | |
| | amount of exempt income in th | | | | | , | | | |
| | (a) Cou | ntry | (b) Tax treaty art | cicle (c) Number of month | ns (d) Amo | npt | | | |
| | • • | , | , | claimed in prior tax ye | , , , | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | (e) Total. Enter this amount or | | - | | | | | | |
| 2. | | | | | | | | | |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination? | | | | | | | | |
| | If "Yes," attach a copy of the C | Competent Authority detern | nination letter to y | our return. | | | | | |
| М | Check the applicable box if: | aldan an alama () () () () | | | | | | | |
| 1. | This is the first year you are ma with a U.S. trade or business u | | | | | | nected . | | |
| 2. | You have made an election in | ` ' | | | | | United | | |
| | States as effectively connected | | | | | | | | |
| | | | | | | | | | |