Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	ver's name	Social secu	rity numb	er			
HAR	ISH CHOWDARY BALA	WDARY BALA 874-76-9581					
Spouse	o's name	Spouse's so	ocial secu	rity number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you	are aut	horizing.)			
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	4,000.			
2	Total tax		2	0.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	169.			
4	Amount you want refunded to you		4	169.			
5	Amount you owe		5				

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

GLOBAL	TAXES	T.T.C	to enter or generate my PI	N
GLUDAL	THARD		to enter or generate my Fi	IN

	6	9	5	8	1	
E	Int Ion	er fiv i't en	ve di nter a	gits, all ze	but ros	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.

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

X 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 below											
Part III Certification and Authentication	<ul> <li>Practitioner PIN Method Only</li> </ul>										
ERO's EFIN/PIN. Enter your six-digit EFIN followe	d by your five-digit self-selected PIN.	2	2			) 6 enter a			2 7	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 🕨	
-	ust Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So	
For Denemory Deduction Act Nation and vous to	Return instructions	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

<b>1040</b>	-	IR Department of the Treasury-Interr U.S. Nonresident Ali	nal Reven <b>en Inc</b>	ue Service Come Ta	x Returr	2023	OMB No. 15	45-0074	or staple	ly—Do not write in this space.		
For the year Jan	. 1–C						,	20	See separate instructions.			
								Your id	dentifying structions)	number		
HARISH CH	OWI	DARY	BALA					874	-76-95	81		
Home address (i	numl	ber and street). If you have a P.O. box,	, see inst	tructions.					A	Apt. no.		
15350 AM	BER	LY DR							-	1314		
City, town, or po	ost o	ffice. If you have a foreign address, als	o compl	lete spaces	below.		State		ZIP code	<del>,</del>		
TAMPA							FL		33647			
Foreign country	nam	е	Foreign	n province/st	tate/county		Foreign	postal co	al code			
Filing Status Check only one box.		you checked the QSS box, enter the c	hild's na	ame if the qu	ualifying pers		ot your dep	Esendent:	state	Trust		
Digital Assets												
Dependents							<b>(4)</b> Ch	eck the bo	x if qualifies	s for (see inst.):		
(see instructions):		(1) First name				(3) Relationship to	Chi	ld tax crea	ו דונ	dit for other ependents		
		(I) I ist hame Last hame		laonarynn	griambol		you		ue			
If more than four												
· · · ·												
check here								$\overline{\Box}$		$\overline{\Box}$		
Income	1a	Total amount from Form(s) W-2, box	1 (see ir	nstructions)				. 1a	1	4,000.		
	b			-					,			
Connected	с	Tip income not reported on line 1a (s	see instru	uctions) .				. 10	;			
With U.S.	d	Medicaid waiver payments not repor	ted on F	orm(s) W-2	(see instruct	ions)		. 10	I			
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 20	6			. 1e	•			
Business	f	Employer-provided adoption benefits	s from F	orm 8839, li	ne 29 .			. 1f	:			
A # +	g	Wages from Form 8919, line 6						. 19	1			
Form(s) W-2,	h							. 1h	1			
1042-S,	i	Reserved for future use				<b>1</b> i						
	j					1 1		. <b>1</b> j	_			
and 8288-A	k											
here. Also	_		• •							1 000		
Form(s)		-	i ·		1	able interest				4,000.		
1099-R if						inary dividends .						
tax was withheld.						able amount						
If you did not	-та 5а					able amount						
get a Form	6											
W-2, see	7											
	Ione address (number and street). If you have a P.O. box, see instructions.         15350       AMBERLY DR         Dity, town, or post office. If you have a foreign address, also complete spaces below TAMPA         Foreign country name       Foreign province/state/c         Filing       Single       Married filing separately (MFS)       C         Status       If you checked the QSS box, enter the child's name if the qualifyi ne box.       If you checked the QSS box, enter the child's name if the qualifyi ne box.         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, o otherwise dispose of a digital asset (or a financial interest in a digital esset instructions):       (1) First name       Last name       (2) Dependent identifying num identifying num         more than four ependents, see instructions and heck here       Income       In Total amount from Form(s) W-2, box 1 (see instructions) .       Effectively         b       Household employee wages not reported on Form(s) W-2 (see Trade or e Taxable dependent care benefits from Form 2441, line 26 .       Susiness f       Employer-provided adoption benefits from Form 8839, line 25         g       Wages from Form 8919, line 6 .       Susines f       Employer-provided adoption benefits from Schedule OI (Form 1040)         strach orm(s) W-2, i       Reserved for future use .       Sa       Sa       Sa         ordues, i       Read lines 1a through 1h .       Sa       Sa	•	•									
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total e	effectively c	onnected income		. 9		4,000.		
	10		•				-					
-	11									4,000.		
										,		
	-								2	13,850.		
-	13a	Qualified business income deduction	n from Fo	orm 8995 or	Form 8995-	A. <b>13a</b>						
	b	Exemptions for estates and trusts or	nly (see ii	nstructions)		13b						
	С	Add lines 13a and 13b						. 13				
-	14									13,850.		
								. 15		0.		
For Disclosure, I	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate	e instruction	s.			Form <b>104</b>	<b>10-NR</b> (2023)		

Form 1040-NR (2	2023)					Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 497	72 <b>3</b>		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 dependents from Schedule 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 connected with a U.S. trade or business from				
		Schedule NEC (Form 1040-NR), line 15	23a			
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),				
	~		23b			
	с	Transportation tax (see instructions)	23c		-	
	d	Add lines 23a through 23c			23d	
	24	Add lines 22 and 23d. This is your <b>total tax</b>			24	0.
Payments	25	Federal income tax withheld from:				
Fayments	25 a	Form(s) W-2	25a	169.		
	b	Form(s) 1099	25a	107.	-	
			250 25c		-	
	С Д	Other forms (see instructions)			25d	169.
	d	Add lines 25a through 25c			25u 25e	109.
	e	Form(s) 8805				
	f	Form(s) 8288-A			25f	
	g	Form(s) 1042-S			25g	
	26	2023 estimated tax payments and amount applied from 2022 return			26	
	27	Reserved for future use	27			
	28	Additional child tax credit from Schedule 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), line 15	31			
	32	Add lines 28, 29, and 31. These are your total other payments and refundation			32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .			33	169.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amour	•		34	169.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, chec		□	35a	169.
Direct deposit?	b		Checking	Savings		
See instructions.	d	Account number 1 4 5 5 7 5 1 7 2 7 2 4				
	е	If you want your refund check mailed to an address outside the United Stat	es not showi	n on page 1,		
		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 <b>amount you owe</b> .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .			37	
	38	Estimated tax penalty (see instructions)	38			
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instru	ictions.	Yes. Comp	lete below.	🛛 No
Party	Desia	nee's Phone	Pe	ersonal identif	ication	
Designee	name		nu	mber (PIN)		
	Under	penalties of perjury, I declare that I have examined this return and accompanying schedu	ules and stater	nents, and to th	e best of my	knowledge and
-	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is bas	ed on all inforn	nation of which	preparer has	any knowledge.
Sign	Your	signature Date Your occupation	1	If the	e IRS sent y	ou an Identity
Here						enter it here
		DATABASE A	ADMINSTR.	ATOR   (see	inst.)	
	Phon					
Paid	Prepa	arer's name Preparer's signature	Date	PTIN		ck if:
Preparer	SYAN	1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA	04/04/20	24 P02082	2703 🛛	Self-employed
Use Only	Firm's	s name GLOBAL TAXES LLC		Phone n	o. (678)	965-9522
	Firm's	s address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's E	IN	
Go to www.irs.g	gov/Fo	rm1040NR for instructions and the latest information. BAA	REV 03/07/2	4 PRO	Form <b>1</b>	040-NR (2023)

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

2

Attachment

874-76-9581

HARISH CHOWDARY BALA

Enter	amount of income und	er the	appropriate rate of tax. See instructions.			1	1	1		
			Nature of Income			(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	r (specify)
						(4) 1070	(6) 1070	y (e) Cost or other basis	%	%
1	Dividends and divide									
а	Dividends paid by U		•		1a					
b	Dividends paid by fo	reign	corporations		1b					
С	Dividend equivalent p	ayme	nts received with respect to section 871(m)	transactions	1c					
2	Interest:									
а	Mortgage				2a					
b	Paid by foreign corp	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atent	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights	s, recording, publishing, etc.)		5					
6	Real property incom	e and	natural resources royalties		6					
7	Pensions and annuit	es.			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling-Resident	s of ( <b>r -0</b>	Canada only. Enter net income in column (	(c).						
а	Winnings									
b	Losses				10c					
11	Note: Enter winnings	s only	countries other than Canada. . Losses aren't allowed		11					
12	Other (specify):									
					12					
13	0		columns (a) through (d)		13					
14			f tax at top of each column		14					
15	Tax on income not e	ffectiv	vely connected with a U.S. trade or busine						D-NR, line 23a <b>15</b>	
			Capital Gains ar	nd Losses	From	Sales or Excha	anges of Proper	ty	_	
losses exchan within t	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 acc mm/dd/y		(c) Date sold mm/dd/yyyy	(d) Sales price		(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	ely connected with a U.S.									
or loss	on disposing of a U.S. real y interest; report these									
gains a	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
connect on Sch	ted with a U.S. business edule D (Form 1040),	17	Add columns (f) and (g) of line 16 .					17		
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 1	7. Ente	er the net gain her	re and on line 9 ab	ove. If a loss, ent	er -0 <b>18</b>	
				_						

### SCHEDULE OI (Form 1040-NR)

## **Other Information**

Attach to Form 1040-NB

OMB No. 1545-0074 

	nent of the Treasury Revenue Service	Got	to www.irs.gov/Form1040N Ans	R for instructions and wer all questions.	the latest information.		Attachment Sequence N	
Name s	hown on Form 1040	)-NR		- -		Your identifyin		
HARI	SH CHOWDAR	Y BALA				874-76-9	9581	
Α	Of what countr	v or countries v	were you a citizen or nation	al during the tax year?	'INDIA			
в	In what countr	, v did vou claim	residence for tax purpose	s during the tax year?	United States			
С	Have you ever	applied to be a	green card holder (lawful p	permanent resident) of	the United States? .		<b>Yes</b>	🛛 No
D	Were you ever:							
1.	A U.S. citizen?						Yes	🗙 No
2.	A green card h	older (lawful pe	rmanent resident) of the Ur	nited States?			Yes	🛛 No
			2), see Pub. 519, chapter 4,					
E	immigration sta	tus on the last	day of the tax year, enter day of the tax year. <u>F1</u>			•		
F	Have you ever	changed your \	visa type (nonimmigrant sta te the date and nature of th	itus) or U.S. immigrati	on status?		🔄 Yes	🗙 No
G	List all dates yo	ou entered and	left the United States durin	ng 2023. See instructio	ins.			
			Canada or Mexico AND co			ent intervals,		
	check the box	for Canada o	r Mexico and skip to item I	<u>+.</u> <u>.</u>	🗌 Canada	Mexico		
		United States dd/yy	Date departed United Stat mm/dd/yy	tes Da	ate entered United States mm/dd/yy		oarted Unite mm/dd/yy	d States
н			vacation, nonworkdays, and			-		
I	Did you file a U	.S. income tax	return for any prior year? . nd form number you filed:				🗙 Yes	🗌 No
J	Are you filing a If "Yes," did th	return for a tru e trust have a	st?	· · · · · · · · · · · · · · · · · · ·	es, make a distribution	· · · · · · · or loan to a	☐ Yes	🛛 No
К	Did you receive	e total compens	sation of \$250,000 or more	during the tax year? .			Ves	No
	-		ative method to determine					No
L			f you are claiming exempt v. See Pub. 901 for more in			ax treaty wit	h a foreigr	i country,
1.			the applicable tax treaty an ne columns below. Attach F			claimed the ti	reaty benefi	t, and the
		(a) Cou	intry	(b) Tax treaty article	(c) Number of months claimed in prior tax year		nount of ex	
	(e) Total Ento	r this amount o	n Form 1040-NR, line 1k. [		re else on line 1			
2			preign country on any of the	•			Yes	No
			ts pursuant to a Competen				☐ Yes	⊠ No
	-		Competent Authority deterr	-				
M	Check the appl	licable box if:	aking an election to treat in	-		d Statos os a	offectively	onnoctod

This is the first year you are making an election to treat income from real property located in the United States as effectively connected ٦. 

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 . . . . . . . . . . . .

BAA

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

REV 03/07/24 PRO Schedule OI (Form 1040-NR) 2023