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

| - Internal n | level the Set vice | | | | | | | |
|--|---|--|---|--|--|---|---|---|
| Submis | ssion Identification Number (SID) | | | | | | | |
| Taxpayer | r's name | | Social s | ecurity | numbe | er | | |
| VENK | KATA SUMEDHASRI CHALUVADI | 753-77-7998 | | | | | | |
| Spouse's | Spouse's social security number | | | | | | | |
| | | | | | | | | |
| Part | | (Enter | year y | ou ar | e auti | noriz | ing.) | |
| | whole dollars only on lines 1 through 5. | | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income | | | | 1 | | 7 | 274. |
| | Total tax | | | Г | 2 | | ′, | 0. |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | | | 118. |
| | Amount you want refunded to you | | | + | 4 | | | 118. |
| | Amount you owe | | | - t | 5 | | | 110. |
| Part | | t and k | еер а | сору | | our r | eturi | n) |
| my know return (c to send for any of Agent to paymen authoriz paymen business taxes to persona Electron | 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) | rt I above, transmit n for rejecte the U.Sount indiction institution required in the padded) I and enerate n | e are the ter, or ection of so. Treas cated in in to deb the autilests muorocessi ayment. In now au any PIN | e amore amore dectror the trace ury and the taxe of the control of | unts frinic returnsmiss dits dix preparently to the element of the | om the irn or ision, (esignaration this or revolution the irn or irn owled no ctronic nowled, if a gits, all ze eck the irn owled). | ne inco iginato (b) the ated F n softwaccou obke (ca o later ic pay edge t applica | ome tax or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the ble, my as my |
| | if you are entering your own PIN and your return is filed using the Practitioner PI below. | | od. The | ERO | must | com | plete | Part III |
| Your Si | ignature ► Da | ate ► _ | | | | | | |
| Spouse | e's PIN: check one box only | | | | | | \neg | |
| | I authorize to enter or ge | nerate n | ny PIN | | | | | as my |
| | ERO firm name | | | | er five d 't enter | | | |
| _ | 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) if you are entering your own PIN and your return is filed using the Practitioner PI below. | | | | | | | |
| Spouse | e's signature ► Da | ate 🕨 | | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | | |
| Part I | 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 2 | 2 4 | 9 6 | 5 0 | 8 2 | 2 7 | 1 |
| | | | | 't ente | r all zer | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providence. | m submi | tting this | s retur | n in a | cord | anće v | |
| ERO's | signature ▶ Da | ate 🕨 | | | | | | |
| | ERO Must Retain This Form — See Instructi | ons | | | | | | |
| | Don't Submit This Form to the IRS Unless Requeste | | o 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–D | ec. 31, 2023, or other tax year beginn | ing | , 2023, | ending | , | 20 | | ee separate nstructions. | |
|------------------------------------|--|--|------------|------------------------------------|------------------------|-------------|---------------|-------------------------|-----------------------------|--|
| Your first name and middle initial | | | | | | | Your ide | Your identifying number | | |
| | | | (: | | | | see inst | see instructions) | | |
| VENKATA S | | | | UVADI | | | 753- | 753-77-7998 | | |
| | | per and street). If you have a P.O. box | , see ins | tructions. | | | | | Apt. no. | |
| 955 WHITC | | | | | | <u> </u> | | | <u> </u> | |
| | ost of | fice. If you have a foreign address, al | so comp | lete spaces below. | | State | | ZIP co | | |
| MILPITAS | | | | | | CA | | 9503 | 35 | |
| Foreign country | name | 2 | Foreign | n province/state/county | | Foreign p | ostai coc | ie | | |
| Eiling | | | | | | | | | | |
| Filing Status | ☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ | | | | | | | ate | ☐ Trust | |
| Check only | 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: | | | |
| one box. | | | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) rece | ve (as a | reward, award, or payme | ent for property or se | ervices); o | r (b) sell, e | exchar | nge, or | |
| | | rwise dispose of a digital asset (or a t | | | | | | | Yes X No | |
| Dependents | | | | (2) 5 | | (4) Che | eck the box | | ifies for (see inst.): | |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Chil | d tax credi | t C | Credit for other dependents | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , , | (4) | | | | | |
| If more than four | | | | | | | | | | |
| dependents, see instructions and | | | | | | | | | | |
| check here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | . 1a | | 7,274. | |
| Effectively | b | Household employee wages not rep | orted on | Form(s) W-2 | | | . 1b | | | |
| Connected | | | | | | | | | | |
| With U.S. | d | Medicaid waiver payments not repo | | ., | • | | | | | |
| Trade or | е | Taxable dependent care benefits fro | | · | | | | | | |
| Business | | | | | | | | | | |
| Attach | g Wages from Form 8919, line 6 | | | | | | | | | |
| Form(s) W-2, | _ | | | | | | . 1n | | | |
| 1042-S, SSA-1042-S, | i i | Reserved for future use | | | | | . 1j | | | |
| RRB-1042-S, | ј k | Total income exempt by a treaty from | | | 1 1 | | , | | | |
| and 8288-A here. Also | Α. | line 1(e) | | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1z | 1 | 7,274. | |
| Form(s) | 2a | Tax-exempt interest 2a | a | b Tax | able interest | | . 2b | | | |
| 1099-R if tax was | За | Qualified dividends 3a | a | b Ord | linary dividends . | | . 3b | | | |
| withheld. | 4a | IRA distributions 4a | 3 | b Tax | able amount | | . 4b | | | |
| If you did not | 5a | Pensions and annuities 5a | | | able amount | | | | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | _ | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | • | · · | • | | | | | |
| | 8 | Additional income from Schedule 1 | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | • | | | | | 7,274. | |
| • | 10 | Adjustments to income from Sched income | • | | • | | | | | |
| | 11 | Subtract line 10 from line 9. This is y | | | | | - | | 7,274. | |
| | 12 | Itemized deductions (from Schedu | | | .,2,1, | | | | | |
| | | deduction (see instructions) | | | 13,850. | | | | | |
| | 13a | Qualified business income deductio | | | | | | | | |
| | b | Exemptions for estates and trusts of | nly (see i | nstructions) | 13b | | | | | |
| | С | Add lines 13a and 13b | | | | | . 13c | | | |
| | 14 | | | | | | - | | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your ta x | cable income . | | . 15 | | 0. | |

| Form 1040-NR (2 | 2023) | | | | | | | | | Page 2 |
|-------------------|---|--|--------------------|----------------|---------|--------|----------------|---------------------|----------|--------------------|
| Tax and | 16 | Tax (see instructions). Check if any from For | m(s): 1 88 | 314 2 [| 4972 | : : | 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 depende | ents from Schedu | ule 8812 (Fo | rm 104 | 0) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line | 20 | | | | | | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less | s, enter -0 | | | | | | 22 | 0. |
| | 23a | Tax on income not effectively connected w Schedule NEC (Form 1040-NR), line 15 . | ith a U.S. trade o | | | 23a | | | | |
| | b | Other taxes, including self-employment taxline 21 | x, from Schedule | e 2 (Form 10 |)40), | 23b | | | | |
| | С | Transportation tax (see instructions) | | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | _ | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | x | | | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| , | а | Form(s) W-2 | | | . | 25a | | 118. | | |
| | b | Form(s) 1099 | | | . [| 25b | | | | |
| | С | Other forms (see instructions) | | | . [| 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 118. |
| | 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 from 20 | 22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Additional child tax credit from Schedule 8 | | | | 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 | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These are your to | | | | | edits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. T | | | | | | | 33 | 118. |
| Refund | 34 | If line 33 is more than line 24, subtract line | | | | | | | 34 | 118. |
| riciana | 35a | Amount of line 34 you want refunded to y e | | | | - | = | _ | 35a | 118. |
| Direct deposit? | b | Routing number 1 2 2 1 0 1 | | c Type: | _ | Check | | Savings | | |
| See instructions. | d | Account number 4 5 7 0 4 7 | | | | | g | ourgo | | |
| | e | If you want your refund check mailed to ar | | | l State | s not | ii shown on | nage 1 | | |
| | Ŭ | enter it here. | radarooo oatora | o tilo oliitot | a Olulo | 3 1101 | onown on | pago i, | | |
| | 36 | Amount of line 34 you want applied to you | | | | 36 | | | - | |
| Amount | 37 | Subtract line 33 from line 24. This is the an | | ou tux . | | | | | | |
| You Owe | •- | For details on how to pay, go to www.irs.g | • | see instructi | ions . | | | | 37 | |
| rou owe | 38 | Estimated tax penalty (see instructions) . | | | . 1 | 38 | | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. | | | | | | | | lete bel | ow. 🗵 No |
| Party | Designee's Phone Personal ident | | | | | | | | | |
| Designee | name no. number (F | | | | | | | ication | | |
| | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p | | | | | | | | | |
| Sign | Your signature Date Your occupation | | | | | If th | e IRS s | ent you an Identity | | |
| Here | ı ou. | oignata. o | Build | | | | | Prot | ection | PIN, enter it here |
| | | | | STUDENT | Г | | | (see | inst.) | |
| | Phon | | Email address | | | | | D= | | |
| Paid | • | | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | | | | | | P0208 | | Self-employed | | |
| Use Only | | s name GLOBAL TAXES LLC | | | | | | Phone r | | 78)965-9522 |
| Joe Jiny | Firm's | s address 245 ROONEY CT E BR | UNSWICK NO | T 08816 | | | | Firm's E | IN 8 | 4-3171965 |

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

VENKATA SUMEDHASRI CHALUVADI 753-77-7998 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.

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

| AED | IKATA SUMEDHASRI CHALI | UVADI | | | 753-77-7 | 998 | | | | | |
|-----|--|---|-----------------------|---|-----------------|--|------------|--|--|--|--|
| Α | Of what country or countries v | vere you a citizen or nationa | al during the tax ye | ear? INDIA | | | | | | | |
| В | In what country did you claim | residence for tax purpose | s during the tax ye | ear? United States | | | | | | | |
| С | | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | | |
| D | Were you ever: | , . | | , | | | | | | | |
| 1 | - | | | | | ☐ Yes | ⊠ No | | | | |
| | A green card holder (lawful pe | | | | | | ⊠ No | | | | |
| _ | If you answer "Yes" to (1) or (2) | | | | | □ 103 | <u> </u> | | | | |
| E | If you had a visa on the last | | | | or vour II C | | | | | | |
| _ | immigration status on the last of | | | | - | | | | | | |
| _ | | | | | | | | | | | |
| F | Have you ever changed your v | | | ration status? | | ∐ Yes | ⊠ No | | | | |
| _ | If you answered "Yes," indicat | | · | | | | | | | | |
| G | List all dates you entered and | | - | | | | | | | | |
| | 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 | | | | | | | | | | |
| | check the box for Canada or | r Mexico and skip to item F | 1 | 🗀 Canada | Mexico | | | | | | |
| | Date entered United States | Date departed United Stat | es | Date entered United States | | arted Unite | d States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | 1 | mm/dd/yy | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | Give number of days (including | vacation, nonworkdays, and | d partial days) you | were present in the United S | States during: | | | | | | |
| | 2021 | , 2022 | , and | d 2023 365 | | | | | | | |
| ı | Did you file a U.S. income tax | return for any prior year?. | | | | X Yes | ☐ No | | | | |
| | | | | | | | | | | | |
| J | If "Yes," give the latest year and form number you filed: 1040NR Are you filing a return for a trust? | | | | | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a | | | | | | | | | | |
| | U.S. person, or receive a contribution from a U.S. person? | | | | | | | | | | |
| K | Did you receive total compens | | | | | ☐ Yes | ⊠ No | | | | |
| •• | If "Yes," did you use an alterna | | | | | ☐ Yes | □ No | | | | |
| L | Income Exempt From Tax—If | | | • | | _ | | | | | |
| _ | complete (1) through (3) below | | | | ax troaty with | i a loloigi | i oountiy, | | | | |
| 1 | . Enter the name of the country, | | | | claimed the tre | eaty henef | t and the | | | | |
| • | amount of exempt income in the | | | | | outy borior | t, and the | | | | |
| | (a) Cou | s (d) Am | ount of ex | emnt | | | | | | | |
| | (a) 00a | THE Y | (b) Tax treaty arti | cle (c) Number of month claimed in prior tax year | | mount of exempt in current tax year | | | | | |
| | | | | , , | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (a) Total Enterthic amount | n Form 1040 ND 15-2 41- D | o not ontor it are in | whore also as line 1 | | | | | | | |
| ^ | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 | | | | | | | | | | |
| 2 | | Were you subject to tax in a foreign country on any of the income shown in 1(d) above? | | | | | | | | | |
| 3 | | | | | | | | | | | |
| | • | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | | |
| M | Check the applicable box if: | | | | | | | | | | |
| 1 | . This is the first year you are m | | | | | | | | | | |
| | with a U.S. trade or business u | | | | | | | | | | |
| 2 | You have made an election in | | | | | | | | | | |
| | States as effectively connecte | d with a U.S. trade or busin | ness under section | 8/1(d). See instructions. | | | <u> ⊔</u> | | | | |