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

Subm	ission Identification Number (SID)		-				
Taxpay	er's name	Social securi	Social security number				
SHR	IYA BOLLAMPALLY	734-56	-107	9			
Spouse	's name	Spouse's soc	ial sec	urity numb	er		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re au	thorizing	g.)		
	whole dollars only on lines 1 through 5.	<u> </u>			, ,		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1		2,428.		
2	Total tax		2		0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		22.		
4	Amount you want refunded to you		4		22.		
5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)		
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for revided in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into the form of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the loal identification number (PIN) below is my signature for the income tax return (original or amended) I are income tax return (original or amended).	jection of the ti J.S. Treasury a dicated in the ti ion to debit the te the authoriza quests must be processing of payment. I fur	ransmis nd its of ax prepared entry ation. The ereceif the el	ssion, (b) designated paration so this according to the thin accor	the reason of Financial oftware for count. This (cancel) a ster than 2 payment of ge that the		
	onic Funds Withdrawal Consent.				1		
-	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	6	1 0	7 9			
×	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	ř En		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n i enie	an zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Yours	signature ▶ Date ▶						
Spous	se's PIN: check one box only				7		
	I authorize to enter or generate	my PIN			as my		
	ERO firm name	,	ter five	digits, but			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	v					
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 4 9	6 0	8 2	7 1		
		Don't ent					
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	urn in a	accordanc			
ERO's	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	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 Jar	n. 1–C	ec. 31, 2023, or other tax year beginn	ing	, 2023,	ending	, 2	20	See separate instructions.		
Your first name	and i	niddle initial	Last name Y				Your identifying number			
			(s					(see instructions)		
SHRIYA			BOLL	AMPALLY	734-5	734-56-1079				
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
1509 AMBI	JING	TRL								
City, town, or p	ost o	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code		
CEDAR PAR	RK					TX	7	8613		
Foreign country	nam nam	е	Foreigr	n province/state/county		Foreign p	ostal code			
-	T									
Filing		Single	arately (N	ΛΕS) □ Qualifvir	ng surviving spouse (C	088)	☐ Estat	e 🔲 Trust		
Status		you checked the QSS box, enter the				,				
Check only		,			, , , , , , , , , , , , , , , , , , , ,					
one box.										
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a t					(b) sell, ex			
Dependents						(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) First ridine Last ridine		,g	(b) Hold do Holl to you	1		П		
If more than four										
dependents, see instructions and										
check here							$\overline{\sqcap}$			
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	nstructions)			1a	2,428.		
Effectively	b	Household employee wages not rep	•	*			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 instruct	ions)		1d			
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			1e			
Business	f	Employer-provided adoption benefit	s from F	orm 8839, line 29 .			1f			
	g	Wages from Form 8919, line 6					1g			
Attach Form(s) W-2,	h	Other earned income (see instructio	ns) .		_. <u></u>		1h			
1042-S,	i	Reserved for future use			1i					
SSA-1042-S, RRB-1042-S,	j	Reserved for future use					1j			
and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,	tem L, 1k					
attach	Z	Add lines 1a through 1h					1z	2,428.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a	a	b Tax	able interest		2b			
tax was	3a	Qualified dividends 3a	3	b Ord	linary dividends		3b			
withheld.	4a	IRA distributions 4a			able amount					
If you did not get a Form	5a	Pensions and annuities 5a			able amount					
W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schedu			•					
	8	Additional income from Schedule 1						0.400		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						2,428.		
	10	Adjustments to income from Sched income					10			
	11	Subtract line 10 from line 9. This is y	our adju	ısted gross income			11	2,428.		
	12	Itemized deductions (from Schedudeduction (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	Add lines 12 and 13c					14	13,850.		
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your ta :	xable income		15	0.		

Form 1040-NR (2	2023)									Page 2
Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1	314 2	4972	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 depende	ents from Schedi	ule 8812 (Fo	rm 104	0) .			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	s, enter -0						22	0.
	23a	Tax on income not effectively connected w Schedule NEC (Form 1040-NR), line 15	vith a U.S. trade o			23a				
	b	Other taxes, including self-employment talline 21	x, from Schedule	e 2 (Form 10	040),	23b				
	С	Transportation tax (see instructions)			Г	23c				
	d	Add lines 23a through 23c			-				23d	
	24	Add lines 22 and 23d. This is your total ta	x						24	0.
Payments	25	Federal income tax withheld from:								
,	а	Form(s) W-2			.	25a		22.		
	b	Form(s) 1099			. [25b				
	С	Other forms (see instructions)			. [25c				
	d	Add lines 25a through 25c							25d	22.
	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			- 1	27				
	28	Additional child tax credit from Schedule 8	8812 (Form 1040))	. [28				
	29	Credit for amount paid with Form 1040-C				29				
	30	Reserved for future use			- 1	30				
	31	Amount from Schedule 3 (Form 1040), line				31				
	32	Add lines 28, 29, and 31. These are your to				ole cr	edits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. T							33	22.
Refund	34	If line 33 is more than line 24, subtract line							34	22.
riciana	35a	Amount of line 34 you want refunded to y				-	=	_	35a	22.
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 a			l State	s not	ii shown on	nage 1		
	Ŭ	enter it here.	ir adar ood oatord		a Olulo	0 1101	0.10 1111 011	i pago i,		
	36	Amount of line 34 you want applied to you			T	36			-	
Amount	37	Subtract line 33 from line 24. This is the air			•					
You Owe	•-	For details on how to pay, go to www.irs.g	•		ions .				37	
rou owe	38	Estimated tax penalty (see instructions)				38			J.	
Third					instruc			es. Comp	lete bel	ow. 🗵 No
Party										o
Designee	Designee's Phone Personal ic name no. number (Pl								ication	
	Under	penalties of perjury, I declare that I have examine they are true, correct, and complete. Declaration								
Sign	Your signature Date Your occupation					If th	e IRS s	ent you an Identity		
Here	STUDENT						Prof		PIN, enter it here	
ŀ	Phon	e no	Email address	STODEN.				(000		
			's signature		1	Date		PTIN		Check if:
Paid	•	· ·	PRIYA RAM S	באכאם כיי	גידיםו		06/2024	P0208	2702	Self-employed
Preparer			EVITA KAN S	UD ARDAG	FIA	U 1 /(00/4044			
Use Only		s name GLOBAL TAXES LLC s address 245 ROONEY CT F BE	OTTATOMET CITE AT	T 00016				Phone r Firm's E		<u>78)965-9522</u> 4-3171965
-	1 011113	3 4 5 KUUNKY ("I" K B	KUNDWICK N	่ กผนไป					.iivi Ö	ューンエ/エフじつ

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 SHRIYA BOLLAMPALLY 734-56-1079 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)					
					(a) 10%	(b) 15%	(6) 30%	%	%	
1	Dividends and divide	end eq	uivalents:							
а	Dividends paid by U.	S. co	rporations		1a					
b	Dividends paid by fo	reign (corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:	•								
а	Mortgage				2a				,	
b			ns		2b					
С	- · · · · · · · · · · · · · · · · · · ·									
3			s, trademarks, etc.)		3					
4	• "		right 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	ies .			7					
8					8					
9	Capital gain from line	e 18 b	elow		9					
10										
а	Winnings								!	
b	Losses				10c				!	
11	Gambling—Resident Note: Enter winnings	s of c	ountries other than Canada. Losses aren't allowed		11					
12										
					12					
13			columns (a) through (d)		13					
14	Multiply line 13 by r	ate of	tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busine						-NR, line 23a 15	
			Capital Gains ar	nd Losses F	rom	Sales or Excha	inges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain		16	(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).
or loss	on disposing of a U.S. real									
gains a	nd losses on Schedule D									
(Form 1	•									
exchan	property sales or ges that are effectively									
connec	ted with a U.S. business edule D (Form 1040),								()	
	797, or both.	18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 ab	ove. If a loss, ente	r -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information. Department of the Treasury Internal Revenue Service Answer all questions. Name shown on Form 1040-NR

OMB No. 1545-0074

Attachment Sequence No. **7C**

Name	e showr	n on Form 1040-NR				Your identifying	number					
SH		BOLLAMPALLY				734-56-10	-					
Α	Of	Of what country or countries were you a citizen or national during the tax year? INDIA										
В	In ¹	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: ■ A U.S. citizen?										
								⊠ No				
2		green card holder (lawful per	, , , , , , , , , , , , , , , , , , ,				∐ Yes	⊠ No				
Е	-	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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.										
	imi	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	Lis	st all dates you entered and le	eft the United States during									
		ote: If you're a resident of Ca										
		eck the box for Canada or	•			Mexico						
		Date entered United States	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		rted United nm/dd/yy	d United States				
		mm/dd/yy	ППП/аа/уу		ПП/аа/уу	11	шилаалуу					
				 								
н	Giv	ve number of days (including v	vacation, nonworkdays, and	 I partial days) you	were present in the United	States during:						
	20	21	, 2022	, an	nd 2023 365	·						
I	Dic	d you file a U.S. income tax r	return for any prior year?.				⊠ Yes	☐ No				
		'Yes," give the latest year and										
J		e you filing a return for a trus					∐ Yes	⊠ No				
		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		d you receive total compensa					Yes	⊠ No				
••		'Yes," did you use an alterna		-			Yes	□No				
L		come Exempt From Tax-If			•		a foreign					
	CO	mplete (1) through (3) below.	See Pub. 901 for more inf	ormation on tax t	treaties.							
•		Lenter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and to amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.										
		(a) Cour	ntry	(b) Tax treaty art	ticle (c) Number of month	, , ,						
	_				S.STod III prior tax ye		. 55.75711 10					
	_											
	_											
	(e)	Total. Enter this amount or	Form 1040-NR, line 1k. D	o not enter it any	where else on line 1							
2		ere you subject to tax in a for					☐ Yes	☐ No				
;		e you claiming treaty benefits		-			☐ Yes	⊠ No				
		'Yes," attach a copy of the C	competent Authority detern	nination letter to y	your return.							
M .		neck the applicable box if:	okina an alaatian ta trast in	oomo from roc! =	roporty located in the Linit	ad States as aff	ootivolv -	onnosto-l				
	wit	This is the first year you are making an election 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										
2		ou have made an election in ates as effectively connected										