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 securit	y numb	er	
SRI	HARSHA SWARAJ NADENDLA	765-45-	-6450)	
Spouse	's name	Spouse's soc	se's social security number		
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re 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		,269.
2	Total tax		2		<u>,631.</u>
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,133.
4	Amount you want refunded to you		4	3	,502.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indirect of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises 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 proposition of the payment (PIN) below is my signature for the income tax return (original or amended) I among Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury as acted in the ta n to debit the the authoriza ests must be processing of ayment. I furt	onic retuents ansmissed its description. The receive the electric acids and the receive the electric and the receivers are and the receivers are and the receivers are another and the receivers ar	urn origination, (b) the lesignated aration sofo this according revoke (controlled particular parti	tor (ERO) the reason Financial tware for bunt. This cancel) a for than 2 yment of that the
	ayer's PIN: check one box only				
Tuxpe >		ny PINI 5	6 4	5 0	as my
<u> </u>	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Yours	signature ▶ Date ▶				
Spour	se's PIN: check one box only				
Г	I authorize to enter or generate r	ny PIN			as my
	ERO firm name	_	er five o	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
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	2 4 9 Don't ente	6 0 er all ze	8 2 7 ros	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitted and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany Incompany IRS e-file Providers of Incompany IRS e-file Provi	tting this retu	ırn in a	ccordance	
FR∩'	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	or the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20					20	See separate instructions.			
Your first name and middle initial			Last name Y					Your identifying number see instructions)		
SRI HARSHA SWARAJ NADENDLA						765-45-6450				
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.				Apt. no.		
900 FANNI	N S	Т						2		
City, town, or p	ost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP code		
DENTON						TX		762015264		
Foreign country	nam	e	Foreigr	n province/state/county		Foreign p	ostal coc	le		
 Filing				_						
Status	1	Single			ng surviving spouse (Est	ate		
Check only	IT	you checked the QSS box, enter the o	niia's na	ame if the qualifying pers	son is a child but not	your aepe	enaent:			
one box.										
Digital Assets		ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f						exchange, or . \[Yes \ \infty No		
Dependents						(4) Ch	eck the box	if qualifies for (see inst.):		
(see instructions):		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Chil	d tax credit	Credit for other dependents		
		(1) That hame		identifying ridiniber	(b) Helationship to yo	,u		dependents		
If more than four							\exists			
dependents, see instructions and							H			
check here							П			
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions)			. 1a	29,269.		
Effectively	b	Household employee wages not rep	`	,				,		
Connected	С	Tip income not reported on line 1a (s		• •						
With U.S.	d	Medicaid waiver payments not report		•						
Trade or	е	Taxable dependent care benefits fro		, ,	·					
Business	f	Employer-provided adoption benefit	s from F	form 8839, line 29 .			. 1f			
	g	Wages from Form 8919, line 6	. 1g							
Attach Form(s) W-2,	h	Other earned income (see instruction	าร) .		<u></u>		. 1h			
1042-S,	i	Reserved for future use			1i					
SSA-1042-S,	j	Reserved for future use					. <u>1j</u>			
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		,	*					
attach	z	Add lines 1a through 1h					. 1z	29,269.		
Form(s) 1099-R if	2a	Tax-exempt interest 2a		b Tax	able interest		. 2b			
tax was	3a	Qualified dividends 3a	1	b Ord	linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a		b Tax	able amount		. 4b			
If you did not	5a	Pensions and annuities 5a	. 5b							
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 (20.050		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8						29,269.		
	10	Adjustments to income from Sched income					. 10			
	11	Subtract line 10 from line 9. This is y	our adju	ısted gross income			. 11	29,269.		
	12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12								
	13a	Qualified business income deduction	n from F	orm 8995 or Form 8995-	·A . 13a					
	b	Exemptions for estates and trusts or	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 :	xable income .		. 15	15,419.		

Form 1040-NR (2023)									Page 2
Tax and	16	Tax (see instructions). Check if ar	y from Foi	rm(s): 1	814 2 [4972	3 🗌		16	1,631.
Credits	17	Amount from Schedule 2 (Form	1040), line	3					17	0.
	18	Add lines 16 and 17							18	1,631.
	19	Child tax credit or credit for other	r depende	ents from Sched	dule 8812 (For	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 z	ero or less	s, enter -0					22	1,631.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),					23a			
	b	Other taxes, including self-empl line 21	•		,	· ·	23b			
	С	Transportation tax (see instruction	ons)			. L	23c			
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is you	ur total ta	х					24	1,631.
Payments	25	Federal income tax withheld from	n:							
-	а	Form(s) W-2					25a	5,133.		
	b	Form(s) 1099					25b			
	С	Other forms (see instructions) .					25c			
	d	Add lines 25a through 25c							25d	5,133.
	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				.	27			
	28	Additional child tax credit from S	Schedule 8	3812 (Form 104)	0)	.	28			
	29	Credit for amount paid with Forn	n 1040-C			.	29			
	30	Reserved for future use				.	30			
	31	Amount from Schedule 3 (Form								
	32	Add lines 28, 29, and 31. These	are your t o	otal other payr	nents and ref	fundab	ole credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26	and 32. T	These are your t	otal paymen	ts .			33	5,133.
Refund	34	If line 33 is more than line 24, su					•		34	3,502.
	35a	Amount of line 34 you want refu	35a	3,502.						
Direct deposit?	b	Routing number 1 1 1 0 0 0 6 1 4 c Type: X Checking Savings								
See instructions.	d	Account number 7 6 5 3								
	е	If you want your refund check menter it here.								
	36	Amount of line 34 you want app					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 instructi	ions .			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 i	instruc	tions. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es. Comp	lete bel	ow. 🗵 No
Party	U	signee's Phone Personal identif							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 have they are true, correct, and complete. I								
Sign	,		,00141411011				or an imornian			ent you an Identity
Here	Your signature			Date Your occupation			I		PIN, enter it here	
Here									inst.)	,
	Phone	e no.		Email address	-					
Daid		rer's name	Preparer	's signature			Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA	SYAM I	PRIYA RAM	SAGAR GU	PTA	04/11/2024	P02082	2703	Self-employed
Preparer		name GLOBAL TAXES						Phone n		78)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E									4-3171965
0-1	//C									1040 ND (0000)

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

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

SRI	HARSHA SWARAJ	NADENDLA						765-45-64	450	
Enter a	amount of income und	ler the appropriate rate of tax. See instructions.								
Nature of Income					(a) 10% (b	(b) 15%	(-) 000/	(d) Other (specify)		
	Tractal of mooning				(a) 1070	(b) 13%	(c) 30%	%	%	
1	Dividends and divide	end equivalents:								
а	Dividends paid by U	.S. corporations		1a						
b	Dividends paid by fo	oreign corporations		1b						
С	Dividend equivalent p	payments received with respect to section 871(m) tran	nsactions	1c						
2	Interest:									
а	Mortgage			2a						
b		orations		2b						
С			2c							
3		oatents, trademarks, etc.)	3							
4	Motion picture or TV	copyright royalties		4						
5		rights, recording, publishing, etc.)		5						
6		e and natural resources royalties		6						
7	Pensions and annuities									
8	Social security benefits									
9	Capital gain from line 18 below			9						
10	Gambling – Resident	ts of Canada only. Enter net income in column (c).								
а	Winnings									
b	Losses			10c						
11	Gambling—Resident Note: Enter winnings	ts of countries other than Canada. s only. Losses aren't allowed		11						
12										
				12						
13		n 12 in columns (a) through (d)		13						
14		rate of tax at top of each column		14						
15	Tax on income not e	ffectively connected with a U.S. trade or business.	Add colum	nns (a) th	nrough (d) of line 1	4. Enter the total here	and on Form 104	0-NR, line 23a 15		
		Capital Gains and I	Losses F	From S	Sales or Excha	anges of Propert	У			
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 acquire mm/dd/yyyy		(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).	
effectiv	ely connected with a U.S.									
or loss	ss. Do not include a gain on disposing of a U.S. real									
gains a	y interest; report these nd losses on Schedule D									
(Form 1										
Report	property sales or ges that are effectively									
connec	ted with a U.S. business	17 Add columns (f) and (g) of line 16					17	' ()		
	edule D (Form 1040),	18 Capital gain. Combine columns (f) and (g)								

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 sl	nown on Form 1040-NR				Your identifying	number					
SRI	HARSHA SWARAJ NADENI		765-45-6450								
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	green card holder (lawful p	ermanent resider	t) of the United States? .		☐ Yes [X No				
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	X No				
2.	A green card holder (lawful per	rmanent resident) of the Ur	ited States? .			☐ Yes [X No				
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation ru	ules 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 yearF1										
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 durin									
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item I	<u>1.</u> ,	\square Canada	Mexico						
	Date entered United States	Date departed United Stat	es	Date entered United State		ted United S	States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	m	ım/dd/yy					
Н	Give number of days (including										
	2021	, 2022	, an	d 2023 365	·						
ı	Did you file a U.S. income tax					⊠ Yes 〔	No				
	If "Yes," give the latest year ar					□ v [⊠ No				
J	Are you filing a return for a trust If "Yes," did the trust have a U					∐ Yes │	∆ NO				
	U.S. person, or receive a conti					☐ Yes [No				
V	Did you receive total compens						No ⊠ No				
K	If "Yes," did you use an alterna		-				_ No				
L	Income Exempt From Tax—If										
-	complete (1) through (3) below				tax treaty with	a loreigh c	ouritiy,				
1.	Enter the name of the country,				claimed the trea	atv benefit.	and the				
	amount of exempt income in th					ary 20,					
	(a) Cou	ntrv	(b) Tax treaty art	icle (c) Number of month	ns (d) Amo	ount of exem	npt				
	`,	•	,	claimed in prior tax ye	, , ,	current tax	•				
							_				
	(e) Total. Enter this amount of										
	Were you subject to tax in a fo					∐ Yes │	_ No				
3.	Are you claiming treaty benefit		•			∐ Yes	X No				
	If "Yes," attach a copy of the C	competent Authority deterr	nination letter to y	our return.							
M	Check the applicable box if:	aking an alaatian ta tus -t :-	aama fram vas! -	roporty located in the Unit	ad Ctatas ss -#	aativalis a = :-	nnoot-si				
1.	This is the first year you are multiplier with a U.S. trade or business u						inected				
2	You have made an election in	, ,					· 🗀				
2.	States as effectively connected										
	Clared as should by confident	0.0				· · ·	<u>· ⊔</u>				