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

#### 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.

Submission Identification Number (SID)

Taxpay	ver's name	Social securi	ty numb	ber						
KAMALAKAR REDDY SINGI 883-35-3051										
Spouse's name Spouse's social security numb										
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you a	are au	thorizing.)						
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	15,000.						
2	Total tax		2	116.						
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	900.						
5	Amount you owe		5							
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)									

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

X	I authorize	GLOBAL TA	AXES		to enter or generate my PIN	Er
				ERO firm name		

5	3	0	5	1	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	as my

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

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 s	Spouse's signature									
Practitioner PIN Method Returns Only—continue below										
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 nter a		2	7 1	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 🕨	
	ist Retain This Form — See Ins his Form to the IRS Unless Rec		
For Deperture Reduction Act Notice, and your tax		BEV 02/07/24 BBO	Earm 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

<b>1040</b>	-	Department of the Treasury-Interr U.S. Nonresident Ali	nal Reven <b>en Inc</b>	ue Service Come Ta	x Return	2023	OMB No. 15	45-0074	or stapl	only-Do not write e in this space.	
For the year Jan	. 1–C	Dec. 31, 2023, or other tax year beginn					,	20		e separate structions.	
Your first name			Last name Yo					Your id	Your identifying number (see instructions)		
KAMALAKAR	RE	DDY	SING	I				883	-35-30	051	
Home address (	numl	ber and street). If you have a P.O. box	, see inst	tructions.						Apt. no.	
300 NORTH	POI	NTE BLVD									
City, town, or po	ost o	ffice. If you have a foreign address, als		State		ZIP cod	de				
ELKHART							IN		4651	4	
Foreign country	nam	e	Foreign	province/st	tate/county		Foreign	postal co	bde		
Filing Status Check only one box.	Status If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depende Check only								Trust		
Digital Assets		ny time during 2023, did you: (a) receiverwise dispose of a digital asset (or a fi									
Dependents							<b>(4)</b> Ch	eck the bo	ox if qualifie	es for (see inst.):	
(see instructions):		(1) First name Last name		(2) Depe identifyin		(3) Relationship to	Chi	ld tax cree	ו דוב	redit for other dependents	
				laonarynn	griambol		you				
If more than four											
dependents, see instructions and											
check here								$\overline{\Box}$			
Income	1a	Total amount from Form(s) W-2, box	1 (see ir	nstructions)				. 1a	ı   '	15,000.	
Effectively	b	Household employee wages not rep		-					)		
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	1		
Trade or	е	Taxable dependent care benefits fro	m Form	2441, line 20	6			. 16	,		
Business	f	Employer-provided adoption benefit						. 11	:		
Attach	g	g Wages from Form 8919, line 6							J		
Form(s) W-2,	h	Other earned income (see instruction						. 11	1		
1042-S,	i	Reserved for future use							-		
SSA-1042-S, RRB-1042-S,	j	Reserved for future use				1 1	· · ·	. <u>1</u> j	_		
and 8288-A	k	Total income exempt by a treaty from									
here. Also	_					i		- 4-		15 000	
attach Form(s)	z 2a	Add lines 1a through 1h	1			able interest .				15,000.	
1099-R if	2a 3a	Qualified dividends 3a			_	inary dividends .					
tax was withheld.	4a	IRA distributions 4a				able amount					
If you did not	5a	Pensions and annuities <b>5a</b>				able amount					
get a Form	6	Reserved for future use									
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	le D (For	m 1040) if r	equired. If no	ot required, check	here	7			
	8	Additional income from Schedule 1 (	•	,	•		-				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your <b>total</b> e	effectively co	onnected income		. 9		15,000.	
	10	Adjustments to income from Schedu	•				-			_	
	11	Subtract line 10 from line 9. This is y								15,000.	
	12	Itemized deductions (from Schedu deduction (see instructions)			• • • •	Std Dedn US			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 in	nstructions)		13b					
	С	Add lines 13a and 13b						. 13	c		
	14									13,850.	
	15	Subtract line 14 from line 11. If zero						. 15		1,150.	
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	Notice,	see separate	e instruction	s.			Form <b>10</b>	040-NR (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   4972   3	16	116.
Credits	17	Amount from Schedule 2 (Form 1040), line 3	17	0.
	18	Add lines 16 and 17	18	116.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	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	116.
	23a	Tax on income not effectively connected with a U.S. trade or business from   Schedule NEC (Form 1040-NR), line 15		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21		
	с	Transportation tax (see instructions)	1	
	d	Add lines 23a through 23c	23d	
	24	Add lines 22 and 23d. This is your <b>total tax</b>	24	116.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	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 and amount applied from 2022 return	26	
	27	Reserved for future use   .		
	28	Additional child tax credit from Schedule 8812 (Form 1040)		
	29	Credit for amount paid with Form 1040-C		
	30	Reserved for future use   .		
	31	Amount from Schedule 3 (Form 1040), line 15		
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	1,016.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	900.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	900.
Direct deposit?	b	Routing number   0   7   1   9   2   1   8   9   1   c Type:   C Checking   Savings		
See instructions.	d	Account number 4 7 3 0 8 6 0 3 6 9		
	е	If you want your refund check mailed to an address outside the United States not shown on page 1,		
		enter it here Amount of line 34 you want <b>applied to your 2024 estimated tax 36</b>		
	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)		
Third	,	bu want to allow another person to discuss this return with the IRS? See instructions.	lete below.	🗙 No
Party Designee	Desig name	no number (PIN)		
		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Sign	Your		ie IRS sent you	
Here			tection PIN, er	nter it here
-	<u> </u>		e inst.)	
	Phone			. : .
Paid	•	arer's name Preparer's signature Date PTIN		
Preparer		1 PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGAR GUPTA   04/11/2024   P0208		elf-employed
Use Only		s name GLOBAL TAXES LLC Phone r	( = : = ) =	65-9522
		s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E		
Go to www.irs.g	gov/Fo	rm1040NR for instructions and the latest information. BAA REV 03/07/24 PRO	Form <b>10</b>	40-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

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

883-35-3051

KAMALAKAR REDDY SINGI

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)			
					(a) 10%	<b>(b)</b> 13%	(c) 30%	%	%
1	Dividends and dividend equiva	alents:							
а	Dividends paid by U.S. corpor	rations		1a					
b	Dividends paid by foreign cor	porations		1b					
с	Dividend equivalent payments	vidend equivalent payments received with respect to section 871(m) transactions							
2	Interest:								
а	Mortgage			2a					
b	Paid by foreign corporations			2b					
С	Other	2c							
3	Industrial royalties (patents, tr	ademarks, etc.)		3					
4	Motion picture or TV copyrigh	4							
5	Other royalties (copyrights, re-	5							
6									
7	Pensions and annuities								
8	Social security benefits								
9	9 Capital gain from line 18 below			9					
10									
а	Winnings	_							
b		<u> </u>		10c					
11	Gambling—Residents of cour <b>Note:</b> Enter winnings only. Lo	ntries other than Canada. sses aren't allowed		11					
12	Other (specify):								
				12					
13	0	lumns (a) through (d)		13					
14		x at top of each column		14					
15	Tax on income not effectively	connected with a U.S. trade or busines						NR, line 23a <b>15</b>	
	1	Capital Gains an	d Losses F	rom	Sales or Excha	nges of Proper	ty		
losses f exchan within t	from property sales or ges that are from sources the United States and not	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	<b>(b)</b> Date acquir mm/dd/yyyy		<b>(c)</b> Date sold mm/dd/yyyy	(d) Sales price	<b>(e)</b> 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).
	vely connected with a U.S.								
or loss	on disposing of a U.S. real								
gains a	ind losses on Schedule D								
(Form 1	,								
exchan	property sales or ges that are effectively						<u> </u>		
								( )	
	1797, or both. 18 Ca	pital gain. Combine columns (f) and	(g) of line 17	. Ente	r the net gain here	e and on line 9 abo	ove. If a loss, ente	r-0 <b>18</b>	

## SCHEDULE OI (F

## **Other Information**

OMB No. 1545-0074 L

(Form	1040-NR)		Attac	h to Form 1040-NR.			2 1 2	2		
	ent of the Treasury	Go t	o www.irs.gov/Form1040N		the latest information.		Attachment			
	Revenue Service		Ans	wer all questions.		Your identifyin	Sequence No	5. <b>/C</b>		
	LAKAR REDI					883-35-3	•			
Α			vere you a citizen or nation	al during the tax year?	TNDTA					
В	In what country did you claim residence for tax purposes during the tax year? INDIA									
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:									
	A U.S. citizen?							🛛 No		
2.	-	• •	rmanent resident) of the Ur				∐ Yes	🗙 No		
E	•	., .	e), see Pub. 519, chapter 4, day of the tax year, enter y			or your LLS				
E			day of the tax year. $F1$			-				
F			visa type (nonimmigrant sta		n status?			🗙 No		
	If you answere	d "Yes," indicat	e the date and nature of th	e change:						
G	List all dates yo	ou entered and	left the United States durin	g 2023. See instructio	ns.					
			anada or Mexico AND cor							
			Mexico and skip to item I							
		United States dd/yy	Date departed United Stat mm/dd/yy	es Da	te entered United States mm/dd/yy	B Date dep	parted United mm/dd/yy	J States		
							····· , , , , , ,			
н			vacation, nonworkdays, and			-				
Т			, 2022, return for any prior year? .				X Yes	🗌 No		
•			nd form number you filed:							
J	Are you filing a	return for a tru	st?				Yes	🔀 No		
	If "Yes," did th	e trust have a	U.S. or foreign owner unde	er the grantor trust rule	es, make a distribution	or loan to a				
			ribution from a U.S. person				Yes	No No		
K			ation of \$250,000 or more				∐ Yes	X No		
L			ative method to determine f you are claiming exempt		•					
-			. See Pub. 901 for more in			ax fically with	in a loreign	country,		
1.			the applicable tax treaty art					t, and the		
	amount of exen	npt income in th	e columns below. Attach Fo	orm 8833 if required. S	ee instructions.					
		<b>(a)</b> Cou	ntry	(b) Tax treaty article	(c) Number of month		mount of exe	•		
					claimed in prior tax ye	ars income	in current ta	ix year		
	· · · · · · · · ·		E 1010 VE V							
•	• •		n Form 1040-NR, line 1k. D	•				No		
			preign country on any of the ts pursuant to a Competen				☐ Yes ☐ Yes	∐ NO ⊠ No		
0.	-		Competent Authority deterr	-						

Μ Check the applicable box if:

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

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