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 nevertue Service | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Submission Identification Number (SID) | | | | | | | | |
| Taxpayer's name | Social | Social security number | | | | | | |
| MAHEK PRAKASH VORA | 698 | 698-72-2489 | | | | | | |
| Spouse's name | Spouse | e's social sec | urity number | | | | | |
| | | | | | | | | |
| | 23 (Enter year y | ou 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 | 52 | ,190. | | | | |
| 2 Total tax | | | 4 | ,379. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | . 3 | 7 | ,851. | | | | |
| 4 Amount you want refunded to you | | . 4 | 3 | ,472. | | | | |
| 5 Amount you owe | | . 5 | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you | get and keep a | copy of y | our retu | rn) | | | | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provides send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions invotaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent. | son for rejection of orize the U.S. Treas ccount indicated in ial institution to del o terminate the au illation requests many lived in the process and to the payment. | the transmisury and its the tax preport the entry thorization. ust be receiving of the ell I further ac | ssion, (b) the designated paration softo this according for revoke (dived no late lectronic packnowledge | ne reason Financial Tware for bunt. This cancel) a er than 2 yment of that the | | | | |
| Taxpayer's PIN: check one box only | | | | | | | | |
| | generate my PIN | 2 2 | 4 8 9 | as my | | | | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | gonorato my r mv | Enter five | digits, but er all zeros | domy | | | | |
| I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below. | | | | | | | | |
| Your signature ► | Date ▶ | | | | | | | |
| Spouse's PIN: check one box only | | | | | | | | |
| | generate my PIN | | | ac my | | | | |
| ERO firm name | generate my i m | | digits, but | as my | | | | |
| signature on the income tax return (original or amended) I am now authorizing. | | | er all zeros | | | | | |
| I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below. | | | | | | | | |
| Spouse's signature ▶ | Date ► | | | | | | | |
| Practitioner PIN Method Returns Only—continu | ue below | | | | | | | |
| Part III 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 0 | 8 2 7 | 1 | | | | |
| The Call My I was also your own alger as invious by your more alger our objection in | | n't enter all z | - | | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro | I am submitting th | is return in a | accordance | | | | | |
| ERO's signature ▶ | Date ► | | | | | | | |
| ERO Must Retain This Form — See Instruc | ctions | | | | | | | |
| Don't Submit This Form to the IRS Unless Reques | | | | | | | | |

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 | For 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 | | | | ame | Your i | Your identifying number see instructions) | | | | |
| MAHEK PRA | KAS | SH | VORA | L | | | 698 | -72- | -2489 | |
| Home address (| • | per and street). If you have a P.O. b | ox, see ins | structions. | | | | | Apt. no. | |
| City, town, or po | ost o | fice. If you have a foreign address, | also comp | lete spaces below. | | State | | ZIP code | | |
| JERSEY CI | TY | | | • | | NJ | | 073 | | |
| Foreign country | nam | е | Foreig | n province/state/county | | Foreign | postal co | ode | | |
| Filing Status | ı | Single | | , | ng surviving spouse (| , , | | state | ☐ Trust | |
| Check only one box. | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependen | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) re erwise dispose of a digital asset (or | or (b) sell | | | | | | | |
| Dependents (see instructions): | | (1) First name Last nar | ne | (2) Dependent's identifying number | (3) Relationship to yo | Chi | | | alifies for (see inst.): Credit for other dependents | |
| | | | | | | | | | | |
| If more than four dependents, see | | | | | | | | | | |
| instructions and | | | | | | | | | | |
| check here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | oox 1 (see i | instructions) | | | . 18 | 1 | 59,727. | |
| Effectively | b | Household employee wages not r | eported or | n Form(s) W-2 | | | . 1k |) | | |
| Connected | С | Tip income not reported on line 1 | a (see instr | ructions) | | | . 10 | ; | | |
| With U.S. | d | Medicaid waiver payments not re | | , , | • | | . 10 | i | | |
| Trade or | е | Taxable dependent care benefits | | · | | | . 16 | • | | |
| Business | f | Employer-provided adoption ben- | efits from F | Form 8839, line 29 . | | | . 11 | | | |
| Attach | g | Wages from Form 8919, line 6. | . 10 | , | | | | | | |
| Form(s) W-2, | h | Other earned income (see instruc | . 11 | 1 | | | | | | |
| 1042-S, | i | Reserved for future use | | | | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | . 1 | | | | | | | |
| and 8288-A here. Also | k | Total income exempt by a treaty f line 1(e) | | lule OI (Form 1040-NR), ii | | | | | | |
| attach Form(s) | Z | Add lines 1a through 1h | 1 | 1 | | | . 12 | | 59,727. | |
| 1099-R if | 2a | Tax-exempt interest | 2a | | able interest | | . 2h | _ | | |
| tax was | _ | Qualified dividends | 3a | b Ordinary dividends | | | | | | |
| withheld. | 4a | IRA distributions | 4a | | | | | | | |
| If you did not get a Form | 5a | | 5a | | able amount | | | | | |
| W-2, see | 6 | Reserved for future use Capital gain or (loss). Attach Sche | | | | | | _ | | |
| instructions. | 7 8 | Additional income from Schedule | | | • | | | | 7 527 | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, ar | | | | | | | -7,537. 52,190. | |
| | | | | | | | | | <u>JZ,1JU.</u> | |
| | 10 | | | | | | . 10 | | FO 100 | |
| | 11 | Subtract line 10 from line 9. This i | | | | | | | 52,190. | |
| | 12 | Itemized deductions (from Schededuction (see instructions) | | | Std Dedn US/I | | | 2 | 13,850. | |
| | 13a | Qualified business income deduc | tion from F | orm 8995 or Form 8995- | | | | | | |
| | b | Exemptions for estates and trusts | • ' | • | | | | | | |
| | С | Add lines 13a and 13b | | | | | | | | |
| | 14 | | | | | | | | 13,850. | |
| | 15 | Subtract line 14 from line 11. If ze | ro or less | enter -0 This is your tax | rable income | | . 15 | 5 | 38,340. | |

| Form 1040-NR (2 | 2023) | | | | | | | | | | Page 2 |
|-------------------|--------|--|----------------------------------|-------------------------|---------------|----------|------------|------------------|-----------|----------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if ar | y from Foi | rm(s): 1 | 8814 2 | 497 | 2 3 | | | 16 | 4,379. |
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 4,379. |
| | 19 | Child tax credit or credit for other | er depende | ents from Sched | dule 8812 (F | orm 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 z | ero or less | s, enter -0 | | | | | | 22 | 4,379. |
| | 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) | | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is yo | ur total ta | x | | | | | | 24 | 4,379. |
| Payments | 25 | Federal income tax withheld from | n: | | | | | | | | |
| - | а | Form(s) W-2 | | | | | 25a | | 7,851. | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 7,851. |
| | 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 | ,. | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These | are your t o | otal other payr | nents and | refunda | ble cred | lits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26 | , and 32. T | These are your t | otal payme | ents . | | | | 33 | 7,851. |
| Refund | 34 | If line 33 is more than line 24, su | | | | | • | - | | 34 | 3,472. |
| | 35a | Amount of line 34 you want refu | | | 8 is attache | | | | . Ц | 35a | 3,472. |
| Direct deposit? | b | Routing number 0 2 1 0 | | | с Тур | e: 🔀 | Checkin | g _, L | Savings | | |
| See instructions. | d | | Account number 7 5 9 6 6 0 1 7 5 | | | | | | | | |
| | 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 instru | ctions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instru | | | | | 38 | | | | (C.1) |
| Third | Do yo | ou want to allow another person to | discuss t | his return with t | the IRS? Se | e instru | ctions. | ∐ Ye | es. Comp | lete bel | ow. 🗵 No |
| Party | Desig | | | Phone Personal ide | | | | | ication | | |
| Designee | name | | | | | | | | er (PIN) | | |
| | | penalties of perjury, I declare that I ha they are true, correct, and complete. I | | | | | | | | | |
| Sign | Your | signature | | Date | Your occ | upation | | | I | | ent you an Identity |
| Here | | | | | | | | | | | PIN, enter it here |
| | | | | | ENVIRO | ONMEN' | I'AL El | NGINE | ER ∣ (see | inst.) | |
| | Phone | | Decision | Email address | | | D : 1 | | DTIN | | <u> </u> |
| Paid | • | rer's name | | 's signature | ~~ c | | Date | | PTIN | 0.0.0. | Check if: |
| Preparer | | 1 PRIYA RAM SAGAR GUPTA | | PRIYA RAM | SAGAR C | JUPT'A | 04/12 | /2024 | P0208 | | Self-employed |
| Use Only | | s name GLOBAL TAXES | | | | | | | Phone n | | 78)965-9522 |
| 2 | Firm's | s address 245 ROONEY (| T E BF | RUNSWICK N | NJ 0881 | 6 | | | Firm's E | ın 8 | 4-3171965 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

MAHEK PRAKASH VORA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 698-72-2489

| Par | t I Additional Income | | | | |
|-----|--|------|---|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | | | 5 | -7,537. |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a | (|) | |
| b | Gambling | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | (|) | |
| е | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | | |
| | for profit but were not in the business of renting such property | 81 | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | |
| | instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | | |
| р | Section 461(I) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | , | | |
| | 1040, line 1a or 1d | 8s (| | _) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | | |
| | a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| Z | Other income. List type and amount: | | | | |
| _ | | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente | | | | - FAR |
| | 1040. 1040-SR. or 1040-NR. line 8 | | | 10 | -7,537. |

Schedule 1 (Form 1040) 2023 Page **2**

| Par | t II Adjustments to Income | | | | |
|-----|--|---------|------------|--------------|----|
| 11 | Educator expenses | | | . 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | | |
| | officials. Attach Form 2106 | | | . 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | | . 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | . 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | | | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | | |
| 17 | Self-employed health insurance deduction | | | | |
| 18 | Penalty on early withdrawal of savings | | | | |
| 19a | Alimony paid | | | | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | Į. |
| 20 | IRA deduction | | | | |
| 21 | Student loan interest deduction | | | | |
| 22 | Reserved for future use | | | | |
| 23 | Archer MSA deduction | | | . 23 | |
| 24 | Other adjustments: | | | | |
| а | , | 24a | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | · · · · · · · · · · · · · · · · · · · | 24c | | | |
| d | the state of the s | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 24f | | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | - | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | Į. |
| 25 | Total other adjustments. Add lines 24a through 24z | | | | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10 | . Enter | r here and | on 26 | |
| | 1 OITH 1070, 1070-011, 01 1070-1111, IIIIC 10 | • • | | . 20 | |

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 MAHEK PRAKASH VORA 698-72-2489 Enter **amount of income** under the appropriate rate of tax. See instructions.

| National de la comp | | | () 400/ | # N 450/ | 4 3 2224 | (d) Other (specify) | | | |
|-----------------------------------|---|---------|-----------------------------|---------------------|-------------------------|--|--|--|--|
| | Nature of Income | | (a) 10% | (b) 15% | (c) 30% | % | % | | |
| 1 | Dividends and dividend equivalents: | | | | | | | | |
| а | Dividends paid by U.S. corporations | 1a | | | | | | | |
| b | Dividends paid by foreign corporations | 1b | | | | | | | |
| С | Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | 2a | | | | | | | |
| b | Paid by foreign corporations | 2b | | | | | | | |
| С | Other | 2c | | | | | | | |
| 3 | Industrial royalties (patents, trademarks, etc.) | 3 | | | | | | | |
| 4 | Motion picture or TV copyright royalties | 4 | | | | | | | |
| 5 | Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | | | |
| 6 | Real property income and natural resources royalties | 6 | | | | | | | |
| 7 | Pensions and annuities | 7 | | | | | | | |
| 8 | Social security benefits | 8 | | | | | | | |
| 9 | Capital gain from line 18 below | 9 | | | | | | | |
| 10 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | | | |
| • | | | | | | | | | |
| a b | Winnings Losses | 10c | | | | | | | |
| 11 | Gambling—Residents of countries other than Canada. | 100 | | | | | | | |
| ••• | Note: Enter winnings only. Losses aren't allowed | 11 | | | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | 12 | | | | | | | |
| 13 | Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | | | |
| 14 | Multiply line 13 by rate of tax at top of each column | 14 | | | | | | | |
| 15 | Tax on income not effectively connected with a U.S. trade or business. Add colun | | | | | -NR, line 23a 15 | | | |
| | Capital Gains and Losses | From | Sales or Excha | nges of Proper | ty | | | | |
| losses f exchang within the | nly the capital gains and rom property sales or ges that are from sources he United States and not (if necessary, attach statement of descriptive details not shown below) (b) Date acc 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). | | |
| | ely connected with a U.S. s. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real y interest; report these | | | | | | | | |
| gains ai | nd losses on Schedule D | | | | | | | | |
| (Form 1 | 040). property sales or | | | | | | | | |
| exchan | ges that are effectively | | | | | | | | |
| | | | | | | () | | | |
| Form 4 | 18 Capital gain. Combine columns (f) and (g) of line 17 | 7. Ente | er the net gain here | e and on line 9 abo | ove. If a loss, ente | r -0 18 | | | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Attachment Sequence No. **7C**

OMB No. 1545-0074

| MAHEK PRAKASH VORA 698-72-248 | | | | | | | | | | | |
|-------------------------------|--|-----------------------------|------------------------------|-----------------------|----------------|--|--|--|--|--|--|
| Α | Of what country or countries were you a citizen or national | | | | | | | | | | |
| В | In what country did you claim residence for tax purposes | s during the tax year | r? United States | | | | | | | | |
| С | Have you ever applied to be a green card holder (lawful p | | | | | | | | | | |
| D | Were you ever: | | | | | | | | | | |
| 1 | . A U.S. citizen? | | | | s 🗵 No | | | | | | |
| 2 | . A green card holder (lawful permanent resident) of the Un | | | | | | | | | | |
| | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, | | | | | | | | | | |
| Е | If you had a visa on the last day of the tax year, enter y | | | er your U.S. | | | | | | | |
| | immigration status on the last day of the tax year. F1 | , ,, | , | • | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant sta | tus) or U.S. immigrat | tion status? | □ Ye | s 🗵 No | | | | | | |
| | | | | | | | | | | | |
| G | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| _ | 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 | | | Mexico | | | | | | | |
| | Date entered United States Date departed United State | | Date entered United States | - | nited States | | | | | | |
| | mm/dd/yy mm/dd/yy | | mm/dd/yy | mm/dd/ | | | | | | | |
| | ,, | | | | ,, | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| н | Give number of days (including vacation, nonworkdays, and | l I partial days) you we | are present in the United St | ates during: | | | | | | | |
| •• | 2021, 2022 | | | | | | | | | | |
| ī | Did you file a U.S. income tax return for any prior year? . | , and 2 | 2023 | | s 🗌 No | | | | | | |
| • | If "Yes," give the latest year and form number you filed: | | | | .5 LINO | | | | | | |
| J | Are you filing a return for a trust? | | J40NK | | s 🗵 No | | | | | | |
| J | If "Yes," did the trust have a U.S. or foreign owner unde | | | | S 🔼 NO | | | | | | |
| | U.S. person, or receive a contribution from a U.S. person | | | | s 🗌 No | | | | | | |
| ĸ | Did you receive total compensation of \$250,000 or more | | | = | | | | | | | |
| r. | If "Yes," did you use an alternative method to determine | - | | | | | | | | | |
| L | Income Exempt From Tax—If you are claiming exempti | | • | | | | | | | | |
| _ | complete (1) through (3) below. See Pub. 901 for more int | | | ix ireaty with a lore | agri country, | | | | | | |
| | Enter the name of the country, the applicable tax treaty art | | | laimed the treaty be | nofit and the | | | | | | |
| | amount of exempt income in the columns below. Attach Fo | | | damed the treaty be | nent, and the | | | | | | |
| | (a) Country | (b) Tax treaty article | | (d) Amount of | ovemnt | | | | | | |
| | (a) Country | (b) Tax treaty article | claimed in prior tax year | | ount of exempt | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. D | not enter it anvwh | ere else on line 1 | | | | | | | | |
| , | Were you subject to tax in a foreign country on any of the | • | | | s No | | | | | | |
| | Were you subject to tax in a foreign country on any or the Are you claiming treaty benefits pursuant to a Competent | | | | | | | | | | |
| • | If "Yes," attach a copy of the Competent Authority determ | • | | <u>.</u> re | o 🔼 INU | | | | | | |
| N.4 | | illiation letter to you | ıı returri. | | | | | | | | |
| M | Check the applicable box if: This is the first year you are making an election to treat in | oomo from roal nace | porty located in the United | l Ctatoo as affactive | v oonnootod | | | | | | |
| 1 | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See ir | | | | | | | | | | |
| , | | | | | · · · 🗀 | | | | | | |
| 2 | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin | | | | | | | | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

| MAHE | K PRAKASH VORA | | | | | | 698-7 | 2-2489 | |
|--------|--|--------|----------------------|----------|---------|----------------------------|--------------|-------------|----------|
| Part | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | e C. See | instruc | ctions. If you | are an indiv | vidual, rep | ort farm |
| Α | Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . 🗌 Ye | es 🗌 No |
| 1a | Physical address of each property (street, city, state, ZI | | | | | | | | |
| Α | A/502,PADMAVATI COMPLEX DAHANUKARWDI H | KANDT | VAT _I T V | VEST. | иднаг | RASHTRA | TN 4000 |)67 | |
| В | | | . , | 120171 | | | | <i>.</i> | |
| С | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair | rental | al and Days | | | | Person Da | QJV | |
| Α | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to qualified joint venture. See instru | | | В | | | | | |
| С | | | | С | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | ntal | 5 Land 6 Roya | | | Self-Rental Other (desc | | | |
| | | | | | | Propert | ies: | | |
| Incon | | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 4 | 50. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | _ | | | | | | | |
| 5 6 | Advertising | 5 6 | | | | | | | |
| 7 | · · · · · · · · · · · · · · · · · · · | 7 | | 1,4 | 70 | | | | |
| 8 | Cleaning and maintenance | 8 | | 1,4 | 70. | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,1 | 50 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | 50. | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,9 | 77. | | | | |
| 15 | Supplies | 15 | | 2,0 | _ | | | | |
| 16 | Taxes | 16 | | , - | | | | | |
| 17 | Utilities | 17 | | 1,3 | 80. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 7,9 | 87. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must | | | | 2.5 | | | | |
| | file Form 6198 | 21 | | -7,5 | 5/. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -7,53 | | , |) | (| |
| 23a | Total of all amounts reported on line 3 for all rental properties of the state of t | | | | 23a | | 450. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | • | 23b | | | | |
| C | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | - | 7 007 | | |
| e | Total of all amounts reported on line 20 for all properties | | | | 23e | | 7,987. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | ol looces be | . 24 | 1 | 7 527 |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | | | | | | (| 7,537. |
| 26 | Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this a | | | | | | . 26 | | -7.537 |