MRR Associates Inc
36 Oakey Drive
Kendall Park, NJ 08824
732-658-0269

Invoice for 2025 Tax Year

JNTUH ALUMNI ASSOCIATION INC
1 YALE CT
Livingston, NJ 07039

Invoice Date: April 30, 2026

Statement of Charges

Tax return preparation fee	100.00
TOTAL	100.00

SHILPA S KULKARNI
MRR Associates Inc
36 Oakey Drive
Kendall Park, NJ 08824
732-658-0269 Fax: 732-658-4545
shilpa@mrrassociate.com

April 30, 2026

JNTUH ALUMNI ASSOCIATION INC
Harikishan Eppanapally, Trustee
1 YALE CT
Livingston, NJ 07039

Form 990-N

No tax is due.

Do not mail this form as it is being e-filed. A copy is enclosed for your records.

e-Postcard for Tax-Exempt Organizations (990-N)

For the 2025 calendar year, or tax year beginning _____ ,and ending _____

Organization

Name		Federal EIN
JNTUH ALUMNI ASSOCIATION INC		85-2783048
Doing Business As		Website Address
Street 1 YALE CT		Room/Suite
City Livingston	State NJ	Zip Code 07039
Foreign Country	Foreign Province	Foreign Zip

Principal Officer of Organization

Name	Check here if Officer is a business	SSN or EIN
Harikishan Eppanapally	☐	148-78-3405
Street 1 Yale Court		Room/Suite
City Livingston	State NJ	Zip Code 07039
Foreign Country		

Organization's annual gross receipts are still normally $50,000 or less [X]

If applicable, organization is terminating (going out of business) [ ]

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer
JNTUH ALUMNI ASSOCIATION INC

EIN or SSN
85-2783048

Name and title of officer or person subject to tax
Harikishan Eppanapally — Trustee

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**
2a	**Form 990-EZ** check here	☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here	☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here	☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here	☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here	☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here	☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here	☐	**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**
9a	**Form 5330** check here	☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here	☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) JNTUH ALUMNI ASSOCIATION INC, (EIN) 85-2783048 and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize MRR Associates Inc (**ERO firm name**) to enter my PIN ____ (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 202192 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SHILPA S KULKARNI Date 4/30/2026

ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So