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 security number					
ARBAN MOHAMMED	367-77-9253					
Spouse's name	Spouse's social security number					
Part I Tax Return Information — Tax Year Ending December 31, 2	000 (Entor	VOOR VO	u oro ou	thoriz	vina \	
Enter whole dollars only on lines 1 through 5.	023 (Enter	year yo	u are au	LITOTIZ	ing.)	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income			. 1		25,	000.
2 Total tax					1,	121.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3		2,	275.
4 Amount you want refunded to you			. 4		1,	154.
5 Amount you owe			. 5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you	ı get and k	eep a c	opy of y	our ı	returr	1)
return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I aux Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relipersonal identification number (PIN) below is my signature for the income tax return (original or all Electronic Funds Withdrawal Consent.	eason for reje thorize the U. account india ncial institutio t to terminate cellation requivolved in the ated to the pa	ction of the S. Treasu cated in the to debit the authests must processing ayment. I	ne transmi ry and its he tax prep t the entry orization. Is t be receing of the e further ac	ssion, design paratio to this To revolved no lectron	(b) the ated Fin softwaccoupke (cap later ic paying edge t	reason inancial vare for nt. This ancel) a than 2 ment of hat the
Taxpayer's PIN: check one box only						
	or generate r	ny PIN	7 9	2 5	3	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing		11y 1 11 4	Enter five don't ente		but	ao my
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.	nded) I am no					
Your signature ►	Date ► _					
Snouse's DINI, shock one havenly						
Spouse's PIN: check one box only I authorize to enter or to enter	or gonorato r	my DINI				00 m)/
ERO firm name	or generate r	III FIIN	Enter five	digits.		as my
signature on the income tax return (original or amended) I am now authorizing	.		don't ente			
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—cont	inue below					
Part III Certification and Authentication — Practitioner PIN Method Or	nly					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	J. 2 2	2 4	9 6 0	8 2	2 7	1
The Call My Ma Lines your and angle Line to long and any four me angle control of control of the	. [t enter all z			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file II.	at I am submi	tting this	return in	accord	ance v	
ERO's signature ▶	Date ▶					
ERO Must Retain This Form — See Instr						
Don't Submit This Form to the IRS Unless Requ		o 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–D	ec. 31, 2023, or other tax year beginn	ning	, 2023,	ending	, 2	20	See separate instructions.
Your first name and middle initial		Last name			Your identifying number			
					(see instructions)			
ARBAN	ARBAN MOHAMMED					367-7	7-9253	
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.		•		Apt. no.
1907 DEEF	PAR	K DR						
City, town, or p	ost of	fice. If you have a foreign address, al	so comp	lete spaces below.		State	ZI	P code
FULLERTON	I		_			CA	9	2831
Foreign country	nam	e	Foreigr	n province/state/county		Foreign p	ostal code	
Filing		Single	arately (N	ΛΕS) □ Qualifvir	ng surviving spouse ((088)	☐ Estat	e 🔲 Trust
Status	1	you checked the QSS box, enter the		,	0 0 1 1	,		
Check only		,			, , , , , , , , , , , , , , , , , , , ,			
one box.								
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a f					(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
		(i) i i st riame		identifying number	(3) Helationship to you	1		dependents
If more than four								
dependents, see instructions and							H	
check here							П	
Income	1a	Total amount from Form(s) W-2, box	k 1 (see i	nstructions)			1a	25,000.
Effectively	b	Household employee wages not rep	•	*			1b	
Connected	С	Tip income not reported on line 1a (` '			1c	
With U.S.	d	Medicaid waiver payments not repo		•	ions)		1d	
Trade or	е	Taxable dependent care benefits from	m Form	2441, line 26			1e	
Business	f	Employer-provided adoption benefit	ts from F	form 8839, line 29 .			1f	
	g Wages from Form 8919, line 6							
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .		<u></u>		1h	
1042-S,	11(3) 44-2;							
SSA-1042-S, RRB-1042-S,	j	Reserved for future use					1j	
and 8288-A here. Also	88-A k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,							
attach	z	Add lines 1a through 1h	, .				1z	25,000.
Form(s) 1099-R if	2 a	Tax-exempt interest 2a	a	b Tax	able interest		2b	
tax was	3a	Qualified dividends 3a	а	b Ord	linary dividends		3b	
withheld.	4a	IRA distributions 4a			able amount		4b	
If you did not get a Form	5a	Pensions and annuities 5a	_		able amount			
W-2, see	6	Reserved for future use					6	
instructions.	7	Capital gain or (loss). Attach Schedu	•		•			
	8	Additional income from Schedule 1						25 000
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						25,000.
	10	Adjustments to income from Sched income	10					
	11	Subtract line 10 from line 9. This is y	11	25,000.				
	12	Itemized deductions (from Schedudeduction (see instructions)						13,850.
	13a							
	b	Exemptions for estates and trusts o						
	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	<u> </u>	15	11,150.

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if any fr	rom For	m(s): 1 88	314 2	4972	2 3			16	1,121.
Credits	17	Amount from Schedule 2 (Form 104	10), line	3						17	0.
	18	Add lines 16 and 17								18	1,121.
	19	Child tax credit or credit for other de	epende	ents from Sched	ule 8812 (F	orm 104	10) .			19	
	20	Amount from Schedule 3 (Form 104	10), 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	1,121.
	23a	Tax on income not effectively connected Schedule NEC (Form 1040-NR), line					23a				
	b	Other taxes, including self-employn line 21		•	•	′ '	23b				
	С	Transportation tax (see instructions)				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is your t	otal tax	x						24	1,121.
Payments	25	Federal income tax withheld from:									
-	а	Form(s) W-2					25a		2,275.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions)					25c				
	d	Add lines 25a through 25c								25d	2,275.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments and a	amount	applied from 20	22 return .		٠.			26	
	27	Reserved for future use				1	27				
	28	Additional child tax credit from Sch		•		1	28			_	
	29	Credit for amount paid with Form 10					29			-	
	30	Reserved for future use				i i	30			-	
	31	Amount from Schedule 3 (Form 104	,.				31				
	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, an								33	2,275.
Refund	34	If line 33 is more than line 24, subtra					-	-		34	1,154.
D: 1.1 :10	35a	Amount of line 34 you want refunde								35a	1,154.
Direct deposit? See instructions.							Savings				
	a Account number 7 6 3 3 3 3 7 2 6										
	е										
	36	enter it here. Amount of line 34 you want applied				Т	36			-	
Amount	37	Subtract line 33 from line 24. This is			eu lax .	•	30				
You Owe	01	For details on how to pay, go to ww		-	see instruc	ctions .				37	
Tou Owe	38										
Third		u want to allow another person to dis				e instruc		Пү	es. Comp	lete bel	ow. 🛛 No
Party	Designee's Phone Personal identif									_	
Designee	name no. number (PIN)								ioation		
		penalties of perjury, I declare that I have e they are true, correct, and complete. Decl									
Sign	Your	signature		Date Your occupation			If the	e IRS s	ent you an Identity		
Here				· ·						PIN, enter it here	
		SOFTWA	ARE E	NGIN	EER	(see	inst.)				
	Phone			Email address		-	Deli		DTIN		OL 1 ''
Paid	•		•	's signature			Date		PTIN		Check if:
Preparer				IYA RAM SAGAF	R GUPTA T	ALLAM	03/1	4/2024	P0208		Self-employed
Use Only		sname GLOBAL TAXES LL							Phone n	, ,	78)965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965								4-3171965		

BAA

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

on Schedule D (Form 1040).

Form 4797, or both.

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

ARBAN MOHAMMED 367-77-9253 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources subtract (d) from (e). descriptive details not shown below) subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

18

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Department of the Treasury Internal Revenue Service

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

Answer all questions.

OMB No. 1545-0074

Attachment Sequence No. 7C

Name sh	nown on Form 1040-NR	Your identifying number									
ARBA	ARBAN MOHAMMED						367-77-9253				
Α	Of what country or countries w										
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 reside	nt) of the United States? .		☐ Yes	⊠ No				
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful permanent resident) of the United States?										
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules 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 value of the same of the sa		, obongo.	gration status?		☐ Yes	⊠ No				
G	List all dates you entered and	left the United States during									
	Note: If you're a resident of C				ent intervals,						
	check the box for Canada or	Mexico and skip to item H	<u> </u>	🗌 Canada	Mexico						
	Date entered United States	Date departed United State	es	Date entered United State			d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	n	nm/dd/yy					
Н	Give number of days (including 2021	, 2022	, ar	nd 2023 365	·						
I	Did you file a U.S. income tax If "Yes," give the latest year ar	return for any prior year? . nd form number you filed:				∐ Yes	⊠ No				
J	Are you filing a return for a trus	st?				☐ Yes	⊠ No				
	If "Yes," did the trust have a l										
	U.S. person, or receive a conti					☐ Yes	☐ No				
K	Did you receive total compensation of \$250,000 or more during the tax year?										
	If "Yes," did you use an alternative method to determine the source of this compensation?										
L	Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.										
1.	1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.										
	(a) Cou	ntry	(b) Tax treaty ar	ticle (c) Number of month claimed in prior tax ye	` '						
	(e) Total. Enter this amount of		-								
	Were you subject to tax in a fo					∐ Yes	∐ No				
3.	Are you claiming treaty benefit		-			∐ Yes	⊠ No				
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to	your return.							
M	Check the applicable box if:	aking an alastian to the of	oomo fueur	eroportu logatad in the EU '	od Otataa == : "	io otivo le :	onn a at a c'				
	This is the first year you are mount with a U.S. trade or business u	under section 871(d). See in	structions				🗌				
2.	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										