E1040-NR 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 | ı. 1–C | ec. 31, 2023, or other tax year beginning | g | , | 2023, | ending | , | 20 | See separate instructions. |
|-----------------------------|--------|--|----------------|----------------------------------|-----------------|-------------------------|----------------------|---------------|------------------------------|
| Your first name | and r | niddle initial | _ast na | ıme | | | | | ntifying number |
| | | | | | | | | (see instr | ructions) |
| MOHAMMED | | i | ARFA | N | | | | 855-3 | 35-8015 |
| | • | per and street). If you have a P.O. box, s | see ins | tructions. | | | | | Apt. no. |
| 50 WASHIN | | | | | | | | | 27 |
| City, town, or po | ost of | fice. If you have a foreign address, also | comp | lete spaces below | ' . | | State | | IP code |
| SANTA CLA | | | | | | | CA | | 95050 |
| Foreign country | nam | e F | oreigr | n province/state/c | ounty | | Foreign _I | postal code | е |
| | 1 | | | | | | | | |
| Filing Status | X | Single | ately (N | MFS) | ualifyir | ng surviving spouse (| QSS) | ☐ Esta | ite 🗌 Trust |
| | lf : | ou checked the QSS box, enter the chi | ild's na | ame if the qualifyir | ng pers | on is a child but not | your depe | endent: | |
| Check only one box. | | | | | | | | | |
| Digital Assets | Δta | ny time during 2023, did you: (a) receive | las a | reward award or | navm | ent for property or se | rvices): o | r (h) sell e | xchange or |
| Digital Assets | | rwise dispose of a digital asset (or a final | | | | | | | . Yes X No |
| Dependents | | | | | | | (4) Ch | eck the box i | f qualifies for (see inst.): |
| (see instructions): | | (4) First areas | | (2) Dependent identifying num | | (O) Deletieneleie te co | Chil | d tax credit | Credit for other |
| | - | (1) First name Last name | | identilying num | Dei | (3) Relationship to yo | u | | dependents |
| If more than four | | | | | | | | | |
| dependents, see | | | | | | | | | |
| instructions and check here | | | | | | | | | |
| | 1a | Total amount from Form(s) W-2, box 1 | (see i | netructions) | | | | . 1a | 202,568. |
| Income Effectively | b | Household employee wages not repor | • | , | | | | | 202,300. |
| Connected | C | Tip income not reported on line 1a (se | | ` ' | | | | | |
| With U.S. | d | Medicaid waiver payments not reported | | | | | | . 1d | |
| Trade or | e | Taxable dependent care benefits from | | ., | | , | | . 1e | |
| Business | f | Employer-provided adoption benefits | | • | | | | . 16 | |
| Dusiness | g | Wages from Form 8919, line 6 | | * | | | | . 1g | |
| Attach | h | Other earned income (see instructions | | | | | | . 1h | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | • | | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | | . 1j | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | Sched | ule OI (Form 1040 | -NR), i | tem L, | | | |
| here. Also | | line 1(e) | | | | 1k | | | |
| attach | z | Add lines 1a through 1h | | | | | | . 1z | 202,568. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | | | b Tax | able interest | | . 2b | 659. |
| tax was | 3a | Qualified dividends 3a | | | b Ord | linary dividends | | . 3b | |
| withheld. | 4a | IRA distributions 4a | | | | able amount | | | |
| If you did not | 5a | Pensions and annuities 5a | | | | able amount | | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedule | • | , . | | • | | | |
| | 8 | Additional income from Schedule 1 (Fo | | | | | | | -8,394. |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. | | - | | | | | 194,833. |
| | 10 | Adjustments to income from Schedule income | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is you | ur adju | ısted gross incor | ne | | | . 11 | 194,833. |
| | 12 | Itemized deductions (from Schedule | • | ,, . | | | | I | 46 |
| | | deduction (see instructions) | | | | l l | ndia Tre | aty 12 | 13,850. |
| | 13a | Qualified business income deduction t | | | | | | | |
| | b | Exemptions for estates and trusts only | | | | | | | |
| | C | Add lines 13a and 13b | | | | | | | 40 0-1 |
| | 14 | | | | | | | _ | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero or | less, | enter -U This is y | our ta : | kable income | | . 15 | 180,983. |

| Form 1040-NR (| 2023) | | | | | | | | | | Page 2 |
|-------------------|----------------|--|---------------------|------------------------|---------------|-----------|---------------|-----------|-------------------------|---------------|---------------------|
| Tax and | 16 | Tax (see instructions). Check if any | y from For | m(s): 1 8 | 814 2 | 4972 | 3 | | | 16 | 36,836. |
| Credits | 17 | Amount from Schedule 2 (Form 1 | 040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 36,836. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | lule 8812 (F | orm 104 | 0) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1 | 040), line | 8 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If ze | ero or less | s, enter -0 | | | | | | 22 | 36,836. |
| | 23a | Tax on income not effectively cor | nnected w | rith a U.S. trade | or business | from | | | | | |
| | | Schedule NEC (Form 1040-NR), li | ine 15 . | | | | 23a | | | | |
| | b | Other taxes, including self-emplo | • | | • | , , | | | | | |
| | | line 21 | | | | | 23b | | | _ | |
| | C | Transportation tax (see instructio | , | | | L | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | 26.026 |
| | 24 | Add lines 22 and 23d. This is you | | x | | | · · | | | 24 | 36,836. |
| Payments | 25 | Federal income tax withheld from | | | | | 05- | 4 | 1 177 | | |
| | a | Form(s) W-2 | | | | - | 25a | 4 | 1,177. | - | |
| | b | Form(s) 1099 Other forms (see instructions) . | | | | | 25b 25c | | | - | |
| | c d | Add lines 25a through 25c | | | | _ | | | | 25d | 41,177. |
| | e | Form(s) 8805 | | | | | | | | 25e | <u> </u> |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and | | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | 1 | 27 | | | | |
| | 28 | Additional child tax credit from S | | | | | 28 | | | | |
| | 29 | Credit for amount paid with Form | | • | • | | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form 1 | | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These a | are your t o | otal other payn | nents and r | efundab | ole cre | dits . | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | and 32. T | hese are your t | otal payme | nts . | | | | 33 | 41,177. |
| Refund | 34 | If line 33 is more than line 24, sub | otract line | 24 from line 33 | . This is the | amount | you o | verpaid | | 34 | 4,341. |
| | 35a | Amount of line 34 you want refur | | | | | | | 🗆 | 35a | 4,341. |
| Direct deposit? | b | Routing number 3 2 2 2 | | | c Type | e: 🗵 (| Checki | ng 🗌 | Savings | | |
| See instructions. | d | Account number 7 6 0 3 | | | | | | | | | |
| | е | If you want your refund check ma | ailed to ar | n address outsi | de the Unite | ed States | s not s | hown or | page 1, | | |
| | | enter it here. | | | | | | | | - | |
| | 36 | Amount of line 34 you want appli | | | | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This | | - | | tiono | | | | 0.7 | |
| You Owe | 20 | For details on how to pay, go to | _ | - | | IONS . | | | | 37 | |
| Thind | 38 | Estimated tax penalty (see instru- u want to allow another person to | | | | o inotruo | 38 tions | | es. Comp | loto bo | low. 🗵 No |
| Third Party | , | • | นเรียนธร เ | | | e mstruc | lions. | | | | IOW. 🔼 NO |
| Designee | Desigi name | | | Phone no. |) | | | | nal identif er (PIN) | ication | |
| | Under | penalties of perjury, I declare that I have they are true, correct, and complete. De | | d this return and a | | | | statement | s, and to th | | |
| Sign | | signature | - 3.0.0011 | Date | Your occu | • | U.I UII | | | | ent you an Identity |
| Here | Tours | signature | | Date | Tour occi | ираноп | | | | | PIN, enter it here |
| 11016 | | | | | SYSTEM P | RODUCT | DESIG | N ENGIN | | inst.) | |
| | Phone | e no. | | Email address | | | | | | | |
| Paid | Prepa | rer's name | Preparer' | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | SYAM | I PRIYA RAM SAGAR GUPTA | SYAM I | PRIYA RAM | SAGAR G | UPTA | 03/1 | 5/2024 | P02082 | 2703 | Self-employed |
| Use Only | Firm's | sname GLOBAL TAXES I | LLC | | | | | | Phone n | o . (6 | 78) 965-9522 |
| O Se Only | Firm's | address 245 ROONEY C | T E BF | RUNSWICK N | J 08816 | 5 | | | Firm's E | IN _ | |

BAA

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

MOHAMMED ARFAN

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.

Sequence No. 01

Your social security number

855-35-8015

| 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 | 1,653. |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E . | 5 | -10,047. |
| 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 (| $\overline{)}$ | |
| 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 | | |
| I | 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. Enter | here and on Form | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -8,394. |

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

| Par | Adjustments to Income | | | | |
|----------|---|-------------|------------|-----|-----------------------|
| 11 | Educator expenses | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | e-basis | government | | |
| | 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 | | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | | 16 | |
| 17 | Self-employed health insurance deduction | | | 17 | |
| 18 | Penalty on early withdrawal of savings | | | 18 | |
| 19a | Alimony paid | | | 19a | |
| b | Recipient's SSN | | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | | |
| 20 | IRA deduction | | | 20 | |
| 21 | Student loan interest deduction | | | 21 | |
| 22 | Reserved for future use | | | 22 | |
| 23 | Archer MSA deduction | | | 23 | |
| 24 | Other adjustments: | | | | |
| а | Jury duty pay (see instructions) | 24a | | _ | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | rental of personal property engaged in for profit | 24b | | - | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | and USOC prize money reported on line 8m | 24c | | - | |
| d | Reforestation amortization and expenses | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | |
| _ | Act of 1974 | 24e | | - | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | - | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | 041 | | | |
| _ | 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 tax law violations | 04: | | | |
| | Housing deduction from Form 2555 | 24i 24j | | - | |
| J | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24 j | | - | |
| k | 1041) | 24k | | | |
| _ | | 24K | | - | |
| Z | Other adjustments. List type and amount: | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income | | | 23 | |
| _0 | Form 1040, 1040-SR, or 1040-NR, line 10 | . LIIIGI | | 26 | |
| | BAA | | 07/24 PRO | | le 1 (Form 1040) 2023 |
| | BAA | INEV U3/ | ULIZA FINO | uu | |

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

Name shown on Form 1040-NR

MOHAMMED ARFAN

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

855-35-8015

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 С 3 4 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

Enter only the capital gains and losses from property sales or exchanges that are from source 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. reproperty interest; report these gains and losses on Schedule D (Form 1040).

15

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). Form 4797, or both.

| | | | | | | 7 | | |
|-----------|------|--|-------------------------------------|-----------------------------|---------------------|-------------------------|--|--|
| nd ces | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired 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). |
| J.S. | | | | | | | | |
| in | | | | | | | | |
| real | | | | | | | | |
| e D | | | | | | | | |
| | | | | | | | | |
| , | | | | | | | | |
| SS | 17 | Add columns (f) and (g) of line 16 . | | | | 17 | () | |
| | 18 (| Capital 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, enter | ′-0 18 | |

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

Capital Gains and Losses From Sales or Exchanges of Property

15

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

| | snown on Form 1040-NR | | | Your identifying | | |
|--------|---|---------------------------|--------------------------|------------------|--------------|--------------|
| | AMMED ARFAN | | | 855-35-80 | 115 | |
| Α_ | Of what country or countries were you a citizen or nation | ial during the tax year? | 'INDIA | | | |
| В | In what country did you claim residence for tax purpose | es during the tax year? | United States | | | |
| С | Have you ever applied to be a green card holder (lawful) | permanent resident) of | the United States? . | | ∐ Yes | ⊠ No |
| D | Were you ever: | | | | | S |
| | . A U.S. citizen? | | | | ∐ Yes | ⊠ No |
| 2 | . A green card holder (lawful permanent resident) of the Ui | | | | Yes | ⊠ No |
| _ | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4 | | | | | |
| E | If you had a visa on the last day of the tax year, enter immigration status on the last day of the tax year. $F1$ | | didn't have a visa, en | - | | |
| F | Have you ever changed your visa type (nonimmigrant sta | atus) or U.S. immigratio | on status? | | ☐ Yes | ⊠ No |
| | If you answered "Yes," indicate the date and nature of the | e change: | | | | |
| G | List all dates you entered and left the United States during | | | | | |
| | Note: If you're a resident of Canada or Mexico AND co | | | | | |
| | check the box for Canada or Mexico and skip to item | | | ☐ Mexico | | |
| | Date entered United States Date departed United Sta | tes Da | te entered United States | | | d States |
| | mm/dd/yy mm/dd/yy | | mm/dd/yy | I | nm/dd/yy | |
| | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| ы | Cive number of days (including vecetion, nemworkdays, an | d portiol days) you ware | nrocent in the United C | Yataa durinar | | |
| Н | Give number of days (including vacation, nonworkdays, an 2021 . 2022 | | | | | |
| ı | 2021 , 2022 Did you file a U.S. income tax return for any prior year? . | , and 202 | 23 | ··· | ⊠ Yes | □No |
| • | If "Yes," give the latest year and form number you filed: | | | | <u>∠</u> 163 | |
| J | Are you filing a return for a trust? | | ONIX | | Yes | ⊠ No |
| | If "Yes," did the trust have a U.S. or foreign owner under | | | | | <u> </u> |
| | U.S. person, or receive a contribution from a U.S. persor | | | | ☐ Yes | □No |
| K | Did you receive total compensation of \$250,000 or more | during the tax year? . | | | ☐ Yes | ⊠ No |
| | If "Yes," did you use an alternative method to determine | | | | Yes | □ No |
| L | Income Exempt From Tax-If you are claiming exempt | | • | | a foreign | country, |
| | complete (1) through (3) below. See Pub. 901 for more in | | | • | J | • |
| 1 | . Enter the name of the country, the applicable tax treaty ar | ticle, the number of mo | onths in prior years you | claimed the tre | aty benefi | t, and the |
| | amount of exempt income in the columns below. Attach F | orm 8833 if required. S | ee instructions. | | | |
| | (a) Country | (b) Tax treaty article | (c) Number of month | | ount of exe | empt |
| | | | claimed in prior tax ye | ars income ir | current ta | ax year |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | / \ T | | 1 1 1 1 | | | |
| _ | (e) Total. Enter this amount on Form 1040-NR, line 1k. [| = | | | | |
| 2 | , , | | | | ∐ Yes | ∐ No ⊠ Na |
| 3 | . Are you claiming treaty benefits pursuant to a Competen | | | | ∐ Yes | ⊠ No |
| N/I | If "Yes," attach a copy of the Competent Authority deter | mination letter to your i | return. | | | |
| M 1 | Check the applicable box if: This is the first year you are making an election to treat in | ncome from roal propo | uty located in the Unite | nd States as off | activoly a | onnectod |
| ' | with a U.S. trade or business under section 871(d). See i | | | | | |
| 2 | You have made an election in a previous year that has | | | | ated in th | ne United |
| | States as effectively connected with a U.S. trade or business | | | | | |

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09**

| | of proprietor | | | | | | security number (SSN) |
|------|--|----------------|---|-----------|---|-----------|-------------------------------------|
| | AMMED ARFAN | | 1. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | 11. | | -35-8015 |
| Α | Principal business or profession | on, incl | uding product or service (se | e ınstrı | uctions) | | er code from instructions |
| | IT | | | | | | 5 1 8 2 1 0 |
| С | Business name. If no separate | busin | ess name, leave blank. | | | D Emp | bloyer ID number (EIN) (see instr.) |
| E | Business address (including s | uite or | room no.) 50 WASHI | NGTO | ON ST, Apt. 27 | | |
| | City, town or post office, state | e, and i | ZIP code SANTA CI | | CA 95050 | | |
| F | Accounting method: (1) | ≺ Cas | sh (2) Accrual (3 |) [| Other (specify) | | |
| G | Did you "materially participate | in th | e operation of this business | during | 2023? If "No," see instructions for li | mit on lo | osses . 🗙 Yes 🗌 No |
| Н | If you started or acquired this | busine | ess during 2023, check here | | | | \square |
| I | Did you make any payments i | n 2023 | that would require you to fil | e Form | n(s) 1099? See instructions | | 🗌 Yes 🕱 No |
| J | If "Yes," did you or will you file | e requi | red Form(s) 1099? | | | | 🗌 Yes 🗌 No |
| Par | | | | | | | |
| 1 | Gross receipts or sales. See in | nstruct | ions for line 1 and check the | box if | this income was reported to you or | | |
| | | | | | u | 1 | 13,000. |
| 2 | Returns and allowances | | | | | 2 | |
| 3 | Subtract line 2 from line 1 . | | | | | 3 | 13,000. |
| 4 | Cost of goods sold (from line | 42) . | | | | 4 | |
| 5 | Gross profit. Subtract line 4 f | rom lir | ne 3 | | | 5 | 13,000. |
| 6 | Other income, including feder | al and | state gasoline or fuel tax cre | dit or r | refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 ar | nd 6 . | | | | 7 | 13,000. |
| Part | Expenses. Enter ex | pense | es for business use of yo | our ho | me only on line 30. | • | |
| 8 | Advertising | 8 | | 18 | Office expense (see instructions) | 18 | |
| 9 | Car and truck expenses | | | 19 | Pension and profit-sharing plans | 19 | |
| | (see instructions) | 9 | 3,157. | 20 | Rent or lease (see instructions): | | |
| 10 | Commissions and fees . | 10 | | а | Vehicles, machinery, and equipment | 20a | |
| 11 | Contract labor (see instructions) | 11 | | b | Other business property | | 5,540. |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | | |
| 13 | Depreciation and section 179 | | | 22 | Supplies (not included in Part III) | | |
| | expense deduction (not | | | 23 | Taxes and licenses | 23 | |
| | included in Part III) (see instructions) | 13 | | 24 | Travel and meals: | | |
| 14 | Employee benefit programs | | | а | Travel | 24a | 1,250. |
| | (other than on line 19) . | 14 | | b | Deductible meals (see instructions) | | 1,400. |
| 15 | Insurance (other than health) | 15 | | 25 | Utilities | 25 | |
| 16 | Interest (see instructions): | | | 26 | Wages (less employment credits) | 26 | |
| а | Mortgage (paid to banks, etc.) | 16a | | 27a | Other expenses (from line 48) | 27a | |
| b | Other | 16b | | h | Energy efficient commercial bldgs | | |
| 17 | Legal and professional services | 17 | | | deduction (attach Form 7205) . | | |
| 28 | Total expenses before expen | ses fo | r business use of home. Add | l lines 8 | 8 through 27b | | 11,347. |
| 29 | Tentative profit or (loss). Subt | ract lin | e 28 from line 7 | | | 29 | 1,653. |
| 30 | Expenses for business use of | of vour | home. Do not report these | e expe | nses elsewhere. Attach Form 8829 | | |
| | unless using the simplified me | • | • | | | | |
| | Simplified method filers only | : Ente | r the total square footage of | (a) you | ır home: | | |
| | and (b) the part of your home | used f | or business: | | . Use the Simplified | | |
| | | | · | | ine 30 | 30 | |
| 31 | Net profit or (loss). Subtract | line 30 | from line 29. | | | | |
| | • If a profit, enter on both Sch checked the box on line 1, see | | , , | | , , , | 31 | 1,653. |
| | • If a loss, you must go to lin | | · | | | | |
| 32 | If you have a loss, check the b | | at describes your investment | in this | activity. See instructions. | | |
| | If you checked 32a, enter th | e loss | on both Schedule 1 (Form | 1040) | line 3 and on Schedule | | |
| | SE, line 2. (If you checked the | | • | | · · · · · · · · · · · · · · · · · · · | 32a | X All investment is at risk. |
| | Form 1041, line 3. | | , | | , | 32b | ☐ Some investment is not |
| | • If you checked 32b, you mu | st atta | ch Form 6198. Your loss ma | av be li | mited. | | at risk. |

BAA

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

| Part | Cost of Goods Sold (see instructions) | |
|------------|--|------------------------------|
| 33 | Method(s) used to | |
| | value closing inventory: $f a$ \Box Cost $f b$ \Box Lower of cost or market $f c$ \Box Other (attack) | ach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 |
| 38 | Materials and supplies | 38 |
| 39 | Other costs | 39 |
| 40 | Add lines 35 through 39 | 40 |
| 41 | Inventory at end of year | 41 |
| 42 Part | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562. | truck expenses on line 9 and |
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) 10/02/2023 | |
| 44 | Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, ente | vehicle for: |
| а | Business 4,820 b Commuting (see instructions) c C | Other 1,254 |
| 45 | Was your vehicle available for personal use during off-duty hours? | 🛛 Yes 🗌 No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | 🗌 Yes 🔀 No |
| 47a | Do you have evidence to support your deduction? | 🗌 Yes 🔀 No |
| b | If "Yes," is the evidence written? | Yes No |
| Part | Other Expenses. List below business expenses not included on lines 8–26, line | 27b, or line 30. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 40 | Tatal ather averages. Fator have and on the C7- | 40 |
| 48 | Total other expenses. Enter here and on line 27a | 48 |

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

| | AMMED ARFAN | | | | | | 85 <u>5</u> -35 | 5-8015 | |
|-------------|--|-------------|----------|--------|--------|----------------|-----------------|------------|----------|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | rty, use \$ | Schedule | C. See | instru | ctions. If you | are an indiv | idual, rep | ort farm |
| Α | Did you make any payments in 2023 that would require you | to file F | (e) 1 | 0002 S | oo ing | tructions | | | s X No |
| | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | |
| | | | | • • | • • | | | | |
| 1a | Physical address of each property (street, city, state, ZIF | | | | | | | | |
| Α | 391 38TH A CORSS 26TH MAIN 9TH BLOCK | K JAY | ANAGAF | BANG | GALO: | RE IN 56 | 0069 | | |
| В | | | | | | | | | |
| С | | | | | I | | T | | |
| 1b | Type of Property 2 For each rental real estate property | | | | Fa | ir Rental | Person | | QJV |
| _ | (from list below) above, report the number of fair personal use days. Check the Q | | | • | | Days | Day | | |
| A B | personal use days. Check the Quite if you meet the requirements to f | | | A | | 365 | | 0 | |
| С | qualified joint venture. See instru | | | B C | | | | | |
| | of Drawayh (| | | C | | | | | |
| | of Property: Single Family Residence 3 Vacation/Short-Term Ren | tol. | 5 Land | | 7 | Self-Rental | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | ııaı | 6 Roya | | - | | ribo) | | |
| | Multi-Family nesidefice 4 Commercial | | о поуа | iiiles | 0 | Other (desc | | | |
| | | | | | | Propert | ies: | | |
| Incor | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 6 | 74. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| - | nses: | _ | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | 0 6 | 4.0 | | | | |
| 7 | Cleaning and maintenance | 7 | | 2,6 | 48. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | 20 | | | | |
| 11 | Management fees | 11 | | 2,1 | 30. | | | | |
| 12 13 | Mortgage interest paid to banks, etc. (see instructions) Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,9 | 15 | | | | |
| 15 | Supplies | 15 | | 1,3 | | | | | |
| 16 | Taxes | 16 | | 1/5 | 00. | | | | |
| 17 | Utilities | 17 | | 1,6 | 12. | | | | |
| 18 | Depreciation expense or depletion | 18 | | , - | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 10,7 | 21. | | | | |
| 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 | | | | | | | | |
| | file Form 6198 | 21 | - | -10,0 | 47. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | 7 | | T | | |
| | on Form 8582 (see instructions) | 22 (| | 10,04 | 7.) | (|)(| (| |
| 23 a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 674. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | |
| С | 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 | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 10 | 721. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | • | | | | . 24 | , | 10 015 |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | | 10,047. |
| 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 at | | | | | | on 26 | | -10.047 |

MOHAMMED ARFAN 855-35-8015 1

Additional Information From 2023 Federal Tax Return

Schedule C (IT): Profit or Loss from Business

Ln 24b: 50% limit Itemization Statement

| Description | Amount |
|-------------|--------|
| | 2,800. |
| Total | 2,800. |

Schedule C (IT): Profit or Loss from Business

Line 20b Itemization Statement

| Description | Amount |
|-------------|-----------------|
| RENT PAID | 5 , 540. |
| Total | 5,540. |