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

Submi	ssion Identification Number (SID)		·		
Taxpaye	r's name	Social securit	y numl	per	
AASI	HNA AMANULLAH KHAN	873-68-	-591	9	
Spouse'	s name	Spouse's soc	ial secu	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina	.)
	whole dollars only on lines 1 through 5.	<i>y y</i>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	28	3,672.
2	Total tax		2	1	.,559.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,170.
4	Amount you want refunded to you		4	1	<u>,611.</u>
5 Dort	Amount you owe		5	torik koti	ıkb)
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectedly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to fine for each of the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised also prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor confidential information necessary to answer inquiries and resolve issues related to the payle identification number (PIN) below is my signature for the income tax return (original or amended) I and income for the income tax return (original or amended) I and its first that the payment is the payment (PIN) below is my signature for the income tax return (original or amended) I and its first that the payment is the payment income tax return (original or amended).	ction of the tr S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	ansmised its of the control of the c	ssion, (b) to designated paration so to this according revoke wed no late ectronic posteriors.	he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the
тахра Х	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate r	8 BINI 8	5 9	9 1 9	00 mv
_	ERO firm name	ř Ent		digits, but er all zeros	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 not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Snous	e's PIN: check one box only				
Spous	I authorize to enter or generate r	ov DINI			as my
	ERO firm name		er five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	dor	ı't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	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		6 0		7 1
		Don't ente	er all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E 1040-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 Jan. 1–Dec. 31, 2023, or other tax year beginning $$			ng, 2023, ending, 20					20	See separate instructions.	
Your first name and middle initial			Last name Yo						our identifying number ee instructions)	
AASHNA AM	IA NI	T.T.A.H						`	58-5919	
Home address (number and street). If you have a P.O. box, see instructions.							1 0 7 0	Apt. no.		
75 SAINT ALPHONSUS									2006	
City, town, or po	ost of	fice. If you have a foreign address, also	comp	lete spaces below	·.		State	Z	IP code	
BOSTON							MA)2120	
Foreign country name Foreign province/state/county Foreign postal							postal code	Э		
Filing Status	☑ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent								te 🗌 Trust	
Check only one box.										
Digital Assets		ny time during 2023, did you: (a) receive rwise dispose of a digital asset (or a fin							xchange, or . Yes X No	
Dependents							(4) Ch	eck the box i	f qualifies for (see inst.):	
(see instructions):		(1) First name Last name		(2) Dependent		(a) D 1 11 1 1 1		ld tax credit	Credit for other	
		(1) First name Last name	e identifying number		(3) Relationship to you			dependents		
If more than four										
dependents, see instructions and									 	
check here								- i		
Income	1a	Total amount from Form(s) W-2, box 1	(see i	nstructions)				. 1a	28,672.	
Effectively	b	Household employee wages not report	ted on	Form(s) W-2				. 1b		
Connected	С	Tip income not reported on line 1a (se	e instr	uctions)				. 1c		
With U.S.	d	Medicaid waiver payments not reporte	ed on F	orm(s) W-2 (see in	nstruct	ions)		. 1d		
Trade or	е	Taxable dependent care benefits from	Form	2441, line 26				. 1e		
Business	f	Employer-provided adoption benefits	from F	orm 8839, line 29				. 1f		
Attach	g	Wages from Form 8919, line 6	. 1g							
Form(s) W-2,	h	Other earned income (see instructions	. 1h							
1042-S,	i	Reserved for future use								
SSA-1042-S, RRB-1042-S,	J	Reserved for future use	. 1j							
and 8288-A	k	Total income exempt by a treaty from line 1(e)								
here. Also attach	-	line 1(e)				1k		. 1z	28 , 672.	
Form(s)	z 2a	Tax-exempt interest 2a	 	1	h Tav	able interest		. 12 . 2b	20,072.	
1099-R if	2a 3a	Qualified dividends 3a				linary dividends .		. 3b		
tax was withheld.	4a	IRA distributions 4a				able amount				
If you did not	5a	Pensions and annuities 5a				able amount				
get a Form	6 Reserved for future use									
W-2, see instructions.	7	Capital gain or (loss). Attach Schedule								
	8	Additional income from Schedule 1 (Fe	orm 10	040), line 10				. 8		
9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income							. 9	28 , 672.		
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income									
	11	Subtract line 10 from line 9. This is yo	ur adju	ısted gross incon	ne			. 11	28 , 672.	
	12	Itemized deductions (from Schedule deduction (see instructions)	•	,, .					13,850.	
	13a	Qualified business income deduction								
	b	Exemptions for estates and trusts only								
	С	Add lines 13a and 13b						. 13c		
	14								13,850.	
	15	Subtract line 14 from line 11. If zero or	r less,	enter -0 This is y	our ta :	kable income .	<u> </u>	. 15	14,822.	

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): 1	814 2 [497	2 3			16	1,559.
Credits	17	Amount from Schedule 2 (Form	1040), line	3						17	0.
	18	Add lines 16 and 17								18	1,559.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Fo	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	1,559.
	23a	Tax on income not effectively co	nnected w	rith a U.S. trade	or business	from					
		Schedule NEC (Form 1040-NR),	line 15 .				23a				
	b	Other taxes, including self-emple	•		•	,					
		line 21					23b				
	С	Transportation tax (see instruction	,				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is you		x						24	1,559.
Payments Payments	25	Federal income tax withheld from									
	а	Form(s) W-2					25a		3 , 170.		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	3,170.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments ar								26	
	27	Reserved for future use					27			-	
	28	Additional child tax credit from S		•	,		28				
	29	Credit for amount paid with Form 1040-C									
	30						30				
	31	Amount from Schedule 3 (Form									
	32	Add lines 28, 29, and 31. These								32	2 170
Defend	33	Add lines 25d, 25e, 25f, 25g, 26,								33	3,170.
Refund	34 35a	If line 33 is more than line 24, su	35a	1,611. 1,611.							
Direct deposit?	ooa b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									1,011.
See instructions.	d	Routing number 2 3 1 3 7 2 6 9 1									
	e										
	enter it here.										
	36	Amount of line 34 you want app	lied to voi	ur 2024 estimat	ed tay		36				
Amount	37	Subtract line 33 from line 24. Thi				•					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see instru	_	-			38				
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See	instruc	ctions.	□ Y	es. Compl	ete be	low. 🗵 No
Party	Desia	esignee's Phone Personal identifi									
Designee	name	·									
		penalties of perjury, I declare that I ha									
0:	belief,	they are true, correct, and complete. I	Declaration of	of preparer (other t	than taxpayer)) is base	ed on all ir	nformatio	n of which	prepare	r has any knowledge.
Sign	Your	signature		Date	Your occu	pation					ent you an Identity
Here				CHILDENIA					PIN, enter it here		
-	Dhair	- no							(see	inst.)	
	Phone	e no. Irer's name	Prenarer'	Email address 's signature			Date		PTIN		Check if:
Paid	•			J	מאמאה מי	z Dun z		/2024		702	Self-employed
Preparer	-						04/13	/ 2024	P02082		
Use Only								Phone n		78) 965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El								IIN 8	4-3171965	

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 AASHNA AMANULLAH KHAN 873-68-5919 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(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								
а	Winnings								
b	Losses	10c							
11	Gambling – Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed								
12	Other (specify):								
		12							
13	Add lines 1a through 12 in columns (a) through (d)								
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 colu					-NR, line 23a 15			
	Capital Gains and Losses	From	Sales or Excha	inges of Proper	ty				
losses f	nly the capital gains and from 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 ac mm/dd/y		(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. ss. Do not include a gain								
or loss	on disposing of a U.S. real y interest; report these								
	nd losses on Schedule D								
	property sales or								
	ges that are effectively ted with a U.S. business 17 Add columns (f) and (g) of line 16			1	17	(
on Sche	edule D (Form 1040), 7797, or both. 17 Add Columns (f) and (g) of line 16								

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

vame	snown on Form 1040-NR				Your identifying						
AAS	HNA AMANULLAH KHAN				873-68-5919						
Α	Of what country or countries were y	ou a citizen or nationa	I during the tax y	ear? INDIA							
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 permanent resident) of the United States?										
D	Were you ever:										
1.	. A U.S. citizen?										
2.	A green card holder (lawful permane					Yes	⊠ No				
	If you answer "Yes" to (1) or (2), see	·									
Е	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 tay year										
F											
-	If you answered "Yes," indicate the	date and nature of the	change:	, and it states in the in-							
G	List all dates you entered and left th	e United States during	2023. See instru	uctions.							
-	Note: If you're a resident of Canada				ent intervals.						
	check the box for Canada or Mex				Mexico						
	Date entered United States Date	e departed United State	s [Date entered United State	s Date depa	rted Unite	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy		nm/dd/yy					
			-								
н	Give number of days (including vacat	ion, nonworkdays, and	partial days) you	were present in the United S	States during:						
	2021,										
ı	Did vou file a U.S. income tax return	n for any prior year?.				☐ Yes	⊠ No				
	If "Yes," give the latest year and for	m number you filed:									
J	Are you filing a return for a trust?.					☐ Yes	⊠ No				
	If "Yes," did the trust have a U.S. of										
	U.S. person, or receive a contribution					☐ Yes	☐ No				
Κ	Did you receive total compensation	of \$250,000 or more d	luring the tax yea	ar?		☐ Yes	⊠ No				
	If "Yes," did you use an alternative r					☐ Yes	☐ No				
L	Income Exempt From Tax-If you	are claiming exemption	on from income	tax under a U.S. income	tax treaty with	a foreign	country,				
	complete (1) through (3) below. See	Pub. 901 for more info	ormation on tax t	reaties.							
1.	Enter the name of the country, the ap	pplicable tax treaty artic	cle, the number o	of months in prior years you	claimed the tre	aty benefi	t, and the				
	amount of exempt income in the colu	umns below. Attach For	rm 8833 if require	ed. See instructions.							
	(a) Country		(b) Tax treaty art			nount of exempt					
				claimed in prior tax ye	ars income in	n current to	ax year				
	(e) Total. Enter this amount on Form		=								
2.	, ,					∐ Yes	∐ No				
3.	Are you claiming treaty benefits pur	•	•			∐ Yes	⊠ No				
	If "Yes," attach a copy of the Comp	etent Authority determ	ination letter to y	our return.							
Μ.	Check the applicable box if:										
1.	J			• •		ectively c	onnected				
•	with a U.S. trade or business under						🗀				
2.	You have made an election in a pr										
	States as effectively connected with	i a U.S. ii aue ur busine	saa uriuer sectior	ror r(u). See mstructions.			<u> Ц</u>				