(Rev. January 2021)

Department of the Treasury

## 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

IIIICIIIAI N	levertue dei vice	-						
Submis	ssion Identification Number (SID)							
Taxpayer	r's name	Social s	ecurity n	umber				
AZEE	M MOHAMMED ABDUL	320	-43-7	028				
Spouse's	s name		Spouse's social security number					
Dout	Toy Detrive Information Toy Veer Ending December 24	/Entary cory	011 080	outh o	izio a \			
Part		(Enter year y	ou are	autnoi	izing.)			
	whole dollars only on lines 1 through 5.  Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income			1	40	580.		
	Total tax			2		987.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		· —	3		087.		
	Amount you want refunded to you		_	4		100.		
	Amount you owe			5				
Part I		and keep a	сору	of you	retur	n)		
my know return (o to send for any o Agent to payment authorize payment business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amwledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial intention is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating a days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amendatic Funds Withdrawal Consent.	I above are the transmitter, or e for rejection of e the U.S. Treas unt indicated in nestitution to deb rminate the aution requests mul in the procession the payment.	e amountle amountle amountle transfury and the tax point the endorization and the form of the lattern of the lattern amountle amo	nts from c return smissior its designered itry to the on. To re eceived e electro r acknow	the incorigination, (b) the gnated Fillian soft is accordance to later and l	ome tax or (ERO) e reason Financial ware for unt. This ancel) a rethan 2 rement of that the		
	yer's PIN: check one box only							
X	lauthorize GLOBAL TAXES LLC to enter or gen	erate my PIN	3 7	0 2	2 8	as my		
•••	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	iorato my r mv		five digit enter all		ao my		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.							
Your si	gnature ▶ Dat	te <b>&gt;</b>						
Snouse	e's PIN: check one box only							
Ороца	I authorize to enter or gen	perate my PINI				as my		
	ERO firm name	lerate my r m	Enter	five digit	s. but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			enter all	-			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.							
Spouse	e's signature ▶ Dat	te ►						
	Practitioner PIN Method Returns Only—continue I	below						
Part II	II Certification and Authentication — Practitioner PIN Method Only							
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4	9 6	6 1	9 8	9		
2110 0	ET IN THE ETROI YOU ON GIGH ET IN TONOWOOD BY YOU INVO GIGH GON GOLOGICA T IN.		i't enter a	-   -	- 1 -			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incred to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provide	n submitting this	s return	in acco	rdanće			
ERO's	signature ▶ Dat	te ►						
	ERO Must Retain This Form — See Instruction							
	Don't Submit This Form to the IRS Unless Requested							

# 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 Ja	n. 1–C	ec. 31, 2023, or other tax year beginn	ing		, 2023,	ending	,	20	instructions.
Your first name	our first name and middle initial								ntifying number ructions)
AZEEM			MOHA	MMED ABDUL				320-4	13-7028
Home address	(numl	per and street). If you have a P.O. box	, see ins	tructions.					Apt. no.
950 HARB	INS	RD NW							432
City, town, or p	ost of	ffice. If you have a foreign address, als	so comp	lete spaces belo	N.		State	Z	ZIP code
LILBURN							GA	3	30047
Foreign countr	y nam	е	Foreig	n province/state/	county		Foreign	oostal code	е
Filing Status									ate Trust
Check only one box.									
Digital Assets	-	ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f	•				, .	. ,	xchange, or .  Yes No
Dependents	3						(4) Ch	eck the box i	if qualifies for (see inst.):
(see instructions)	:	(1) First name Last name		(2) Depender identifying nun		(3) Relationship to yo	U Chi	d tax credit	Credit for other dependents
		(i) i iot hamo		,		(c) Holadonomp to yo			С
If more than fou	1							H	+
dependents, see instructions and								H	
check here								<del>-</del>	
Income	1a	Total amount from Form(s) W-2, box	1 (see i	nstructions) .				. 1a	43,080.
Effectively	b	Household employee wages not rep	•	,					
Connected	C	Tip income not reported on line 1a (s							
With U.S.	d	Medicaid waiver payments not report		•				. 1d	
Trade or	е	Taxable dependent care benefits fro				•		. 1e	
Business	f	Employer-provided adoption benefit		•				. 1f	
	g	Wages from Form 8919, line 6						. 1g	
Attach Form(s) W-2,	h	Other earned income (see instruction	ns) .					. 1h	
1042-S,	i	Reserved for future use				1i			
SSA-1042-S,	j	Reserved for future use						. 1j	
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		•	D-NR), i	tem L, <b>1k</b>			
attach	Z	Add lines 1a through 1h						. 1z	43,080.
Form(s) 1099-R if	2a	Tax-exempt interest 2a	1		<b>b</b> Tax	cable interest		. 2b	
tax was	3a	Qualified dividends 3a	1		<b>b</b> Ord	dinary dividends		. 3b	
withheld.	4a	IRA distributions 4a	_		<b>b</b> Tax	kable amount		. 4b	
If you did not	5a	Pensions and annuities 5a				kable amount			
get a Form W-2, see	6	Reserved for future use							
instructions.	7	Capital gain or (loss). Attach Schedu	•	, .		•	-		
	8	Additional income from Schedule 1 (Form 1040), line 10						-	40.000
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8		-	_				43,080.
	10	Adjustments to income from Sched income						. 10	2,500.
	11	Subtract line 10 from line 9. This is y	our <b>adju</b>	usted gross inco	me			. 11	40,580.
	12	<b>Itemized deductions</b> (from Schedu deduction (see instructions)				Std Dedn US/I			13,850.
	13a	Qualified business income deduction	n from F	orm 8995 or Forr	n 8995				
	b	Exemptions for estates and trusts or	nly (see i	instructions) .		13b			
	С	Add lines 13a and 13b						. 13c	
	14								13,850.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is	your <b>ta</b>	xable income		. 15	26,730.

Form 1040-NR (2	2023)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): <b>1</b>	314 <b>2</b> 497	2 <b>3</b> 🗌		16	2,987.
Credits	17	Amount from Schedule 2 (Form	1040), line	3				17	0.
	18	Add lines 16 and 17						18	2,987.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form	20						
	21	Add lines 19 and 20	21						
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0				22	2,987.
	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 <b>total ta</b> :	<b>x</b>				24	2,987.
<b>Payments</b>	25	Federal income tax withheld from	n:						
	а	Form(s) W-2				25a	5,087.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	5,087.
	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 20	022 return			26	
	27	Reserved for future use				27			
	28	Additional child tax credit from S	Schedule 8	3812 (Form 1040	)	28			
	29	Credit for amount paid with Forr	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 <b>total other payments and refundable credits</b>							
	33							33	5,087.
Refund	34	If line 33 is more than line 24, su				•		34	2,100.
	35a	Amount of line 34 you want refu	Ц	35a	2,100.				
Direct deposit? See instructions.	b	Routing number 0 4 4 0							
See instructions.	d	Account number 7 1 9 0 3 8 3 6 3							
	е	If you want your refund check menter it here.							
	36	Amount of line 34 you want app	lied to you	ur 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. Th		-					
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions.			37	
	38	Estimated tax penalty (see instru				38			<b>S</b>
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	<b>es.</b> Compl	ete bel	ow. 🗵 No
Party	Designee's Phone Personal iden							cation	
Designee	name no. number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the schedules are statements.								
		they are true, correct, and complete. I							
Sign								•	ent you an Identity
Here	Your signature			Date Your occupation		l l		PIN, enter it here	
TICIC					SR SOFTWARE I	DEVOPS ENGINE		inst.)	,
İ	Phone	e no.		Email address	•				
Paid	Prepa	rer's name	Preparer	's signature		Date	PTIN		Check if:
	VENK <i>A</i>	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA	SAI PAVAN K	UMAR DUDIPALLI		P02470	833	Self-employed
Preparer	Firm's name CIODAI TAVECIIC   Phone n						Phone n		78)965-9522
Use Only		address 245 ROONEY (		RUNSWICK N	J 08816		Firm's El		8-2145487
	/_	10.101/0.1			-		•		1040 ND (0000)

#### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service		Sequence No. <b>01</b>	
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			ial security number
AZEEM MOHAMMED	ABDUL	320-43	-7028

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. Att		5	
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		
į	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 (	<u>)</u>	
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 <b>additional income</b> . Ente		_	
	1040, 1040-SR, or 1040-NR, line 8		10	

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-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	ı
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	. 20	
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
_	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans	_	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,		
ı	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		
	Housing deduction from Form 2555		
ј k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
N	1041)		
z	Other adjustments. List type and amount:		
_	0.4-		
25	Total other adjustments. Add lines 24a through 24z	. 25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and		
	Form 1040, 1040-SR, or 1040-NR, line 10		2,500.
	, , , , , , , , , , , , , , , , , , , ,		

REV 02/05/24 PRO

#### **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

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

AZEEM MOHAMMED ABDUL 320-43-7028 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 on Schedule D (Form 1040).

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.

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

Name sl	nown on Form 1040-NR				Your identifying no	umber		
AZEE	M MOHAMMED ABDUL				320-43-702	28		
Α	Of what country or countries w	Of what country or countries were you a citizen or national during the tax year? _INDIA						
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 resident)	of the United States? .	[	ີYes ⊠ No	0	
D	Were you ever:							
1.	A U.S. citizen?		[	☐ Yes 🗵 No	0			
2.	A green card holder (lawful per					☐ Yes 🗵 No	0	
	If you answer "Yes" to (1) or (2)	), see Pub. 519, chapter 4,	for expatriation rule	es that apply to you.				
E	If you had a visa on the last of immigration status on the last of			ou didn't have a visa, en	•			
F	Have you ever changed your v If you answered "Yes," indicate	isa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigra	ation status?	[	ີ Yes ⊠ No	0	
G	List all dates you entered and l Note: If you're a resident of C check the box for Canada or	left the United States durin anada or Mexico <b>AND</b> cor	g 2023. See instruc nmute to work in tl	ctions. he United States at frequ				
	Date entered United States mm/dd/yy	Date departed United Statement Mm/dd/yy	es	Date entered United State mm/dd/yy		ed United State n/dd/yy	s	
			_   _				_	
			<u> </u>				_	
			<u> </u>				_	
	Cive number of days (including	venetien nemvedelen en		rava muaaant in tha I luitad	Ctataa duwinas			
Н	Give number of days (including 2021							
1	Did you file a U.S. income tax if "Yes," give the latest year an				[	☐ Yes	0	
J	Are you filing a return for a trus	st?				☐ Yes	0	
	If "Yes," did the trust have a U.S. person, or receive a contr	J.S. or foreign owner unde	r the grantor trust	rules, make a distribution	n or loan to a	□ Yes □ No		
K	Did you receive total compens	ation of \$250,000 or more	during the tax year	?	[	☐ Yes 🗵 No		
	If "Yes," did you use an alterna	ative method to determine t	the source of this c	ompensation?	[	☐ Yes ☐ No	0	
L	Income Exempt From Tax—If complete (1) through (3) below	you are claiming exempti	on from income ta	ax under a U.S. income		foreign count	try,	
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.						the	
	(a) Cou	ntry	(b) Tax treaty artic	claimed in prior tax ye		unt of exempt current tax year		
							<u> </u>	
	(e) Total. Enter this amount or		-					
	Were you subject to tax in a fo			` '	[	∐ Yes	-	
3.	Are you claiming treaty benefit		-			☐ Yes 🗵 No	0	
	If "Yes," attach a copy of the C	Competent Authority detern	nination letter to yo	ur return.				
М	Check the applicable box if:	aldere are all off of the state			-101-4	_at t		
	This is the first year you are may with a U.S. trade or business u	ınder section 871(d). See ir	structions			[		
2.	You have made an election in States as effectively connected						ted	