Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	/er s name	Social secur	ty numb	er
AAN	IER S MOHAMMED	183-97	-1885	
Spous	e's name	Spouse's so	cial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	are aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	16,240.
2	Total tax		2	239.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,638.
4	Amount you want refunded to you		4	1,399.
5	Amount you owe		5	•
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our return)
LL. I.		N 1		

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN			-	FBO firm name		E	r
	X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	L	_

7	1	8	8	5	
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sig	inature Da	ate 🕨									
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III	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	2		6 nter a	 	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
	RO Must Retain This Form — Se omit This Form to the IRS Unless		
For Demonstrate Deduction Act Nation and			Farma 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

1040	-N	IR Department of the Treasury-Inter U.S. Nonresident Al	nal Reve i en In	enue Service ICOME TAX R	eturn	2023	OMB No. 1	545-0074		Only—Do not write le in this space.
For the year Jan	. 1–D	ec. 31, 2023, or other tax year beginr	ing		, 2023, e	nding		, 20		e separate structions.
Your first name			1	st name Your identifying (see instructions					ig number	
AAMER		S	MOH	AMMED				183	-97-1	885
Home address (num	per and street). If you have a P.O. box	, see in	structions.						Apt. no.
6554 GLEN	STO	NE WAY								
City, town, or po	ost of	fice. If you have a foreign address, al	so com	plete spaces belov	w.		State		ZIP cod	je
MASON							OH		4504	0
Foreign country	nam	e	Foreig	gn province/state/o	county		Foreign	postal co	ode	
Filing Status Check only one box.	lf :	Single Married filing separate of the QSS box, enter the of the QSS box.	child's r	name if the qualify	ing perso		ot your dep		-	Trust
Digital Assets		ny time during 2023, did you: (a) rece rwise dispose of a digital asset (or a t								
Dependents							(4) Cł	neck the bo		es for (see inst.):
(see instructions):		(1) First name Last name		(2) Dependen identifying nun		(3) Relationship to	you Ch	ild tax cre	ו דור	redit for other dependents
If more than four dependents, see										
instructions and										
check here	-									
Income	1a	Total amount from Form(s) W-2, box	•	,						16,240.
Effectively	b								>	
Connected	C d	Medicaid waiver payments not repo								
With U.S. Trade or	d e	Taxable dependent care benefits fro						. 16		
Business	f	Employer-provided adoption benefit						. 11		
Duomooo	g	Wages from Form 8919, line 6						. 10	,	
Attach Form(s) W-2,	h	Other earned income (see instructio							n 🛛	
1042-S,	i	Reserved for future use				. 1i				
SSA-1042-S, RRB-1042-S,	j	Reserved for future use						. 1 j		
and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)								
attach Form(s)	z	Add lines 1a through 1h	1							16,240.
1099-R if	2a	Tax-exempt interest 2a				ble interest				
tax was withheld.	3a ⊿a	Qualified dividendsIRA distributions				hary dividends . ble amount				
If you did not	4a 5a	IRA distributions . . 44 Pensions and annuities . . 56				ble amount				
get a Form	5a 6	Reserved for future use	-							
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu								
instructions.	8	Additional income from Schedule 1	(Form 1	040), line 10 .				. 8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This i	is your total effec	tively co	nnected income		. 9		16,240.
	10	Adjustments to income from Sched		,.			-)	
	11	Subtract line 10 from line 9. This is y	our ad j	justed gross inco	me .			. 11		16,240.
	12	Itemized deductions (from Schedu deduction (see instructions)							2	13,850.
	13a	Qualified business income deductio								
	b	Exemptions for estates and trusts o	nly (see	instructions) .		. 13b				
	с	Add lines 13a and 13b						. 13	c	
	14									13,850.
	15	Subtract line 14 from line 11. If zero						. 15		2,390.
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	Notice	, see separate ins	tructions	•			Form 10	040-NR (2023)

orm 1040-NR (2	2023)								Page 2
ax and	16	Tax (see instructions). Check if an	y from For	m(s): 1 🗌 88	314 2 497	2 3		16	239.
Credits	17	Amount from Schedule 2 (Form 1	040), line	3				17	0.
	18	Add lines 16 and 17						18	239.
	19	Child tax credit or credit for othe	r depende	ents from Sched	ule 8812 (Form 10	40)		19	
	20	Amount from Schedule 3 (Form 1						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0-				22	239.
	23a	Tax on income not effectively cor							
		Schedule NEC (Form 1040-NR), I				23a			
	b	Other taxes, including self-emplo	wment ta	x. from Schedul	e 2 (Form 1040).		-		
		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							239.
ayments	25	Federal income tax withheld from							
aymento	a	Form(s) W-2				25a	1,638		
	b	Form(s) 1099				25b	27030	-	
	c	Other forms (see instructions)				25c		-	
	d	Add lines 25a through 25c						25d	1,638.
	e	Form(s) 8805						25u	1,050.
	f	Form(s) 8288-A						25e	
								-	
	g	Form(s) 1042-S						25g	
	26	2023 estimated tax payments an		••				26	
	27	Reserved for future use				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							1 620
	33	Add lines 25d, 25e, 25f, 25g, 26,						33	1,638.
efund	34	If line 33 is more than line 24, sul						34	1,399.
	35a	Amount of line 34 you want refu							1,399.
ect deposit? e instructions.	b	Routing number 0 4 4 0			c Type: 🗵	Checking	Savings	\$	
	d	Account number 7 7 6 0							
	е	If you want your refund check m	ailed to ar	n address outsic	le the United State	es not shown on	page 1	,	
		enter it here.				1			
	36	Amount of line 34 you want appl	ied to you	ır 2024 estimat	ed tax	36		_	
mount	37	Subtract line 33 from line 24. This		-					
ou Owe		For details on how to pay, go to	•	-			•••	37	
	38	Estimated tax penalty (see instru	,			38			
nird	Do yo	u want to allow another person to	discuss th	his return with th	ne IRS? See instru	ctions. 🗌 Ye	es. Com	nplete bel	low. 🛛 No
arty	Desig	esignee's Phone Personal identific							
esignee	name						er (PIN)		
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the								
ian	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p							, ,	
gn	Your signature Date Your occupat								ent you an Identity
ere							etection	PIN, enter it here	
	Dhar	220		Email address	LDEVOES ENG	THEEK	(56		
	Phone	e no. rer's name	Prenaror'	Email address s signature		Date	PTIN	<u> </u>	Check if:
aid	•		•	U		Dato		70022	Self-employed
eparer		TA SAI PAVAN KUMAR DUDIPALLI		SAL PAVAN KU	JMAR DUDIPALLI			70833	
	Firm's name GLOBAL TAXES LLC Phone no						no. (6	78)965-9522_	
se Only		address 245 ROONEY C		-			Firm's	EINI -	8-2145487

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR

Sequence No. 7B Your identifying number

2

Attachment

183-97-1885

AAMER S MOHAMMED

Enter amount of income under the appropriate rate of tax. See instructions.

	Na	Nature of Income				(b) 15%	(c) 30%	(d) Other (specify)			
	140				(a) 10%	(b) 1376	(C) 30 %	%	%		
1	Dividends and dividend equival	lents:									
а	Dividends paid by U.S. corpora	ations		1a							
b	Dividends paid by foreign corpo	orations		1b							
с	Dividend equivalent payments re	eceived with respect to section 871(m) tra	ansactions	1c							
2	Interest:										
а	Mortgage			2a							
b				2b							
с				2c							
3	Industrial royalties (patents, trad	demarks, etc.)		3							
4		royalties		4							
5		ording, publishing, etc.)		5							
6		ral resources royalties		6							
7	,			7							
8				8							
9	,			9							
10		da only. Enter net income in column (c).									
а	Winnings										
b				10c				1			
11	Gambling—Residents of countre Note: Enter winnings only. Loss	ries other than Canada.		11							
12	Other (specify):										
				12							
13		mns (a) through (d)		13							
14	Multiply line 13 by rate of tax	at top of each column		14							
15	Tax on income not effectively c	connected with a U.S. trade or business	. Add colum	ns (a) tl	hrough (d) of line 14	. Enter the total here	and on Form 1040-	NR, line 23a 15			
		Capital Gains and	Losses F	rom \$	Sales or Excha	nges of Proper	ty				
losses f exchan	from property sales or	a) Kind of property and description (if necessary, attach statement of escriptive details not shown below)	(b) Date acqu mm/dd/yyy		(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).		
effectiv	ely connected with a U.S.										
or loss	on disposing of a U.S. real										
	y interest; report these nd losses on Schedule D										
(Form 1											
	property sales or ges that are effectively										
connec	ted with a U.S. business 17 Add	columns (f) and (g) of line 16 .					17	()			
		ital gain. Combine columns (f) and (g									

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

1-4

OMB No. 1545-0074 20

	nent of the Treasury Revenue Service	GOT	o www.irs.gov/Form1040N Ans	wer all questions.	d the latest information		Attachment Sequence N	o. 7C		
Name s	hown on Form 1040	-NR				Your identifyi				
AAME	ER S MOHAMM	ED				183-97-	1885			
Α			vere you a citizen or nationa							
В	In what country									
С	Have you ever a	Yes	🗙 No							
D	Were you ever:									
	A U.S. citizen?							🔀 No		
2.	•	· ·	rmanent resident) of the Un				∐ Yes	🔀 No		
Е), see Pub. 519, chapter 4, day of the tax year, enter y			tor your LLC				
E			day of the tax year. $F1$			-				
F			isa type (nonimmigrant sta e the date and nature of the	tus) or U.S. immigrat			🗌 Yes	🗙 No		
G	•		left the United States durin	-						
			anada or Mexico AND cor			_				
			Mexico and skip to item H							
	Date entered mm/c		Date departed United State mm/dd/yy	es E	Date entered United State mm/dd/yy	es Date de	parted Unite mm/dd/yy	d States		
		ia, yy			mini, adi yy		mm, aa, yy			
н			vacation, nonworkdays, and				:			
	2021		, 2022	, and 2	023 365	· · · ·		_		
I			return for any prior year? .					∐ No		
_	If "Yes," give th	e latest year ar	nd form number you filed:	10	40NR					
J			st?					🗙 No		
			J.S. or foreign owner unde ribution from a U.S. person				_	No		
к			ation of \$250,000 or more							
n	-		ative method to determine t							
L			you are claiming exempti							
			. See Pub. 901 for more inf			·····,		· · · · · · · · · ,		
1.	Enter the name	of the country,	the applicable tax treaty art	icle, the number of m	ionths in prior years you	claimed the	treaty benef	it, and the		
	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 article			mount of ex	•		
					claimed in prior tax ye	ears income	e in current t	ax year		
	(e) Total. Enter	this amount o	n Form 1040-NR, line 1k. D	o not enter it anvwh	ere else on line 1					
2.			reign country on any of the	-			2 Yes	No		
			s pursuant to a Competent				☐ Yes	X No		

Are you claiming treaty benefits pursuant to a Competent Authority determination? З. L Yes If "Yes," attach a copy of the Competent Authority determination letter to your return.

Check the applicable box if: Μ

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

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

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023