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.

Submission Identification Number (SID)

Taxpayer's name

| Part | Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | | | | | |
|--------|---|---------------|----------------------|----|--|--|--|--|--|--|--|
| 5 | | | 5 | | | | | | | | |
| 4 | Amount you want refunded to you | | 4 263 | 3. | | | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 263 | 3. | | | | | | | |
| 2 | Total tax | | 2 0 |). | | | | | | | |
| 1 | Adjusted gross income | | 1 3,500 |). | | | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | | | |
| Enter | whole dollars only on lines 1 through 5. | | | | | | | | | | |
| Par | Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) | | | | | | | | | | |
| Spouse | 's name | Spouse's soo | cial security number | | | | | | | | |
| KHA | JA MOHIDDIN MOHAMMAD | 814-48 | 3-9150 | | | | | | | | |
| Taxpay | er s name | Social securi | nity number | | | | | | | | |

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

| X lauthorize GLOBAL TAXES LLC | to enter or generate my PIN | |
|-------------------------------|-----------------------------|--|
|-------------------------------|-----------------------------|--|

| | | | gits, all ze | | as my |
|---|---|---|-----------------|---|-------|
| 8 | 9 | 1 | 5 | 0 | |

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 <a> Khaja Mohiddin Mohammad

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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 signature 🕨 | Da | te 🕨 | • | | | | | | | | | |
|---|-----------------------------|------|---|--|-----|-----|--------|-------|-----|---|---|---|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | | | | |
| Part III Certification and Authentication – P | ractitioner PIN Method Only | | | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | | 2 | | | | 6 | | | 9 | 8 | 9 |
| | | | | | υon | τen | nter a | II ze | ros | | | |

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 🕨 | |
|--|--|------------------|---------------------------------|
| | O Must Retain This Form — See mit This Form to the IRS Unless I | | |
| For Demonstrale Deduction Act Notice account | | DEV 00/07/04 DB0 | Farm 9970 (Day, 01 0001) |

| 1040 | - | VR Department of the Treasury-Interr U.S. Nonresident Ali | nal Revenue Service en Income Ta | x Return | 2023 | OMB No. 1 | 545-0074 | or stap | Only-Do not write ple in this space. | |
|-----------------------------------|----------|---|-------------------------------------|-----------------|----------------------|--------------|--------------|-------------------------|---|--|
| For the year Jan | . 1– | Dec. 31, 2023, or other tax year beginni | ing | , 2023, e | ending | | , 20 | | ee separate structions. | |
| Your first name | and | middle initial | | | | | | Your identifying number | | |
| | | | | | | | (see in | structio | ns) | |
| KHAJA MOH | | | MOHAMMAD | | | | 814 | -48-9 |)150 | |
| | | ber and street). If you have a P.O. box | see instructions. | | | | | | Apt. no. | |
| 5637 CRIM | | | | | | 1 | | L | | |
| | ost o | ffice. If you have a foreign address, als | o complete spaces b | below. | | State | | ZIP co | | |
| FRISCO | | - | Foreign province (at | ata /aauntu | | TX | no otol o | 7503 | 35 | |
| Foreign country | nan | | Foreign province/st | ale/county | | Foreigi | postal co | Jue | | |
| | | | | | | | | | | |
| Filing Status | | Single 🛛 Married filing sepa | | | g surviving spouse | | E | state | Trust | |
| Check only | lf | you checked the QSS box, enter the c | hild's name if the qu | alifying perso | on is a child but no | ot your de | pendent: | | | |
| one box. | | | | | | | | - | | |
| Digital Assets | At a | any time during 2023, did you: (a) receiv | ve (as a reward, awa | rd, or payme | nt for property or | services); | or (b) sell | , exchar | ıge, or | |
| | oth | erwise dispose of a digital asset (or a fi | nancial interest in a o | digital asset)? | ? (See instructions | | | | | |
| Dependents | | | (2) Depe | ndont's | | (4) C | heck the be | | fies for (see inst.): | |
| (see instructions): | | (1) First name Last name | identifying | | (3) Relationship to | you Cł | nild tax cre | dit C | Credit for other dependents | |
| | | | | | | | | | | |
| If more than four dependents, see | | | | | | | | | | |
| instructions and | | | | | | | | | | |
| check here | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | · , | | | | | | 3,500. | |
| Effectively | b | Household employee wages not repo | | | | | | - | | |
| | c d | Tip income not reported on line 1a (s Medicaid waiver payments not repor | | | | | · 10 | - | | |
| With U.S. Trade or | u e | Taxable dependent care benefits from | | | | | . 10 | - | | |
| Business | f | Employer-provided adoption benefits | - | | | | . 1 | - | | |
| Business | g | Wages from Form 8919, line 6 | | | | | . 19 | | | |
| Attach Form(s) W-2, | h | Other earned income (see instruction | | | | | . 11 | 1 | | |
| 1042-S, | i | Reserved for future use | | | . 1i | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | 1 1 | | . 1 | i | | |
| and 8288-A | k | Total income exempt by a treaty from | n Schedule OI (Form | 1040-NR), ite | | | | | | |
| here. Also | | line 1(e) | | | | | | | | |
| attach Form(s) | z | Add lines 1a through 1h | 1 | 1 | ble interest | | | | 3,500. | |
| 1099-R if | 2a 3a | Qualified dividends 3a | | - | nary dividends . | | | | | |
| tax was withheld. | 4a | IRA distributions 4a | | | able amount | | | | | |
| lf you did not | 5a | Pensions and annuities 5a | | | ble amount | | | | | |
| get a Form | 6 | Reserved for future use | | | | | | | | |
| W-2, see instructions. | 7 | Capital gain or (loss). Attach Schedu | le D (Form 1040) if re | equired. If not | t required, check | nere | 7 | | | |
| | 8 | Additional income from Schedule 1 (| | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | 8. This is your total e | ffectively co | nnected income | | . 9 | | 3,500. | |
| | 10 | | | | | | . 10 | b | | |
| | 11 | Subtract line 10 from line 9. This is y | | | | | | I | 3,500. | |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) | | · | Std Dedn US | | | 2 | 13,850. | |
| | 13a | Qualified business income deduction | | | | | | | | |
| | b | Exemptions for estates and trusts or | | | - | | | | | |
| | c | Add lines 13a and 13b | | | | | | | 10 0-0 | |
| | 14 15 | | | | | | | | 13,850. | |
| | 15 | Subtract line 14 from line 11. If zero | ur less, enter -U Thi | s is your taxa | | | . 1 | | 0. | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| Form 1040-NR (| 2023) | | | | | Page 2 |
|-------------------|---------|--|-----------------|--------------|-----------------|----------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 	8814 2 	497 | 2 3 | | 16 | 0. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | 18 | 0. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 10 | | | 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 zero or less, enter -0 | | | 22 | 0. |
| | 23a | Tax on income not effectively connected with a U.S. trade or business from | | | | |
| | | Schedule NEC (Form 1040-NR), line 15 | 23a | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), | | | - | |
| | | | 23b | | | |
| | с | Transportation tax (see instructions) | 23c | | - | |
| | d | Add lines 23a through 23c . <th></th> <th></th> <th>23d</th> <th></th> | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | 24 | 0. |
| | 25 | Federal income tax withheld from: | | | 24 | 0. |
| Payments | 25 a | Form(s) W-2 | 25a | 263. | | |
| | b | Form(s) 1099 | 25a 25b | 205. | - | |
| | | | 250 25c | | | |
| | C L | Other forms (see instructions) | | | 054 | 263. |
| | d | Add lines 25a through 25c | | | 25d | 203. |
| | e | Form(s) 8805 | | | 25e | |
| | f | Form(s) 8288-A | | | 25f | |
| | g | Form(s) 1042-S | | | 25g | |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | | | 26 | |
| | 27 | Reserved for future use | 27 | | | |
| | 28 | Additional child tax credit from Schedule 8812 (Form 1040) | 28 | | - | |
| | 29 | Credit for amount paid with Form 1040-C | 29 | | | |
| | 30 | Reserved for future use | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are your total other payments and refundation | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments . | | | 33 | 263. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour | • | | 34 | 263. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, chec | | | 35a | 263. |
| Direct deposit? | b | | Checking | Savings | | |
| See instructions. | d | Account number 4 8 8 1 0 3 7 1 9 5 3 5 | | | | |
| | е | If you want your refund check mailed to an address outside the United State | es not shown on | page 1, | | |
| | | enter it here. | · | | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | | | |
| Third | Do yo | ou want to allow another person to discuss this return with the IRS? See instru | ctions. 🗌 Y | es. Compl | ete below. | 🔀 No |
| Party | Desig | nee's Phone | Perso | nal identifi | cation | |
| Designee | name | no | numb | er (PIN) | | |
| | | penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based | | | | |
| Sign | Your | signature Date Your occupation | | If the | RS sent y | ou an Identity |
| Here | | | | Prote | ection PIN, | enter it here |
| | | SOFTWARE D | EVELOPER | (see | inst.) | |
| | Phone | e no. Email address | | | | |
| Paid | Prepa | arer's name Preparer's signature | Date | PTIN | | ck if: |
| Preparer | VENK/ | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI | | P02470 | 833 🗌 | Self-employed |
| - | Firm's | s name GLOBAL TAXES LLC | | Phone no | b. (678) | 965-9522 |
| Use Only | Firm's | saddress 245 ROONEY CT E BRUNSWICK NJ 08816 | | Firm's El | | 145487 |
| Go to www.irs. | gov/Foi | rm1040NR for instructions and the latest information. BAA | REV 03/07/24 PR | .0 | Form 1 | 040-NR (2023) |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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.

Name shown on Form 1040-NR KHAJA MOHIDDIN

MOHAMMAD

Attachment Sequence No. 7B Your identifying number

2

814-48-9150

| Enter a | amount of income und | er the appropriate rate of tax. See instructions. | | | | | | - | |
|--|---|---|-----------------------------------|-----------|-----------------------------|-------------------------|-------------------------|--|--|
| | Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | . , | r (specify) |
| | | | | _ | . , | ., | . , | % | % |
| 1 | Dividends and divide | • | | | | | | | |
| а | Dividends paid by U | - | | 1a | | | | | |
| b | | reign corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayments received with respect to section 871(m) tr | ransactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | | | | 2a | | | | | |
| b | Paid by foreign corp | orations | | 2b | | | | | |
| С | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property incom | e and natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies | | 7 | | | | | |
| 8 | Social security benef | fits | | 8 | | | | | |
| 9 | Capital gain from line | e 18 below | | 9 | | | | | |
| 10 | Gambling-Resident | ts of Canada only. Enter net income in column (c) r -0 |). | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Note: Enter winnings | ts of countries other than Canada. s only. Losses aren't allowed | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | • | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or busines | s. Add colum | nns (a) t | hrough (d) of line 1 | 4. Enter the total here | and on Form 1040 |)-NR, line 23a 15 | |
| | | Capital Gains and | d Losses I | From | Sales or Excha | anges of Proper | iy | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources 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 | | 16 (a) Kind of property and description (if necessary, attach statement of descriptive 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). |
| | | | | | | | | | |
| | | | | | | | | | |
| gains a | nd losses on Schedule D | | | | | | | | |
| (Form 1 Report | property sales or | | | | | | | | |
| exchan | ges that are effectively | | | | | | | | |
| | ted with a U.S. business edule D (Form 1040), | 17 Add columns (f) and (g) of line 16 | | | | | 17 | | |
| | 797, or both. | 18 Capital gain. Combine columns (f) and (| (g) of line 17 | 7. Ente | r the net gain he | re and on line 9 abo | ove. If a loss, ente | er-0 18 | |
| For Pa | aperwork Reduction A | ct Notice, see the Instructions for Form 1040-NR | | | BAA REV | 03/07/24 PRO | | Schedule NEC | (Form 1040-NR) 2023 |

| SCHE | DUL | e oi |
|-------|-------|------|
| (Form | 1040- | NR) |

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2 Attachment Sequence No. 7C

| Answer all | questions. |
|------------|------------|
|------------|------------|

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

| Name sh | nown on Form 1040-NR | | | | Your identifying number | er |
|---------|---|--|-------------------------|---------------------------------------|-----------------------------|-----------------|
| KHAJ | A MOHIDDIN MOHAMMAI | C | | | 814-48-9150 | |
| Α | Of what country or countries w | vere you a citizen or nation | al during the tax ye | ar? INDIA | | |
| в | In what country did you claim | residence for tax purpose | s during the tax yea | ar? United States | | |
| С | Have you ever applied to be a | green card holder (lawful p | ermanent resident) | of the United States? . | 🗌 Y | es 🛛 No |
| D | Were you ever: | | | | | |
| | | | | | | |
| 2. | A green card holder (lawful per | rmanent resident) of the Ur | ited States? | | 🗌 Y | es 🛛 No |
| | If you answer "Yes" to (1) or (2 | | | | | |
| E | If you had a visa on the last of immigration status on the last of | day of the tax year, enter y day of the tax year. <u>F1</u> | | ou didn't have a visa, er | - | |
| F | Have you ever changed your v If you answered "Yes," indicat | risa type (nonimmigrant sta e the date and nature of the | tus) or U.S. immigra | ation status? | 🗌 Y | es 🛛 No |
| G | List all dates you entered and | left the United States durin | g 2023. See instruc | tions. | | |
| | Note: If you're a resident of C | | | | ient intervals, | |
| | check the box for Canada or | Mexico and skip to item I | <u>+.</u> <u>.</u> | 🗌 Canada | Mexico | |
| | Date entered United States mm/dd/yy | Date departed United Stat mm/dd/yy | es | Date entered United State mm/dd/yy | es Date departed U mm/dd | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| н | Give number of days (including | | • • • • | • | • | |
| | 2021 | | | | | |
| I | Did you file a U.S. income tax | | | | | es 🗌 No |
| | If "Yes," give the latest year an Are you filing a return for a true | | | <u>040NR</u> | · · · · · □Y | es 🛛 No |
| J | If "Yes," did the trust have a l | | | | | es 🛆 No |
| | U.S. person, or receive a contr | | | | | es 🗌 No |
| к | Did you receive total compens | - | | | | |
| ĸ | If "Yes," did you use an alterna | | | | | |
| L | Income Exempt From Tax—If complete (1) through (3) below | you are claiming exempt | ion from income ta | x under a U.S. income | | |
| 1. | Enter the name of the country, amount of exempt income in th | the applicable tax treaty art | icle, the number of | months in prior years you | claimed the treaty be | enefit, and the |
| | (a) Cou | | (b) Tax treaty artic | | ns (d) Amount o | fevernt |
| | (a) Cou | ini y | | claimed in prior tax ye | | |
| | | | | | | , |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (e) Total. Enter this amount of | n Form 1040-NR, line 1k. D | o not enter it anyw | here else on line 1 | | |
| | Were you subject to tax in a for | • • • | | . , | 🗌 Y | |
| 3. | Are you claiming treaty benefit If "Yes," attach a copy of the C | | | | 🗆 Y | es 🛛 No |
| м | Check the applicable box if: | | initiation letter to yo | | | |
| | This is the first year you are m | aking an election to treat in | come from real pro | perty located in the Unit | ed States as effective | elv connected |
| •• | with a U.S. trade or business u | | | | | 🗆 |
| 2. | You have made an election in | | | | | in the United |
| | States as effectively connected | | | | | |
| For Pa | perwork Reduction Act Notice, | see the Instructions for Fo | rm 1040-NR. | REV 03/07/24 PRO | Schedule OI (Form | 1040-NR) 2023 |

BAA