

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 AHMED ABOMHYA | Social security number 745-32-3980 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

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 | 68,260. |
| 2 Total tax | 2 | 7,789. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 9,309. |
| 4 Amount you want refunded to you | 4 | 1,520. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

| | | | | |
|---|---|---|---|---|
| 2 | 3 | 9 | 8 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (AHMED), Last name (ABOMHYA), Your social security number (745-32-3980), Home address (25 3RD AVENUE, BROOKLYN, NY 11217), etc.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows a through z for various income types and deductions, ending with taxable income of 55,310.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 7,789. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 7,789. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 7,789. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 7,789. |

| | | | | |
|-----------------|---------------------------------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 9,309. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 9,309. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,309. |

| | | | | |
|---------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,520. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,520. |
| | b | Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 4 8 8 0 8 0 3 4 8 5 3 7 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount 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 Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|--------------------------------------|--|---|
| Your signature _____ | Date _____ | Your occupation RESIDENT PHYSICIAN | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| Spouse's signature. If a joint return, both must sign. _____ | Date _____ | Spouse's occupation _____ | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| Phone no. (859) 285-7787 | Email address AHMEDABOM750@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 01/19/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 88-2145487 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AHMED ABOMHYA

Your social security number

745-32-3980

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 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. Attach Schedule E | 5 | -7,970. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | 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 | |
| l | 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 | 8l | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | |
| n | Section 951(a) inclusion (see instructions) | 8n | |
| o | Section 951A(a) inclusion (see instructions) | 8o | |
| p | Section 461(l) excess business loss adjustment | 8p | |
| q | Taxable distributions from an ABL 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 nonqualified 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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -7,970. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part 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 | |
| b | Recipient's SSN | | | |
| c | 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: | | | |
| a | 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 | | |
| c | 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 | | |
| e | 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 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return
AHMED ABOMHYA

Your social security number
745-32-3980

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A VILAGE-8A IDKU BEHEIRA EG 22748

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 420. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 910. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,040. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 1,880. | | |
| 15 Supplies | 15 2,100. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,460. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 8,390. | | |
| 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 -7,970. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (7,970.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 420. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c 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 | | |
| e Total of all amounts reported on line 20 for all properties | 23e 8,390. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (7,970.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -7,970. | | |



New York State E-File Signature Authorization for Tax Year 2022

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|----------------------------------|---|
| Taxpayer's name AHMED ABOMHYA | Spouse's name (jointly filed return only) |
|----------------------------------|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|--|----|--------------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 68260. |
| 2 Refund | 2. | 1039. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 111000025 |
| 5 Financial institution account number | 5. | 488080348537 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------|
| Taxpayer's signature | Date |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|---|------------------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 01192023 |



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning ... 22

For help completing your return, see the instructions, Form IT-201-I. and ending ...

| | | | | | | | |
|---|--|----|---|-------------------|---|---|-----------------------------------|
| Your first name AHMED | | MI | Your last name (for a joint return, enter spouse's name on line below) ABOMHYA | | Your date of birth (mmddyyyy) 08071993 | Your Social Security number 745323980 | |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmddyyyy) | Spouse's Social Security number | |
| Mailing address (see instructions) (number and street or PO Box) 25 3RD AVENUE | | | | | Apartment number | New York State county of residence KINGS | |
| City, village, or post office BROOKLYN | | | State NY | ZIP code 11217 | Country UNITED STATES | School district name BROOKLYN | |
| Taxpayer's permanent home address (see instructions) (number and street or rural route) | | | | | Apartment number | School district code number 071 | |
| City, village, or post office | | | State NY | ZIP code | Decedent information | Taxpayer's date of death (mmddyyyy) | Spouse's date of death (mmddyyyy) |

- A Filing status**
(mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2022 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No

(2) Enter the amount00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2022? Yes No

(2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only:

(1) Number of months **you** lived in NYC in 2022 12

(2) Number of months **your spouse** lived in NYC in 2022

G Enter your **2-character special condition code(s) if applicable**

H Dependent information

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than 7 dependents, mark an X in the box.



201001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
745323980

Federal income and adjustments

Whole dollars only

| | | | |
|-----|--|-----|----------|
| 1 | Wages, salaries, tips, etc. | 1 | 76230.00 |
| 2 | Taxable interest income | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | .00 |
| 5 | Alimony received | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Schedule C, Form 1040) | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/> | 9 | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | -7970.00 |
| 12 | Rental real estate included in line 11 | 12 | -7970.00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 27) | 15 | .00 |
| 16 | Other income Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 68260.00 |
| 18 | Total federal adjustments to income Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 68260.00 |
| 19a | Recomputed federal adjusted gross income (see Line 19a worksheet) | 19a | 68260.00 |

New York additions

| | | | |
|----|--|----|----------|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements | 21 | .00 |
| 22 | New York's 529 college savings program distributions | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19a through 23 | 24 | 68260.00 |

New York subtractions

| | | | |
|----|--|----|----------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00 |
| 26 | Pensions of NYS and local governments and the federal government | 26 | .00 |
| 27 | Taxable amount of Social Security benefits (from line 15) ... | 27 | .00 |
| 28 | Interest income on U.S. government bonds | 28 | .00 |
| 29 | Pension and annuity income exclusion | 29 | .00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | .00 |
| 31 | Other (Form IT-225, line 18) | 31 | .00 |
| 32 | Add lines 25 through 31 | 32 | .00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 68260.00 |



Standard deduction or itemized deduction

| | | | |
|----|---|----|----------|
| 34 | Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized | 34 | 8000.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 60260.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H) | 36 | 000.00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 60260.00 |

201002223555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
 AHMED ABOMHYA

Your Social Security number
 745323980

Tax computation, credits, and other taxes

| | | |
|--|-----------|-----------|
| 38 Taxable income (from line 37 on page 2) | 38 | 60260 .00 |
| 39 NYS tax on line 38 amount | 39 | 3313 .00 |
| 40 NYS household credit | 40 | .00 |
| 41 Resident credit | 41 | .00 |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... | 42 | .00 |
| 43 Add lines 40, 41, and 42 | 43 | .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 3313 .00 |
| 45 Net other NYS taxes (Form IT-201-ATT, line 30) | 45 | .00 |
| 46 Total New York State taxes (add lines 44 and 45) | 46 | 3313 .00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | |
|---|------------|-----------|
| 47 NYC taxable income | 47 | 60260 .00 |
| 47a NYC resident tax on line 47 amount | 47a | 2211 .00 |
| 48 NYC household credit | 48 | .00 |
| 49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) | 49 | 2211 .00 |
| 50 Part-year NYC resident tax (Form IT-360.1) | 50 | .00 |
| 51 Other NYC taxes (Form IT-201-ATT, line 34) | 51 | .00 |
| 52 Add lines 49, 50, and 51 | 52 | 2211 .00 |
| 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | .00 |
| 54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | 2211 .00 |
| 54a MCTMT net earnings base | 54a | .00 |
| 54b MCTMT | 54b | .00 |
| 55 Yonkers resident income tax surcharge | 55 | .00 |
| 56 Yonkers nonresident earnings tax (Form Y-203) | 56 | .00 |
| 57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | .00 |
| 58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) .. | 58 | 2211 .00 |
| 59 Sales or use tax (do not leave blank) | 59 | 0 .00 |
| 60 Voluntary contributions (Form IT-227, Part 2, line 1) | 60 | .00 |
| 61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | 5524 .00 |

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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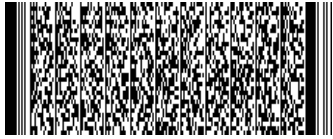


Your Social Security number
745323980

62 Enter amount from line 61 **62** 5524 .00

Payments and refundable credits

| | | | |
|-----|--|-----|----------|
| 63 | Empire State child credit | 63 | .00 |
| 64 | NYS/NYC child and dependent care credit | 64 | .00 |
| 65 | NYS earned income credit (EIC) | 65 | .00 |
| 66 | NYS noncustodial parent EIC | 66 | .00 |
| 67 | Real property tax credit | 67 | .00 |
| 68 | College tuition credit | 68 | .00 |
| 69 | NYC school tax credit (fixed amount) (also complete F on page 1) | 69 | 63 .00 |
| 69a | NYC school tax credit (rate reduction amount) | 69a | 131 .00 |
| 70 | NYC earned income credit | 70 | .00 |
| 70a | This line intentionally left blank | 70a | |
| 71 | Other refundable credits (Form IT-201-ATT, line 18) | 71 | .00 |
| 72 | Total New York State tax withheld | 72 | 3722 .00 |
| 73 | Total New York City tax withheld | 73 | 2647 .00 |
| 74 | Total Yonkers tax withheld | 74 | .00 |
| 75 | Total estimated tax payments and amount paid with Form IT-370 | 75 | .00 |
| 76 | Total payments (add lines 63 through 75) | 76 | 6563 .00 |



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

| | | | |
|-----|--|-----|----------|
| 77 | Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) | 77 | 1039 .00 |
| 78 | Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online. | 78 | 1039 .00 |
| 78a | Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | 78a | .00 |
| 78b | Total refund after NYS 529 account deposit (subtract line 78a from line 78) | 78b | 1039 .00 |

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.
See instructions for payment options.

| | | | |
|----|---|----|-----|
| 79 | Amount of line 77 that you want applied to your 2023 estimated tax (see instructions) | 79 | .00 |
| 80 | Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. | 80 | .00 |
| 81 | Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77) | 81 | .00 |
| 82 | Other penalties and interest | 82 | .00 |

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box.....

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 111000025 83c Account number 488080348537

84 Electronic funds withdrawal Date Amount00

| | | | |
|---|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number () | Personal identification number (PIN) |
| | Email: | | |

| | | | |
|--|--|---|---------------------------|
| Paid preparer must complete (see instructions) | | Preparer's NYTPRN | NYTPRN excl. code 0 9 |
| Preparer's signature SYAM PRIYA RAM SAGAR GUP | | Preparer's printed name SYAM PRIYA RAM SAGAR GUP | |
| Firm's name (or yours, if self-employed) GLOBAL TAXES LLC | | Preparer's PTIN or SSN P02082703 | |
| Address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Employer identification number 882145487 | |
| Email: SYAM@GTAXFILE.COM | | Date 01192023 | |

| | |
|---|---------------------------------------|
| Taxpayer(s) must sign here | |
| Your signature | |
| Your occupation RESIDENT PHYSICIAN | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number (859)285 7787 |
| Email: AHMEDABOM750@GMAIL.COM | |

See instructions for where to mail your return.



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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

745323980

Box b Employer identification number (EIN)

111630755

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name | | | |
| BROOKLYN HOSPITAL CENTER | | | |
| Employer's address (number and street) | | | |
| 255 DUFFIELD ST 3RD FL | | | |
| City | State | ZIP code | Country |
| BROOKLYN | NY | 11201 | |

Box 1 Wages, tips, other compensation

76230.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

56.00

Code

C

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

31.00

Description

SDI

Box 14b Amount

382.00

Description

NY PFL

Box 14c Amount

108.00

Description

LEGSR

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

76230.00

Box 17a NYS income tax withheld

3722.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 76230.00

Locality b .00

Box 19 Local income tax withheld

Locality a 2647.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name | | | |
| | | | |
| Employer's address (number and street) | | | |
| | | | |
| City | State | ZIP code | Country |
| | | | |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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