Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Spouss's name PATIM Z JAPARI Spouss's name Patieum 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 filer use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 2 2, 2, 222. 3 Federal income tax withhold from Form(s) W-2 and Form(s) 1099 3 662. 4 Amount you want retunded to you 5 Amount you want retunded to you 1 Total tax 2 2 1, 513. Patieum Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Total you want return to the 18 and to receive from the 18 (s) an acknowledgement of receiped for elementary in the 18 (s) and acknowledgement of receiped for resunding the return or refund, and (s) the date of any refund. If applicable, lauthorize the U.S. Treasury and its designated financial Agent to initiate and ACH electronic funds without all gent at the 18 (s) an acknowledgement of receiped for resunding the standard standard in the 18 financial Agent to 1888 a334–3547. Payment cancel tax for expension software for authorization is to remain in full force and effect until I notify the U.S. Treasury. Financial Agent to 1888 associated to the payment, I must contact the U.S. Treasury financial Agent at 1888 a334–3547. Payment cancellation requests must be reached to later than 2 basiness days prior to the payment (settlement) date 1 also authorize the financial resultations involved in the processing of the electronic payment, I must contact the U.S. Treasury. Financial Agent at 1888 a334–3547. Payment cancellation requests must be reached to later than 2 basiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment, I further the digits, but don't entire all zeros to receive confederal information necessary to its resoury. Financial Agent at 1888 associated to the payment interest of the electronic payment interest the digits, but don	Submission Identification Number (SID)						
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 104-05 Sfilers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpayer's name	Social securit	ty number				
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 2 Total tax 2 2, 222. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 662. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to the you refund. If applicable, lathout above are the amounts in Part I above are the funded in the amounts in Part I in the amounts in Part I in the amounts in Part I in the amy to the text prefured to the internal part I in the part I in t	FATIMA Z JAFARI	638-11-	-7939	9			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse's name	Spouse's soc	ial secu	urity numb	er		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	 ter year you a	re aut	thorizin	g.)		
Adjusted gross income 1					<u> </u>		
Total tax Total tax Total tax Tederal income tax withheld from Form(s) W-2 and Form(s) 1099	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
A mount you want refunded to you A mount you A mount you want feel want feel to feel and the mount want refunded to you A mount you want to the left you A mount you want to the left you A mount you want feel want feel to feel and yet much if a pepticable, I authorize the U.S. Treasury and its designated Financial A mount you want to fine the payment of refunded to any refund if applicable, I authorize the U.S. Treasury and its designated Financial A mount you want to fine the payment of estimated tax, and the financial institution to debit the entry to this account. This A mount you want to refund a mount of you A mount you are refunded in a mount of you A mount you want yo	1 Adjusted gross income		1	3	3,1	79.	
A mount you want refunded to you 5 Amount you want refunded to 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 which will not be provided. I 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 fer 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 receive from 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 fraincial and the U.S. Treasury fraincial Agent to terminacial Agent to terminacial substitution to the transmission. (b) the reason for any delay in a processing the return and/or a payment of settinacial and as and the financial Institution in the school to the service or later than 2 business days prior to the payment (extellment) date. I also authorize the financial Institutions involved in the processing of the electronic payment of the section or payment of the payment (extellment) date. I also authorize the financial institutions involved in the processing of the electronic payment of the section in payment of the electronic payment of the payment of the payment (extellment) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (extellment) date. I also authorize the financial institutions involved in the processing of the electronic payment of the section	2 Total tax		2		2,2	22.	
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Conderpendities of prejury. 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) in a mow authorizing, and to the certification and processing the return or refund, and (c) the date of any 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 clored deal of any refund. If applicable, I authorize the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cencellation 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. 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 PIN: check one box only	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		6	62.	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 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 for the transmissor, (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 financial Agent to terminate the U.S. Treasury framend from your and the send of the transmissor, (b) the reason for rejection the transmissor, (b) the reason for rejection to the payment or the IRS (a) and IRS	4 Amount you want refunded to you		4				
under penalties of perjuny. 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 compilet. I further declare that the amounts in Part I about 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 receive for reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termination 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 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 for better the authorization. To revoke (cance) 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 submisses days prior to the payment. I for each official 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. Taxapper's PIN: check one 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 PIN: check gine box only I and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Part III Certify PIN method Only ERO's signature P	5 Amount you owe				1,6	13.	
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 foriginal or amended.) I am now authorizing. Lonsent to allow my intermediate service provider, transmitter, or electronic from the income tax return (original or amended) in processing the return originator, 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 debti) 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 account indicated in the tax preparation software for payment of sum storagement of settimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment. I minimate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) as a payment, I must contact the U.S. Treasury Financial Agent and the authorization. To revoke (cancel) as the control of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment. I minimate active that 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment. I minimate and the payment (and the payment) and the payment (a	Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our ret	urn)		
Taxpayer's PIN: check one box only Authorize GLOBAL TAXES LLC ER0 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	return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation repulsions business days prior to the payment (settlement) date. I also authorize the inancial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended)	smitter, or electrorejection of the tree U.S. Treasury andicated in the tree to the tree tree to the tree tree tree tree tree tree tree	onic reteansmised its control of the	curn origing ssion, (b) designate paration sto this ac orevoke wed no lake through the currents provided the c	nator (the red oftwa count e (can ater the payments	(ERO) eason ancial are for This cel) a nan 2 ent of at the	
I authorize GLOBAL TAXES LLC 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 PIN: check one box only Date ► 4/11/202					٦		
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 ▶ 4/11/202 Spouse's PIN: check one box only	X I authorize GLOBAL TAXES LLC to enter or genera	ř Ent	ter five	digits, but	t	s my	
Spouse's PIN: check one box only I authorize 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 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. 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 ▶	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN me	ethod. The ERC	must	t comple	ete Pa	only art III	
lauthorize		4/ 4	· /	_	U	— ,	
Spouse's signature ► 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. 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 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 ►	Spouse's PIN: check one box only				٦		
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 ▶	ERO firm name	Ent			i	s my	
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	if you are entering your own PIN and your return is filed using the Practitioner PIN me						
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. 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'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	· · · · · · · · · · · · · · · · · · ·	DW					
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	Part III Certification and Authentication — Practitioner PIN Method Only						
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		-		8 9)	
	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su	bmitting this retu	ırn in a	accordan			
	ERO's signature ▶ Date ▶ FRO Must Retain This Form — See Instructions						

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V (2022) 2022 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2022**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

1,613.

REV 03/22/23 PRO 15

6205 MELODY LN 1321

FATIMA Z JAFARI

DALLAS TX 75231

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the r	name of y	ed filing separately your spouse. If you	,	_		·	, _	spou	se (Q	SS)	
V		on is a child but not your depender								·	.:-1		
Your first name		ddie initial	Last na									-	number
FATIMA		first pages and middle initial	JAFA							38-1			uide e se comple a se
ii joint return, s	pouse s	first name and middle initial	Last na	me					8	pouses	Socia	secur	rity number
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			1	Apt. no.	P	residen	ntial El	ection	Campaign
6205 ME	LODY	LN 1321							- 1	heck h			,
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Stat	te	ZIP c	ode					v, want \$3 necking a
DALLAS					TX	•	752	231		ox belo			•
Foreign countr	y name		F	oreign province/sta	te/count	у	Forei	gn postal co	ode y	our tax	or refu	und.	
											Y	ou [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									□ Y	es [X No
Standard		eone can claim: You as a de						•					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-statu	ıs alien	·							
Age/Blindnes:	s You:	☐ Were born before January 2,	1958	Are blind S	pouse:	Was bo	rn bef	ore Janua	ary 2,	1958	□ I	s blind	d
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip (4	4) Check th	ne box	if qualifi	ies for	see ins	structions):
If more		rst name Last name		number		to you	·	Child to	ax crec	lit (Credit f	or other	dependents
than four								[
dependents, see instruction								[
and check													
here]							[
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a		39	,416.
	b	Household employee wages not r	reported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not re	aid waiver payments not reported on Form(s) W-2 (see instructions)					1d					
W-2G and 1099-R if tax	е	•	xable dependent care benefits from Form 2441, line 26					1e					
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruc	,							1h			0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i						2.0	
	<u>z</u>	Add lines 1a through 1h	· i ·	· · · · · i						1z			,416.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes				2b			
	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a 6a	Pensions and annuities	5a 6a			axable amoun axable amoun				5b 6b			
Single or	С	Social security benefits If you elect to use the lump-sum e	_	mothed shock has			π			OD			
Married filing separately,	7	Capital gain or (loss). Attach Sche		· ·	•	,			. H	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin			•				. ш	8			5,237.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9			3,237. 3,179.
Qualifying surviving spouse,	10									10			, <u>,</u> 17.
\$25,900 Adjustments to income from Scredule 1, line 26						11		33	3,179.				
Head of household,	12	Standard deduction or itemized	•	-						12			2,950.
\$19,400 If you checked	13	Qualified business income deduc		,		 5-А				13			., , , , 0 .
any box under	14	Add lines 12 and 13								14		1 2	2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If ze								15	1		,229.
see instructions.			. 5 01 100	_,	, Jun 1								,, , .

Form 1040 (2022	2)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s)): 1	2 4972	3 🗌	1	6 2,222.
Credits	17	Amount from Schedule 2, line 3				1	7
	18	Add lines 16 and 17				1	8 2,222.
	19	Child tax credit or credit for other dependents	from Schedu	ile 8812		1	9
	20	Amount from Schedule 3, line 8				2	0
	21	Add lines 19 and 20				2	1
	22	Subtract line 21 from line 18. If zero or less, er	nter -0			2	2 2,222.
	23	Other taxes, including self-employment tax, from	om Schedule	2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is your total tax .				2	4 2,222.
Payments	25	Federal income tax withheld from:					
,	а	Form(s) W-2			25a	662.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	5d 662.
16	26	2022 estimated tax payments and amount app				2	6
If you have a qualifying child,	27	Earned income credit (EIC)		No .	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863,			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 to			L	3	2
	33	Add lines 25d, 26, and 32. These are your total	-	-			3 662.
Defend	34	If line 33 is more than line 24, subtract line 24				3	
Refund	35a	Amount of line 34 you want refunded to you.	If Form 8888	is attached, che	ck here	. 🗆 35	5a
Direct deposit?	b	Routing number X X X X X X X X X		c Type:		avings	
See instructions.	d	Account number X X X X X X X X X				95	
	36	Amount of line 34 you want applied to your 20			36		
Amount	37	Subtract line 33 from line 24. This is the amou			1 00 1		
You Owe	01	For details on how to pay, go to www.irs.gov/	•	see instructions		3	7 1,613.
	38	Estimated tax penalty (see instructions)			38	53.	
Third Party	Do	you want to allow another person to discus-	ss this retur	n with the IRS?	See		_
Designee	ins	tructions			Yes. Con	nplete belo	w. 🔀 No
	De nai	signee's	Phone no.		Person numbe	al identificati	on
						,	
Sign		der penalties of perjury, I declare that I have examined ef, they are true, correct, and complete. Declaration of					
Here			Date	Your occupation			sent you an Identity
						Protectio	n PIN, enter it here
Joint return?				PATIENT CAR	E REPRESENTATI	(see inst.))
See instructions. Keep a copy for	Sp	puse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		sent your spouse an
your records.						(see inst.)	Protection PIN, enter it here
		(ACO) FFC 0027			200000000000000000000000000000000000000		<u> </u>
		parer's name Preparer's signatur	Email address	FATIMAZAHAR	RA90@GMAIL.COM	PTIN	Check if:
Paid		· ·		אם הווחדה אייד			
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI	PAVAN KUMA	YK DODILATTI	04/08/2023 F	0247083	
Use Only		n's name GLOBAL TAXES LLC	CUTOV VI	. 00016			0. (678)965-9522
		n's address 245 ROONEY CT E BRUN	PATCK NO			Firm's Ell	
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/22/23 PRO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

FATIMA Z JAFARI

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

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

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

	Sequence No. 01
Your soc	ial security number
638-11	- 7939

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. Atta	ich Schedule E .	5	-6,237.
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		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	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 ()	
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	6 005
10	Compline lines 1 through / and 9. Enter here and on Form $1040, 1040$ -SR	or 1040-NR line 8	1.10	-6.237.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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			
С	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	L	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 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	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 an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-on, little 10, or Form 1040-inn, little 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

s, etc.)	2022	
	Attachment Sequence No. 13	
Your social security number		

FATIMA Z JAFARI 638-11-7939 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . Physical address of each property (street, city, state, ZIP code) 1a RGD G GSD TH GS Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 361 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 410. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,320. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 900. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,110. 14 14 Repairs . . . 15 Supplies 15 1,197. 16 16 Taxes 17 17 1,120. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 6,647. 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 -6,237. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6.237.410. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d 6,647. Total of all amounts reported on line 20 for all properties 23e 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 6,237. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -6,237.