## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

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

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate ins	tructions.
Your first name	and m	iddle initial	Last n	ame						Your so	ocial securi	ty number
MOHAMMED	)		MA,T	ID HUSSAIN						883	77 0	1181
				Last name						Spouse's social security number		
RAKIYA RAFAT MC				MOHAMMAD					APP LI ED F			
		er and street). If you have a P.O. box, see						Apt. no.				ion Campaign
27324 ST	· 'RAW'	BERRY LN						303			here if you	
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP					ntly, want \$3
FARMINGT	'ON	HILLS			M	т	483	334		0	o this fund. Iow will not	Checking a
Foreign country name										x or refund		
,							0 1		You Spous			
Filing Status		Single				Head of he	ousel	nold (HOI	H)			
_		Married filing jointly (even if only or	ne had	income)					,			
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	survi	vina spo	use (	QSS)		
one box.	If v	you checked the MFS box, enter the	name	of your spouse. If you	u che						ild's name	e if the
	-	ialifying person is a child but not you		ndont								
Digital		ny time during 2023, did you: (a) rece			-		-				_	<b>⊠</b> N
Assets		nange, or otherwise dispose of a digi					et)? (S	ee instru	ction	.S.)	Yes	⊠ No
Standard		neone can claim: You as a de	•	·		•						
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alier	1						
Age/Blindness	You	: Were born before January 2, 19	959	Are blind Spo	ouse	: Was bor	rn bef	ore Janu	ary 2	, 1959	ls b	lind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (	<b>4)</b> Check t	the bo	x if qual	ifies for (see	e instructions):
If more		irst name Last name		number		to you		Child tax cred		edit	Credit for of	ther dependents
than four												
dependents,												
see instructions and check	5											
here $\square$												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instructions) .						1a	1	72,906.
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2 .						1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see ir	nstructions)						10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							10	<u>t</u>		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e	<b>;</b>		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						. 1f	i	
If you did not	g	Wages from Form 8919, line 6 .								10	j	
get a Form W-2, see	h	Other earned income (see instructi	ions)				η.			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1</u> i						
	Z	Add lines 1a through 1h								. 1z	2	72,906.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> T	axable interest	t.			2b	)	
if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary divider	nds .			3b	)	
Standard	4a	IRA distributions	4a		<b>b</b> T	axable amoun	t			4b	)	
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> T	axable amoun	t			5b	)	
Single or	6a	Social security benefits	6a		<b>b</b> T	axable amoun	t			6b	)	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see	instructions)			. [			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not requ	uired	l, check here			. [	] <u>  7</u>		
jointly or	8	Additional income from Schedule	1, line	10						8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is your <b>total inc</b>	com	е				9		72,906.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26						10	)	
Head of household,	<u>11</u>	Subtract line 10 from line 9. This is	your <b>a</b>	adjusted gross incor	ne					. 11	1	72,906.
\$20,800 If you checked F	12	Standard deduction or itemized	deduc	tions (from Schedule	A)					. 12	2	27,700.
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	3	
Standard Deduction,	14	Add lines 12 and 13								14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss enter -0- This is v	our	taxable incom	ne.			15	5	45.206.

Form 1040 (202)	3)						_		Page Z
Tax and	16	Tax (see instructions). Check	f any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	4,987.
Credits	17	Amount from Schedule 2, line	∍3					17	
	18	Add lines 16 and 17						18	4,987.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	98					20	200.
	21	Add lines 19 and 20						21	200.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	4,787.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	4,787.
<b>Payments</b>	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	8,773		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	)			25c			
	d	Add lines 25a through 25c .						25d	8,773.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit fron	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. The	nese are your <b>to</b>	tal payments				33	8,773.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,986.
	35a	Amount of line 34 you want r			is attached, che	ck here	🗆	35a	3,986.
Direct deposit?	b	Routing number 0 7 2				Checking	Savings		
See instructions.	d	Account number 3 7 5	0 1 6 1	7 0 8 0	0 8   0				
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•			_		L L .	₩.
Designee		structions		Phone			Complete		⊠ No
		me		no.			sonal iden nber (PIN)	uncation	
Sign		der penalties of perjury, I declare th			, , ,		,		, ,
Here	be	lief, they are true, correct, and comp	olete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informat	ion of which	ch prepar	er has any knowledge.
11010	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity	
					TNIDIICMD TAI			Protection PIN, enter it here (see inst.)	
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, <b>both</b> must sign.		INDUSTRIAL ENGINEER  Date Spouse's occupation			`	If the IRS sent your spouse an	
Keep a copy for		ouse's signature. If a joint return, b	Date	opouse s occupat	ion			ection PIN, enter it here	
your records.				HOME MAKE	۲	(se	e inst.)		
	Ph	one no. (571) 325-825	)	Email address	GRADUATEMA	JID@GMAIL.C	OM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/05/2024 P020					32703	Self-employed	
Use Only	Fir	Firm's name GLOBAL TAXES LLC Pr						one no.	(678) 965-9522
————	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965
o	/-	10101 : 1 : 111 11			<del></del>	<del></del>			= 1040 ()

#### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

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

OMB No. 1545-0074 Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MOHAMMED MAJID HUSSAIN & RAKIYA RAFAT MOHAMMAD 883-77-0181 **Nonrefundable Credits** Part I 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 Retirement savings contributions credit. Attach Form 8880 . . . . . . . . . . . . . . 4 200. **5a** Residential clean energy credit from Form 5695, line 15 5a **b** Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: a General business credit. Attach Form 3800 6a **b** Credit for prior year minimum tax. Attach Form 8801 . . . . 6b c Adoption credit. Attach Form 8839 . . . . . . . . . . . . . . . . 6c **d** Credit for the elderly or disabled. Attach Schedule R . . . . . 6d 6e Clean vehicle credit. Attach Form 8936 . . . . . . . . . . . . . . 6f Mortgage interest credit. Attach Form 8396 . . . . . . . . . 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6j **k** Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions . . . . . . 61 m Credit for previously owned clean vehicles. Attach Form 8936. **z** Other nonrefundable credits. List type and amount: 6z 7 7 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 8 200.

(continued on page 2)

Schedule 3 (Form 1040) 2023 Page **2** 

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962	9			
10	Amount paid with request for extension to file (see instructions)	10			
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

### 8880 Form

### **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 54

Name(s) shown on return

Your social security number 883-77-0181



You cannot take this credit if either of the following applies.

MOHAMMED MAJID HUSSAIN & RAKIYA RAFAT MOHAMMAD

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

						(6	a) You	l	(b) You	r spous
		ontributions, and AB 023. <b>Do not</b> include ro			1					
Elective defer contributions,	2		2,8	76.						
Add lines 1 and 2								76.		
Certain distril extensions) of	outions receive your 2023 tax	ed <b>after</b> 2020 and return (see instruction oth columns. See inst	ns). If married filing jo	ointly, include	4		2,0	,		
Subtract line 4	from line 3. If	zero or less, enter -0-	·		5		2,8	76.		
		naller of line 5 or \$2,0			6		2,0			
		zero, <b>stop</b> ; you can't						7		2,000
Enter the amo	unt from Form	1040, 1040-SR, or 10	)40-NR, line 11*	8		72,9	906.			
Enter the appl	icable decimal	amount from the table	e below.							
If line	8 is-	A	and your filing status	s is—						
If line	But not	Married filing jointly	And your filing status  Head of household	Single, Marr separate	ly, or					
		Married	Head of household	Single, Marr	ly, or					
	But not	Married filing jointly	Head of household	Single, Marr separate	ly, or ving sp					
Over-	But not over—	Married filing jointly <b>Enter o</b> n	Head of household line 9—	Single, Marr separate Qualifying survi	ly, or ving sp					
Over—	But not over— \$21,750	Married filing jointly <b>Enter o</b> n 0.5	Head of household line 9—	Single, Marr separate Qualifying survi 0.5	ly, or ving sp			9	x	.1
Over— \$21,750	But not over— \$21,750 \$23,750	Married filing jointly <b>Enter on</b> 0.5 0.5	Head of household line 9—  0.5 0.5	Single, Marr separate Qualifying survi 0.5 0.2	ly, or ving sp			9	x	.1
Over— \$21,750 \$23,750	But not over— \$21,750 \$23,750 \$32,625	Married filing jointly Enter on 0.5 0.5 0.5	Head of household line 9—  0.5  0.5  0.5	Single, Marr separate Qualifying survi 0.5 0.2	ly, or ving sp			9	x	.1
Over— \$21,750 \$23,750 \$32,625	But not over— \$21,750 \$23,750 \$32,625 \$35,625	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5	Head of household a line 9—  0.5  0.5  0.5  0.5  0.5	Single, Marr separate Qualifying survi 0.5 0.2 0.1	ly, or ving sp			9	x	.1
Over— \$21,750 \$23,750 \$32,625 \$35,625	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household  1 line 9—  0.5  0.5  0.5  0.2  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1	ly, or ving sp			9	X	. 1
Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household a line 9—  0.5 0.5 0.5 0.5 0.2 0.1 0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.0	ly, or ving sp			9	x	. 1
Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	Married filing jointly  Enter on  0.5  0.5  0.5  0.5  0.5  0.5  0.5  0.	Head of household  1 line 9—  0.5  0.5  0.5  0.2  0.1  0.1  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0	ly, or ving sp			9	×	. 1
Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	Married filing jointly  Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household  oline 9—  0.5  0.5  0.5  0.2  0.1  0.1  0.1  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0	ly, or ving sp			9	x	. 1
0ver— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	But not over—  \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000	Married filing jointly  Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1 0.0	Head of household  1 line 9—  0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0	ly, or ving sp			9	x	. 1
0ver— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	But not over—  \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000  Note: I	Married filing jointly  Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	Head of household  1 line 9—  0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0	ly, or ving sp			9	x	.1

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

200.

and on Schedule 3 (Form 1040), line 4



# **Application for IRS Individual Taxpayer Identification Number**

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual	taxpayer identification n	umber (ITIN) is	s for U.S. feder	al tax purposes	only.		ion type (check one box):			
Before you begin • Don't submit th	: is form if you have, or are e	ligible to get, a	U.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Read ederal tax return with Form									
a Nonresident	alien required to get an ITIN to	claim tax treaty	benefit	-	,		•			
	alien filing a U.S. federal tax re									
c U.S. residen	t alien (based on days preser	nt in the United	States) filing a U.	S. federal tax retur	n					
d Dependent	of U.S. citizen/resident alien	If <b>d</b> , enter relat	ionship to U.S. cit	tizen/resident alien	(see inst	ructions) 🕨				
e 🗵 Spouse of U	.S. citizen/resident alien		name and SSN/I7 MAJID HUSS	TIN of U.S. citizen/		llien (see in	000 55 0404			
f Nonresident	alien student, professor, or res	searcher filing a	U.S. federal tax re	eturn or claiming a	n exceptio	on				
g Dependent/s	spouse of a nonresident alien h	nolding a U.S. vis	sa							
h Other (see in	,									
Additional information	on for a and f: Enter treaty cour	ntry ▶		and treaty an	_					
Name	1a First name		Middle name		Last n					
(see instructions)	RAKIYA RAFAT <b>1b</b> First name		Middle name			AMMAD				
Name at birth if different ▶					Last n					
Applicant's	2 Street address, apartmen			you have a P.O.	box, see	separate i	nstructions.			
Mailing	27324 STRAWBERI	-								
Address	City or town, state or prov		ry. Include ZIP co	·			40004			
	FARMINGTON HILI			MI	USA		48334			
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or prov	vince, and count	ry. Include postal	code where appro	priate.					
Birth	4 Date of birth (month / day / y	rear) Country of	oirth City and state or province			(optional)	5 Male			
Information	11/25/1998	INDIA								
Other Information	<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign	tax I.D. number (it	fany) 6c Type H4	of U.S. vis	sa (if any), n U55752	number, and expiration date 289 09/30/2025			
illiorillation	6d Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
		-				the United States				
	Issued by: INDIA	(MM/DD/YYYY): 03/06/2024								
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line 6f.									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ▶	ITIN	IRSN			and				
	name under which it was issued ▶ First name Middle name Last name									
	6g Name of college/university or company (see instructions) ▶									
	City and state ▶ Length of stay ▶									
Sign Here	Under penalties of perjury, I (a documentation and statements, information with my acceptance a	and to the best	of my knowledge a	nd belief, it is true,	correct, a	and complete	e. I authorize the IRS to share			
Keep a copy for your records.	Signature of applicant (if	structions)	Date (month / day / year)		Phone number					
,	Name of delegate, if app	licable (type or p	orint)	Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney			
Acceptance	Signature			Date (month / day / year)			Phone			
Acceptance	<b>7</b>						Fax			
Agent's Use ONLY	Name and title (type or p	Name of co	Name of company EIN							
USC UILI	<b>7</b>			Office of			code			