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.

Submission Identification Number (SID)

Taxpay	ver's name	Soci	al securit	y numb	er
AHM	IED ABOMHYA	74	45-32-	-3980)
Spouse	's name	Spou	use's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er yea	r you a	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	60,914.
2	Total tax			2	5,664.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	8,242.
4	Amount you want refunded to you			4	2,578.
5	Amount you owe			5	•
Part				y of y	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

	X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN
--	---	-------------	------------------	-----------------------------

l	2 Ent	3 er fiv	9 ve di	8 aits.	0 but	as my
	don	't en	ter a	all ze	ros	

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date					 		
Practitioner PIN Method Returns Only—contin	nue be	low						
Part III Certification and Authentication – Practitioner PIN Method On	у							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	6 0	 	7 1	

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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	S. RAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not w	rite or st	aple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number		
AHMED			ABC	MHYA						745	32	3980		
lf joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse	's socia	l security numbe		
Home address (numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	i ntial Ele	ection Campaigr		
300 ALUM											Check here if you, or your			
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co				jointly, want \$3		
LEXINGTO	N					KZ	Z	405	03			nd. Checking a not change		
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code		k or refu	und.		
												ou Spouse		
Filing Status				、			Head of he	ouseh	old (HOH)					
Check only		Married filing jointly (even if only of	ne hac	d income)						(000)				
one box.	L	Married filing separately (MFS)		of your o	nouse lf ve		Qualifying		•	. ,		ma if the		
		you checked the MFS box, enter the alifying person is a child but not you			pouse. Il yo		ecked the HUF		55 DOX, em	er the ch	liu s na	ime ii ine		
Digital		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig							· · ·			es 🛛 No		
Assets	-	neone can claim: You as a de					a dependent	0: (00		5113.)				
Standard Deduction	_	Spouse itemizes on a separate retur	•		•									
Age/Blindness	You	: Were born before January 2, 1	959	🗌 Are b	lind Sp	ouse	: 🗌 Was bor	n befc	ore January	2, 1959		s blind		
Dependents				<u> </u>	Social security		(3) Relationsh					(see instructions):		
lf more		irst name Last name			number	,	to you		Child tax	credit	Credit fo	or other dependents		
than four														
dependents, see instructions														
and check	, 													
here 🗌														
Income	1a	Total amount from Form(s) W-2, b			,					. <u>1</u> a		74,749.		
Attach Form(s)	b	Household employee wages not re	•		.,			• •		. 1b				
W-2 here. Also attach Forms	C d	Tip income not reported on line 1a	•				· · · ·			. 10				
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f				nstru	ictions)	• •		. 1d				
1099-R if tax was withheld.	e f	Employer-provided adoption bene			,	• •		• •		· 1f				
If you did not	g	Wages from Form 8919, line 6 .	,1113 110		-			• •		. 1g				
get a Form	9 h	Other earned income (see instruct	ions)							. 1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,	structions)		11							
	z	Add lines 1a through 1h								. 1z		74,749.		
Attach Sch. B	2a	-	2a			bТ	axable interest	· .		. 2b	,			
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b)			
	4a	IRA distributions	4a			bΤ	axable amount	t		. 4b	,			
Standard Deduction for –	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)			
Single or	6a	Social security benefits	6a			bΤ	axable amount	t		. 6b				
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions) \ldots \ldots												
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•		, check here				_			
jointly or Qualifying	8	Additional income from Schedule								. 8	_	-13,835.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			our total in	com	e			. 9		60,914.		
\$27,700 • Head of	10	Adjustments to income from Sche		-		•••			· · ·	. 10	-	CO 014		
household,	11	Subtract line 10 from line 9. This is						• •		. 11		60,914.		
If you checked	12	Standard deduction or itemized		•		,	 	• •		. 12		13,850.		
any box under Standard	13 14	Qualified business income deduct Add lines 12 and 13			Sec In Form	1 099	ы-н	• •		· 13		13,850.		
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	· · ·		 -0 This is v	 /011r t	taxable incom	 e		. 14		47,064.		
	15				5.111313)	Jui				. 15	<u> </u>	17,001.		

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

Form **1040** (2023)

Form 1040 (2023	5)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s)): 1 🗌 8814	2 4972	3 🗌	16	5,664.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	5,664.
	19	Child tax credit or credit for other dependents	from Schedu	ıle 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, en	nter -0			22	5,664.
	23	Other taxes, including self-employment tax, fro	om Schedule	2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax .				24	5,664.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 8, 3	242.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25 d	8,242.
If you have a	26	2023 estimated tax payments and amount app	plied from 20	22 return		26	
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, I	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 to	otal other pa	yments and refu	ndable credits	32]
	33	Add lines 25d, 26, and 32. These are your tota				33	8,242.
Refund	34	If line 33 is more than line 24, subtract line 24 t	from line 33.	This is the amour	nt you overpaid	34	2,578.
	35a	Amount of line 34 you want refunded to you.	If Form 8888	is attached, chec	khere	. 🗌 🛛 35a	2,578.
Direct deposit?	b	Routing number 1 1 0 0 0 2	2 5	c Type: 🛛 🗙	Checking Sa	vings	
See instructions.	d	Account number 4 8 8 0 8 0 3 4	4 8 5 3	7			
	36	Amount of line 34 you want applied to your 20)24 estimate	dtax	36		
Amount	37	Subtract line 33 from line 24. This is the amou	int you owe.				
You Owe		For details on how to pay, go to www.irs.gov/F	Payments or s	see instructions .		37	
	38	Estimated tax penalty (see instructions)			38		
Third Party	Do	you want to allow another person to discus	ss this retur	n with the IRS?			
Designee	ins	tructions			. 🗌 Yes. Com	plete below.	× No
	De nai	signee's	Phone no.		Persona number	al identification	
0:		der penalties of perjury, I declare that I have examined t				. ,	of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration of I					
Here	Yo	ır signature	Date	Your occupation		If the IRS se	nt you an Identity
			Juio	rour occupation		IN, enter it here	
Joint return?				RESIDENT PHYSICIAN			
See instructions. Keep a copy for	Sp	buse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on		nt your spouse an
your records.						(see inst.)	ection PIN, enter it here
	b					(occ mod)	
		parer's name (859)285-7787 E	Email address	AHMEDABOM7	50@GMAIL.COM	TIN	Check if:
Paid		······································		איידדגיים גיים מיווי			Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AM SAGAR (JUPIA TALLAM	02/02/2024 P	02082703	
Use Only		n's name GLOBAL TAXES LLC		00016			(678)965-9522
		n's address 245 ROONEY CT E BRUN	SWICK NJ			Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/27/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.	Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your social security number
AHMED ABOMHYA		745-32-3980

Par	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. Att	ach Schedule E .	5	-13,835.
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		
I	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	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form		12 025
	1040, 1040-SR, or 1040-NR, line 8		10	-13,835.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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			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		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I 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			
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
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:			
	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 ar	nd on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	
	BAA REV 01/27/24 PRO		Schedule 1 (F	orm 1040) 202:

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								20 7 2	
Department of the Treasury		Attach to Form 1040, 1040-SR, 1040-NR, or 1041.									
	Revenue Service	Go to www.irs.gov/ScheduleE for instructions and the latest information.							Sequence No. 13		
Name(s) shown on return										al security	number
	D ABOMHYA						745-3	2-3980			
Part			s From Rental Real Estate a ne business of renting personal prop				inctru	otions. If you	ara an indi	vidual rop	ort form
	rental inco	me or loss	s from Form 4835 on page 2, line 40	erty, use).	Schedule	0 . 366	= IIISUU	ctions. If you		viuuai, rep	
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions										
B	If "Yes," did you or will you file required Form(s) 1099?										s 🗌 No
1a	Physical address of each property (street, city, state, ZIP code)										
Α	VILAGE-8A IDKU BEHEIRA EG 22748										
В											
С											
1b	Type of Prope	erty lis			Fair Rental		Personal Use		QJV		
	(from list below) above, report the number of fair personal use days. Check the C if you meet the requirements to						Days		Days		QUV
A						Α		365		0	
B			qualified joint venture. See inst			В					
			• •			С					
	of Property:	! .!			5 1 a a d		7				
	Single Family R Multi-Family Re		 3 Vacation/Short-Term Re 4 Commercial 	ental	5 Land	-		Self-Rental	rib o)		
		siderice	4 Commercial		6 Roya	annes	0	Other (desc			
						Properties:					
Income:								В			С
3				3		6	10.				
		ived		4							
Exper				_							
5	•			5							
6	Auto and travel (see instructions)					1 5	<u> </u>				
7	Cleaning and maintenance					1,5	63.				
8 9	Insurance .	8									
10	Legal and othe	10									
11	Management f	11		1 2	60.						
12	Mortgage inter	12		±,2							
13	Other interest	13									
14	Repairs	14		4,0	02.						
15	Supplies .	15		3,7	46.						
16	Taxes	16									
17	Utilities			17		3,8	374.				
18	Depreciation e	xpense o	pr depletion	18							
19	Other (list)										
20	Total expenses	s. Add lin	es 5 through 19	20		14,4	45.				
21			ne 3 (rents) and/or 4 (royalties). It								
			structions to find out if you must			10 0					
~~	file Form 6198			21		-13,8	55.				
22			estate loss after limitation, if any		/	12 0'		1	,	/	,
00-		-	ructions)	22		13,83	· · · ·	() 610.	()
23a b	Total of all am			•	23a 23b		010.				
D C		-		•	23D 23C						
d			ported on line 12 for all properties ported on line 18 for all properties		• • •	•	23d				
e			ported on line 20 for all properties			•	23e	14	1,445.		
24			amounts shown on line 21. Do no						. 24		
25			ses from line 21 and rental real esta		-					(13,835.)
26			e and royalty income or (loss)								· /

Supplemental Income and Loss

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

SCHEDULE E

(Form 1040)

-13,835.

26

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OMB No. 1545-0074