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	er's name	Social security number				
AHM	ED ABOMHYA	745-32-3980				
Spouse	's name	Spouse's social security number				
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you a	are au	thorizing.)		
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			
Enter Note: 1 2 3 4	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income Total tax Total tax Federal income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you	· · · · · · · · · · · · · · · · · · ·	1 2 3 4	60, 5, 8,		

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

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

•••	1 ddinon20			ERO firm name	to ontor or generate my rint	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	2

2	3	9	8	0	
Ent don	as my				

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 >	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	-continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	od Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	ed PIN.	2	2		6 0 er all 2	_	 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 🕨			
	O Must Retain This Fe nit This Form to the II		See Instructions ss Requested To Do So	
For Paparwork Paduation Act Nation see you	r tax raturn instructions		REV/ 01/27/24 RRO	Form 8879 (Boy, 01-2021)

For the year Jar	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, er	Iding		, 20		See ser	oarate inst	ructions.
Your first name			Last n							cial securit	
	anum									32 3	-
AHMED	nouse's	first name and middle initial	Last n	MHYA Jame							curity numbe
	, , , , , , , , , , , , , , , , , , ,		Laorn						openee		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.		Preside	ntial Election	on Campaigr
300 ALUN	ÍNI I	DR					105			nere if you,	
		ce. If you have a foreign address, also co									tly, want \$3
LEXINGTO	DN		ку 40503						•	this fund. ow will not	Checking a change
Foreign country	/ name			Foreign province/state	count/	ty	Foreign postal	code		or refund.	•
										You	Spouse
Filing Status	; 🛛	Single				Head of he	ousehold (HC)H)			
Check only		Married filing jointly (even if only o	ne had	income)		_					
one box.		Married filing separately (MFS)					surviving spo				
		rou checked the MFS box, enter the			ou che	ecked the HOF	l or QSS box	, ente	r the chi	ld's name	if the
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, o	r payn	ment for prope	rty or service	s); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a financial inte	rest ir	n a digital asse	t)? (See instru	uctior	ns.)	Ves	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-status	s alien	l					
Age/Blindness	S You:	Were born before January 2, 1	959	Are blind Sr	ouse	: 🗌 Was bor	n before Janı	Jary 2	. 1959	🗌 ls bl	ind
Dependents				(2) Social securi		(3) Relationsh	(A) Cheal			fies for (see	instructions)
If more	•	irst name Last name		number	.y	to you		tax cr	edit	Credit for ot	her dependents
than four	-									[
dependents,										[
see instructions and check	3									[
here										[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a		74,749.
Attach Form(s)	b	Household employee wages not re	eporteo	d on Form(s) W-2.					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms W-2G and	d	Medicaid waiver payments not rep	oorted	on Form(s) W-2 (see	instru	ictions)		• •	. 1d		
1099-R if tax	е	Taxable dependent care benefits f			• •			• •	. 1e		
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8839, line 29	9.			• •	. 1f	_	
lf you did not get a Form	g	0			• •			• •	. 1g		
W-2, see	h	Other earned income (see instruct	,		• •	· · · ·	\cdot · · ·	• •	1h		0.
instructions.	i	Nontaxable combat pay election (see ins	tructions)	• •	1 i			-	· .	
		Add lines 1a through 1h			· ·			• •	1z		74,749.
Attach Sch. B if required.	2a	· · -	2a			axable interest		• •	2b		
	3a		3a			ordinary divider		• •	3b		
standard	4a -		4a			axable amoun		• •	4b		
Deduction for—	5a		5a			axable amoun		• •	5b		
Single or Married filing	6a	, _	6a			axable amoun	[· .	. 6b		
separately, \$13,850	c -	If you elect to use the lump-sum e		-		,		· L			
Married filing	7	Capital gain or (loss). Attach Sche		•	•	-		• ∟		-	12 025
jointly or Qualifying	8	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •	8		13,835. 50,914.
surviving spouse, \$27,700	9 10	Add lines 12, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche						• •	9 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Head of								• •	11		50 014
household, [\$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized						• •	12		<u>50,914.</u> 13,850.
If you checked any box under	13	Qualified business income deduct				 5-А		• •	13		
Standard	14	Add lines 12 and 13				о л		• •	14	-	13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	 e	•••			47,064.
			5 51 10		,001		·• · · ·	•	10		

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	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	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										
	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		Protection P	IN, enter it here					
Joint return?				RESIDENT F	HYSICIAN	(see inst.)						
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 soc	al security number
AHMED ABOMHYA	745-32	-3980	
Part I Additio	onal Income		

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. Atta	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 re	ental real estate	e, royalties, partners	hips, S	6 corporat	ions, e	states,	trusts, REM	ICs, etc.)	୭୮)??
	nent of the Treasury			Attach to Form 1040,							Attachm	ッ ムリ nent
	Revenue Service		Go to www.i	rs.gov/ScheduleE fo	r instru	uctions an	d the la	atest ir	formation.	-	Sequen	ce No. 13
. ,) shown on return										al security	number
	D ABOMHYA									745-3	2-3980	
Part				al Real Estate an enting personal proper				inetru	ctions If you	are an indi	vidual rep	ort farm
	rental inco	me or loss	s from Form 483	35 on page 2, line 40.	rty, use	ochedule	0.000	5 11 15 11 4	ctions. Il you		viduai, rep	ortiann
Α	Did you make ar	iy paymei	nts in 2023 tha	t would require you	to file	Form(s) 1	099?	See ins	structions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	or will yo	ou file required	Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical addr	ess of ea	ach property (s	treet, city, state, ZI	P code	e)						
Α	VILAGE-8A	IDKU 1	BEHEIRA EG	£ 22748								
В												
С										- <u>-</u>		
1b	Type of Prope			al real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below	list below)above, report the number of fair rental andDaysDayspersonal use days. Check the QJV box onlyA365					-					
<u>A</u>	3			ne requirements to t			Α		365		0	
				venture. See instru			B					
C							С					
	of Property: Single Family R	ocidonoo	2 Vacati	on/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re		4 Comm		itai	6 Roya	-					
		51001100	+ 001111			- O Hoye		0				
									Proper			
Incom							A	1.0	В			С
3					3		e	510.				
4 Exper		ived			4							
5					5							
6	0				6							
7		-			7		1.5	63.				
8	•				8		- / 5					
9					9							
10					10							
11					11		1,2	260.				
12				(see instructions)	12							
13	Other interest				13							
14	Repairs				14			02.				
15	Supplies .				15		3,7	46.				
16					16							
17	Utilities				17		3,8	374.				
18		xpense c	or depletion .		18							
19 00	Other (list)	- A alal live		9	19		7.4.7					
20			0		20		14,4	45.				
21				d/or 4 (royalties). If nd out if you must								
	file Form 6198				21		-13,8	35.				
22				r limitation, if any,								
				· · · · · · · ·	22	(13,8	35.)	()	()
23a		-	-	3 for all rental prope				23a	`	610.		/
b				for all royalty prop				23b				
с				2 for all properties				23c				
d				8 for all properties				23d				
е				20 for all properties				23e	1	4,445.		
24				n on line 21. Do no t		-				. 24		
25				and rental real estat							(2	13,835.)
26	Total rental re	eal estate	e and royalty	income or (loss).	Comb	ine lines	24 and	1 25. E	nter the res	ult		

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