## IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

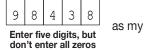
Submission Identification Number (SID)

Taxpaye	er's name	Socia	l securit	y numb	er					
FNU	ZIAUL ISLAM	06	6-79-	-8438	}					
Spouse	's name	Spous	se's soc	ial secu	rity number					
ZEB	A NAUSHEEN	AP	PLIE	D FOF	R					
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year	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	89,439.					
2	Total tax			2	6,967.					
3	<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099									
4 Amount you want refunded to you										
5 Amount you owe										
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)										
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax										

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

## Taxpayer's PIN: check one box only

X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	9
	1 441101120			ERO firm name		En



Enter five digits, but don't enter all zeros

as mv

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

X | authorize GLOBAL TAXES LLC to enter or generate my PIN 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 ► C	Date 🕨										
Practitioner PIN Method Returns Only—continue	bel	ow									
Part III Certification and Authentication – Practitioner PIN Method Only											
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					0 all zei		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 🕨	
ERO Must Reta Don't Submit This Form	in This Form — See n to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return ins	tructions. BAA	REV 02/23/24 PRO	Form 8879 (Rev. 01-2021)

Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were bom before January 2, 1959       Are blind       Spouse:       Was bom before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Relationship       (b) Check the box if qualifies for (see in the dependent, see instructions       (a) Relationship       (b) Check the box if qualifies for (see in the dependent, see instructions         and check       Imore       (b) First name       Last name       Imore       (c) Check the box if qualifies for (see in the dependent, see instructions         and check       Imore       Imore <th>n this space.</th>	n this space.
FNU       ZIAUL ISLAM       0.66       79       843         If joint return, spoule's first name and middle initial       Last name       APE       APE       III       ED         ESBA       NAUSHEEN       APE       APE       III       ED       Periadential Bection         10750       BRUNSWICK ROAD       311       Oncome if file jubity       State       ZP code       311       Oncome if file jubity       State       State       ZP code       your taxo refund.       State       State       State       State       State       You       You       To you rake or refund.       You       You       You       To you rake or refund.       You       Y	ructions.
FNU       21AUL ISLAM       0.66       79       843         Fjort reum, spouse is first name and middle initial       Last name       Spouse's social securit       APP       Lif Lif       EXEBA       APP       Lif Lif       EXEBA       APP       Lif       EXEBA       APP       Lif       EXEMA       APP       Lif       EXEMA       APP       Lif       EXEMA       APP       Lif       EXEMA       APP       APP       EXEMA       APP       APP       APP       EXEMA       APP	v number
If joint return, spouse's frat name and middle initial       Last name       App III       ED         ZEBA       Apt. no.       App III       ED         More address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Apt. no.       Apt. no.         107.50       BRUNSWIECK ROAD       311       Check here if you, or Grow and street, if you have a foreign address, also complete spaces below.       State       270 code       byout filling jointy to go to this fund. Of book sow will not fund. Of book	-
2EBA       NAUSHEEN       APP       LI       ED         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election         10750       BRINSWICK ROAD       311       Check here if you.       State       ZP code       spouler (Hing) pintly         Foreign contributions       Maried filing jointly (even if only one had income)       Maried filing separately (MFS)       Usatifying surviving spouse (OSS)       If you check only       Warried filing separately (MFS)       Usatifying surviving spouse (OSS)         Hyou check due MFS box, nather the name of your spouse. If you checked the MFS box, nather the name of your spouse.       Soneone can client:       Ovas dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (r a financial interest in a digital asset)? (See instructions).       Yes       Image: Spouse itemizes on a separate return or you were a dual-status alien         Dependents       Spouse itemizes on a separate return or you were a dual-status alien       Apr.// Image: Spouse itemizes on a separate return or property or services); The fill as credit       Credit for other chind ware of the other separate on chind ware of property or services); The fill is a credit         Dependents       Spouse itemizes on a separate return or you were a dual-status alien       Apr.// Image: Spouse itemizes on a separate return or you were a dual-status alien </td <td></td>	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       311       Presidential Election         10750 BRUNSWICK ROAD       311       Check here if you, or       311       Check here if you, or         City, town, or postol files. If you have a foreign address, also complete spaces below.       State       2/P code       by         Foreign country rame       Foreign province/state/county       Foreign postol code       by our tex or refind.       you tex or refind.         Filing Status       Single       Head of household (HOH)       Check only       Out tex or refind.       you tex or refind.         Digital       At any time during 2023, di you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       Standard         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bindness       (a) Check the box if qualifies for (see in rumber the fore sent the rum of the you.       (b) Check the box if qualifies for (see in rumber the rum of the rumber the rum or you were a dual-status alien         Age/Bindness       (b) First name       Last name       (c) Check the box if qualifies for (see in rumber the rum or you were a dual-status alien         Age/Bindness       (c) First name       Last name       (c) Check the box if qualifies for (see in rumber the rum o	
10750       BRUNSWICK ROAD       311       Check here if you or City, tow, or prost oftice, if you have a foreign address, also complete spaces below.       State       ZIP code       you of this indu. Check here if you or port bits inductions       Check here if you or port bits inductions         Filing Status one box.       Single       I head of household (HOH)       Warried filing porty (even if only one had income) on box.       I warried filing porty (even if only one had income) on box.       I warried filing porty (even if only one had income) on box.       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on additional geoparately (MFS)       I warried filing porty (even if only one had income) on addithad for the addithad additional geoparatel	
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       proceed if filing jointly to go to this fund. Choose below will not for the post office. If you have a foreign address, also complete spaces below.       State       ZIP code       how soft hold.         Filing Status       Ching nocurity name       Foreign province/state/county       Foreign post office. If you have a foreign address, also complete spaces below.       Head of household (HOH)       Vou tax or refund.       You         Filing Status       Single       Head of household (HOH)       Check only       Married filing post (WFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying parson is a child but not your dependent:       Qualifying surviving spouse (QSS)         Digital       Aray time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       Yes born before January 2, 1959       Is blint         Dependents, see instructions):       (1) First name       Lat name       number       (a) Relationship       Check the box if qualifies for fores in Child tax oredit       Id         Ner and	
BLOOMINGTON       MN       55438       to g or this fund. Of two bodies will not chook bodies will not chook will	tly, want \$3
Foreign country name       Foreign province/state/country       Foreign postal code       you trace or refund.         Filing Status       Single       Head of household (HOH)         Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         Hyou Check the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your dependent:       Qualifying surviving spouse (QSS)         Standard       Someone can calmix       You as a dependent       You Check the MFS box, some or the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)       Yes       IVes         Standard       Someone can calmix       You as a dependent       You check the box if qualifies for Geein than fourths, than fourths, we can check the form fourth or your were a dual-status allen       Age/Blindness       You       IVes       I	
Filing Status       Single       Head of household (HOH)         Filing Status       Married filing jointly (even if only one had income)       Oualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your dependent:       Oualifying surviving spouse (QSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes         Standard       Somence can claim:       You as a dependent       Your spouse as a dependent         Dependents       (see instructions):       (Yes file asset)? (See instructions):       (Yes file asset)?         If more       (h) First name       Last name       (Q) Social security       (g) Relationship       (d) Check the tox if qualifies for (see in chucking)         If more fitte from dependents, see instructions):       (f) First name       Last name       (g) Relationship       (g) Check the tox if qualifies for (see instructions)         If doctect       If a Total amount from Form(s) W-2, box 1 (see instructions)       1a       89         Match Form(s)       If a total amount from Form(s) W-2, (see instructions)       1d       1d         V*2, see       If b       If a total amount from Form(s)	shange
Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your dependent:	Spouse
Check only one box.       Married filing jointly (even if only one had income) one box.       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your dependent:	
Check of May       Image: Construction one box.       Image: Construction one box.       Image: Construction one box.       Image: Construction one box.         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Construction one box.       Image: Construction one	
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,         Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Standard       Someone can claim:       Your as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (9) Relationship       (1) First name       Last name       number       (1) Check the box if qualifies for of bee in         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for of bee in         If more       (1) First name       Last name       number       10       10         If can check       Intermation       Intermation       Intermation       Intermation         wee beinstructions       Intermation       Intermation       Intereal to the the to the the the tot to the the the the to	
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes         Age/Bilindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blinc         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         if more than four       (1) First name       Last name       number       Child tax credit       Credit for other         in and check   <	if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Standard       Someone can claim:       Yus a a dependent       Yus pouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Child tax credit       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see in Child tax credit       Credit for other         Incorne       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       89         here       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1a         Ktach Form(s)       W-2, box 1 (see instructions)       1c       1c       1c         Tip income not reported on Form(s) W-2, box 1 (see instructions)       1c       1c       1c         W23 and       gwages from Form 8919, line 6       1e       1g       1d         Wyou dion og at a form       i Nontaxable combat pay election (see instructions)       1d       1g	
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Standard       Someone can claim:       Yus as a dependent       Yus pouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Child tax credit       (1) First name       Last name       number       (2) Social security       (3) Relationship       Child tax credit       Credit for other         Imore       (1) First name       Last name       number       Imore       Imore<	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Ware bom before January 2, 1959       Are blind       Spouse:       Was bom before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see in than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see in than four dependents, see instructions         and check       Image: Comment from Form(s) W-2, box 1 (see instructions)       Image: Comment from Form(s) W-2, box 1 (see instructions)       Image: Comment from Form(s) W-2, box 1 (see instructions)       Image: Comment for four dependent care benefits from Form 2441, line 26       Image: Comment form Set (for the four dependent care benefits from Form 2441, line 26       Image: Comment four dependent care benefits from Form 2441, line 26       Image: Comment four dependent care benefits from Form 8389, line 29       Image: Comment four dependent care benefits from Form 2441, line 26       Image: Comment four dependent care benefits from Form 2441, line 26       Image: Comment four dependent care benefits from Form 2441, line 26       Image: Comment four dependent care benefits from Form 2441, line 26       Image: Comment four dependent care benefits from Form 2441, line 26 <td< td=""><td>X No</td></td<>	X No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       Image: Control of the security is the securet security is the	
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see in Child tax credit       Credit for other         dependents, see instructions       11       11       11       11       11       12 <td></td>	
Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see in Child tax credit       Credit for other Child tax credit       Child tax credit       Credit for other Child tax credit       Credit for other Child tax credit       Credit for other Child tax credit       Credit for	
If more than four dependents, see instructions and check here       Child tax credit       Credit for other to you         Income the check here       1       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         Income the check here       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       8         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1       1       8         V-2 Area, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1       1       1         W-2 Area, Also       d       Medicaid waiver payments not reported on Form 2441, line 26       1       1       1         get a Form W-2, see       instructions       1       1       1       1       1         w2 a diffed dividends       1	-
If more than four dependents, see instructions and check dependent care benefits from Form(s) W-2, box 1 (see instructions)	-
dependents, see instructions and check here       Image: constructions and annuities       Image:	
see instructions and check here       Image: Constructions in the instructions instructins instructins instructions instructions instr	<u> </u>
here       Image: second	<u></u>
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       89         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1b         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1d         W-26 and       0       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-26 and       0       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-26 and       0       Medicaid adoption benefits from Form 2441, line 26       1d       1d         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g         get a Form       h       Other earned income (see instructions)       1h       1d       1d         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       89         Attach Sch. B       2a       Tax-exempt interest       2a       3a       15.       b       Taxable amount       4b         Standard       Qualified dividends       5a       b       Taxable amount       5b       b<	<u></u>
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2	
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       Tip income not reported on line 1a (see instructions)       1d         W-2 here. Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       Tip income not reported on Form S0 (see instructions)       1e         W-2 here. Also       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       2a       Tax-exempt interest       3a       15 ·       b       Taxable amount       4b         Standard       Deduction for-       5a       Pensio	<u> </u>
attach Forms W-2G and 1099-R if tax       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1         indext of the tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1         if you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         W-2, see       in       Other earned income (see instructions)       1         W-2, see       in       Nontaxable combat pay election (see instructions)       1         Attach Sch. B       2       Tax-exempt interest       2       2         gualified dividends       3a       15-       b       Taxable amount       4b         Standard Deduction for- single or Married filing separately, \$13,850       4a       IRA distributions       5a       b       Taxable amount       6b         Married filing jointly or Surviving spouse, \$27,700       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89	
W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not get a Form W-2, see       f       Employer-provided adoption benefits from Form 8839, line 29       1f         W-2, see       i       Other earned income (see instructions)       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1       1z         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         Standard       Deduction for- beduction for- single or Married filing separately, \$13,850       6a       b       Taxable amount       4b         Standard Deduction for- Single or Married filing surviving spouse, \$27,700       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89         827,700       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89	
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       i       Other earned income (see instructions)       1h         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1z       89         Attach Sch. B       a       Qualified dividends       2a       b       Taxable interest       2b         Attach Sch. B       a       Qualified dividends       3a       15       b       Ordinary dividends       3b         Standard       Getaurity benefits       5a       Sa       5a       b       Taxable amount       5b         Standard       Getaurity benefits       6a       b       Taxable amount       6b       6b         Single or       Ga       Social security benefits       6a       b       Taxable amount       6b         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       6b       7         Married filing jointly or       8       Additional income from Schedule D if required. If not required, check here       7       8	
If you did not get a Form g Wages from Form 8919, line 6 1g   W-2, see i Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   Z Add lines 1a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2b   3a 15 b Taxable interest 2b   Attach Sch. B if required. 3a 15   4a IRA distributions 4a b   5a Pensions and annuities 5a   Standard 5a 5a   Deduction for- 6a   Social security benefits 6a   b Taxable amount 6b   c If you elect to use the lump-sum election method, check here (see instructions)   Married filing c   if you elect to use the lump-sum election method, check here (see instructions)   viaitying a   Additional income from Schedule D if required. If not required, check here   9 89   80 Additional income from Schedule 1, line 10   9 89   10	
get a Form       h       Other earned income (see instructions)       1       1h         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         a       Add lines 1a through 1h       1z       89         Attach Sch. B       2a       Tax-exempt interest       2a       2b         a       Qualified dividends       3a       15       b       Ordinary dividends       3b         Standard       Qualified dividends       3a       15       b       Ordinary dividends       3b         Standard       Pensions and annuities       5a       5a       b       Taxable amount       4b         Standard       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married filing jointly or       Qualifying surviving spouse, \$13,850       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89       89	
VV-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       1z       89         Attach Sch. B if required.       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B if required.       2a       Qualified dividends       3a       15.       b       Ordinary dividends       2b         Standard Deduction for- • Single or Married filing jointly or Qualifying surviving spouse, \$27,700       4a       15.       b       Taxable amount       4b       5b         Ga       Social security benefits       6a       b       Taxable amount       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       Ga       Additional income from Schedule 1, line 10       .	0.
z       Add lines 1a through 1h       1z       89         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         3a       Qualified dividends       3a       15.       b       Ordinary dividends       3b         Standard Deduction for-       4a       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         Single or Married filing separately, \$\$13,850       6a       b       Taxable amount       6b       6a         Varied filing jointly or Qualifying surviving spouse, \$\$27,700       8       Additional income from Schedule 1, line 10       7       8         4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89       89	
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         3a       Qualified dividends       3a       15       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This i	89,359.
if required.       3a       15.       b       Ordinary dividends       3b         Standard Deduction for-       4a       5a       b       Taxable amount       4b         Standard Deduction for-       5a       5a       b       Taxable amount       4b         Single or Married filing separately, \$13,850       6a       5a       6a       5a       6a       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       5a       7       7         Married filing jointly or Qualifying surviving spouse, \$27,700       9       89       89         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10	
4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b       5b         • Single or       6a       Social security benefits       5a       b       Taxable amount       5b         • Single or       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or       6a       b       Taxable amount       6b       6b         • Married filing jointly or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or       8       Additional income from Schedule 1, line 10       8       7         • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89         • \$27,700       4d       Ines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10	80.
Deduction for -       5a       Sa       b       1axable amount	
6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       .	
separately, \$13,850       C if you elect to use the lump-sum election method, check here (see instructions)	
7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       89         \$27,700       10       Adjustments to income from Schedule 1, line 26       10	
giointly or         8         Additional income from Schedule 1, line 10         .         .         .         .         .         8           Qualifying surviving spouse, \$27,700         9         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9         89         89           10         Adjustments to income from Schedule 1, line 26         .         .         .         .         10	
Qualifying surviving spouse, \$27,700         9         89           10         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	
\$27,700 10 Adjustments to income from Schedule 1, line 26	39,439.
Head of household,     11 Subtract line 10 from line 9. This is your adjusted gross income	39,439.
	27,700.
any box under 13 Qualified business income deduction from Form 8995 or Form 8995-A	
Standard         14         Add lines 12 and 13         13         14         27	27,700.
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 61	51 <b>,</b> 739.

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

Form **1040** (2023)

Form 1040 (2023	)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): <b>1</b> 🗌 881	4 2 4	972 <b>3</b>			16	6,967.
Credits	17	Amount from Schedule 2, line	e3						17	
	18	Add lines 16 and 17							18	6,967.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812 .				19	
	20	Amount from Schedule 3, line	e 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0					22	6,967.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>						24	6,967.
Payments	25	Federal income tax withheld	from:							
2	а	Form(s) W-2				. 2	25a   11	L <b>,</b> 754.		
	b	Form(s) 1099				. 2	25b			
	с	Other forms (see instructions	)			. 2	25c			
	d	Add lines 25a through 25c .				–			25d	11,754.
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 from					28			
	29	American opportunity credit f	from Form 8863	B, line 8			29			
	30	Reserved for future use					30			
	31	Amount from Schedule 3, line	ə15				31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments an	d refund	lable credits		32	
	33	Add lines 25d, 26, and 32. Th	-						33	11,754.
Refund	34	If line 33 is more than line 24,							34	4,787.
	35a						-	🗆	35a	4,787.
Direct deposit?	35a       Amount of line 34 you want refunded to you. If Form 8888 is attached, check here          b       Routing number       0       9       1       0       0       1       9       c Type:       X Checking       Savings									
See instructions.	d		2 8 7 0					Ū		
	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				tions .			37	
	38	Estimated tax penalty (see in	-	-		1	38			
Third Party	Do	you want to allow another					e			
Designee		structions	•					omplete b	elow.	× No
<b>J</b>	De	signee's		Phone				onal identifi	cation	
	nar			no.				ber (PIN)		
Sign		der penalties of perjury, I declare the								
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v									
	Your signature Date Your occupation					nt you an Identity IN, enter it here				
Joint return?				SOFTWARE ENGINE		GINEER	(see in			
See instructions.	Sp	ouse's signature. If a joint return, b					If the	ne IRS sent your spouse an		
Keep a copy for		<b>.</b> . ,	0			·				ection PIN, enter it here
your records.					HOME M	AKER		(see ii	nst.)	
	Ph	one no. (612) 695-3812	2	Email address	ZIA.IS	LOUT	LOOK.COM	1		1
Paid	Pre	eparer's name	Preparer's signat	ure			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TA	llam   O	3/06/2024	P02082	703	Self-employed
Use Only	Firi	m's name GLOBAL TAX						Phon	e no. (	(678)965-9522
	Firi	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			Firm's	s EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the lates	t information.		BAA	R	EV 02/23/24 PRO			Form <b>1040</b> (2023)

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Internal Revenue Service		► See se	parate instruc	tions.						
An IRS individua	I taxpayer identification r	umber (ITIN) is fo	or U.S. feder	al tax pu	rposes	only.			be (check one box):	
Before you begin									or a new ITIN	
	nis form if you have, or are o						Renew an existing ITIN			
must file a U.S. f	ubmitting Form W-7. Rea ederal tax return with For	m W-7 unless yo	u meet one			-			<b>c, d, e, f,</b> or <b>g, you</b>	
	t alien required to get an ITIN t		enefit							
	t alien filing a U.S. federal tax n nt alien <b>(based on days prese</b>		too) filing a LL	S fodoral	tox rotur	n				
_	of U.S. citizen/resident alien						tructions)			
e 🛛 Spouse of U	J.S. citizen/resident alien	If <b>d</b> or <b>e</b> , enter nar FNU ZIAUL	ne and SSN/IT ISLAM	IN of U.S	. citizen/	resident	alien (see ins		ons)► 66-79-8438	
_	t alien student, professor, or re	-	5. federal tax re	eturn or cla	aiming a	n except	ion			
	spouse of a nonresident alien	holding a U.S. visa								
h Other (see in	nstructions) ► on for <b>a</b> and <b>f</b> : Enter treaty cou						h or N			
Name	<b>1a</b> First name		ddle name	anu	lreaty an	Last	name			
(see instructions)	ZEBA						USHEEN			
Name at birth if	1b First name	Mi	ddle name			Last	name			
different ►										
Applicant's	2 Street address, apartmen 10750 BRUNSWIC			you have	e a P.O.	box, see	e separate ir	nstruc	tions.	
Mailing Address	City or town, state or pro BLOOMINGTON	wince, and country. I	nclude ZIP co	de or post	al code MN	where ap USA		5	5438	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address (see instructions)	City or town, state or pro	vince, and country. I	nclude postal	code whe	re appro	priate.				
Birth Information	4       Date of birth (month / day / year)       Country of birth       City and state or province (optional)       5       Male         on       02/14/1995       INDIA       City and state or province (optional)       5       Female									
Other Information	6a Country(ies) of citizenshi INDIA	p 6b Foreign tax	I.D. number (if	any) (	6c Type	of U.S. v	visa (if any), ni	umber	, and expiration date	
mormation	6d Identification document(	,	tructions) 🕨	Passpo	rt [	Driver	's license/Sta			
			â –		1 /0.0		the United			
	Issued by: INDIA	No.: W634811		p. date: 1			(MM/DD/Y	YYY):		
	6e Have you previously rece No/Don't know. Sk		iternal Revenue	e Service	Number	(IRSN)?				
		6f. If more than one,	list on a sheet	and attac	h to this	form (se	e instruction	ns)		
	6f Enter ITIN and/or IRSN ▶					RSN			and	
	name under which it wa								ana	
		Fi	rst name		Middle r	ame		L	ast name	
	6g Name of college/universi	ty or company (see i	nstructions) 🕨							
	City and state ►			L	ength of	stay 🕨				
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accomp documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.							thorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number									
<u>,</u>	Name of delegate, if applicable (type or print)         Delegate's relationship to applicant				Parent	Parent Court-appointed guardian				
Acceptance	Signature			Date (mo	nth / day	/ year)	Phone Fax		-1	
Agent's	Name and title (type or	print)	Name of c	l ompanv		EIN	1 UA	F	PTIN	
Use ONLY	Y Name and the type of printy Na			Office						

REV 02/23/24 PRO