Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

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	Socia	Il securit	y numbe	r	
TAN	ZILA SHAHREEN	82	820-94-7708			
Spouse	s's name	Spouse's social security number				
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year	you a	re auth	orizing.)	
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	20,608.	
2	Total tax			2	678.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	2,729.	
4	Amount you want refunded to you			4	2,051.	
5	Amount you owe			5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep	a cop	y of yo	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

	T autitionize		1111110	ERO firm name	to enter of generate my r in	Ę
$\mathbf{X}$	l authorize	GLOBAL	TAYES	T.T.C	to enter or generate my PIN	Ľ

Ent	as my				
4	7	7	0	8	
	4 Ente	4 7 Enter fiv	4 7 7 Enter five dia	4 7 7 0 Enter five digits,	4 7 7 0 8 Enter five digits, but don't enter all zeros

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 N	ethod Returns Only—continue below
Part III Certification and Authentication – Pr	actitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►								
ERO 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. RAA	REV 01/12/24 PRO	Form <b>8879</b> (Rev. 01-2021)					

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.		
Your first name	and m	 iddle initial	Last r	name						Your so	cial sec	curity number		
TANZILA			SHA	HREEN 820 94										
-	pouse's	s first name and middle initial	Last r									I security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
210 ENCH	IANTI	ED PKWY						3	02			ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				jointly, want \$3		
MANCHEST	ER					MC		630	88			nd. Checking a not change		
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		0		
											Yo	ou 🗌 Spouse		
Filing Status	; 🛛	] Single					Head of he	ouseh	old (HOH)					
Check only		] Married filing jointly (even if only or	ne hac	l income)			_							
one box.		] Married filing separately (MFS)							ring spouse					
		ou checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's na	me if the		
	qu	alifying person is a child but not you	ır depe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,				
Assets		ange, or otherwise dispose of a digi						-			<b>Y</b>	es 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pende	nt	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindness	s You	: Were born before January 2. 1	959	Are bl	lind Spa	ouse	: 🗌 Was bor	n befo	ore January	2. 1959		s blind		
Age/Blindness You: Were born before January 2, 1959 Dependents (see instructions):				(2) 5	Social security	,	(3) Relationsh	14			k if qualifies for (see instructions)			
If more		irst name Last name		(_)	number		to you	·•	Child tax c	redit	Credit fo	or other dependents		
than four														
dependents,														
see instructions and check	s													
here 🗌											_			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	L	20,608.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)			
W-2 here. Also	С			e instructions)						. 10				
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 1d				
1099-R if tax	е	Taxable dependent care benefits f		·				• •		. <u>1</u> e				
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f				
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g		0		
W-2, see	h	Other earned income (see instructi	,	· · ·				· ·		. 1h	1	0.		
instructions.	i 	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					20,608.		
		Add lines 1a through 1h	 0.		· · · ·	 ьт	axable interest	•••		. 1z		20,000.		
Attach Sch. B if required.	2a		2a 3a							. 2b . 3b				
	<u>3a</u> 4a		Ja 4a				Ordinary divider axable amount			. 30				
Standard	ча 5а		ча 5а				axable amouni			. 40 . 5b				
Deduction for — • Single or	5a 6a		5a 6a				axable amount			. 6b				
Married filing	c	If you elect to use the lump-sum e		method	check here			••••	· · · ·					
separately, \$13,850	7	Capital gain or (loss). Attach Scher		,		`	,		[	7				
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule					,			. 8				
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					e			. 9		20,608.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10	,			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			gross incor	ne				. 11		20,608.		
\$20,800	12	Standard deduction or itemized	-							. 12	2	13,850.		
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti					5-A			. 13				
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our t	taxable incom	e.	<u> </u>	. 15		6 <b>,</b> 758.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	678.		
Credits	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18	678.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	678.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	678.		
Payments	25	Federal income tax withheld									
· · · <b>,</b> · · · · · ·	а	Form(s) W-2				<b>25a</b> 2	,729.				
	b	Form(s) 1099				25b		1			
	с	Other forms (see instructions				25c		1			
	d	Add lines 25a through 25c	,					25d	2,729.		
If you have a	26	2023 estimated tax payment						26			
qualifying child,	27	Earned income credit (EIC)		• •		27					
attach Sch. EIC.	28	Additional child tax credit from				28		1			
	29	American opportunity credit				29		1			
	30	Reserved for future use .		-		30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T		-				32 33	2,729.		
Refund	34	If line 33 is more than line 24						34	2,051.		
nerana	35a	Amount of line 34 you want				•		35a	2,051.		
Direct deposit?	b	Routing number 0 8 1					Savings				
See instructions.	ď	Account number 1 5 2 3 2 2 0 7 7 7 5 0									
	36	Amount of line 34 you want a				36					
Amount	37	Subtract line 33 from line 24	•• •								
You Owe	0/	For details on how to pay, ge						37			
	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	,								
Designee		structions	•				omplete b	elow.	× No		
	De	signee's		Phone		Pers	onal identif	ication			
	nai	nē		no.		num	ber (PIN)				
Sign		der penalties of perjury, I declare the									
Here		ief, they are true, correct, and com	piete. Declaration	i preparer (otrie	,			• •	, 0		
	Your signature Date Your occupation								nt you an Identity IN, enter it here		
Joint return?					STUDENT		(see		in, enter it here		
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sian.	Date	Spouse's occupat	ion	If the	IRS se	nt your spouse an		
Keep a copy for	-1-						Ident	ity Prot	y Protection PIN, enter it here		
your records.							(see i	inst.)			
		one no. (314) 828-028	1	Email address	SHAHREENTAN	ZILA@GMAIL.CO	M		1		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/20/2024	P02082	2703	Self-employed		
Use Only						Phor	ie no. (	(678)965-9522			
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	s EIN	84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form <b>1040</b> (2023)		