IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpay	yer's name		Social sec	urity numi	ber
PAR	RVEZ SAYED		877-4	1-288	5
Spouse	e's name		Spouse's s	ocial sec	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 202	3 (Ente	r year you	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	72,590.
2	Total tax			2	8,227.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	11,417.
4	Amount you want refunded to you			4	3,190.
5	Amount you owe			5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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	ERO firm name	to enter or generate my PIN	E
	La cable a stara			TTO	to out on a second of the DINI	11

1	2	8	8	5	
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 ►	Date 🕨	
	eturns Only—continue below	
Part III Certification and Authentication – Practition	er PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-	ligit 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 Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	/rite 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
PARVEZ			SAY	ED						877	41	2885
lf joint return, s	pouse'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.				Α	pt. no.	Preside	ntial Ele	ection Campaigr
<u>374 WES1</u>	[PHA]	LIAN DRIVE										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a
CELINA						TΣ	X	750	09			not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
												ou 🔄 Spouse
Filing Status] Single] Married filing jointly (even if only o	no har	t incomo)			Head of h	ousen	οια (ΠΟΠ)			
Check only		Married filing separately (MFS)	nenac	i income)				surviv	ing spouse	(099)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If voi	ı che					ild's na	me if the
		alifying person is a child but not you							50 50, 611			
D 's 11 s 1	A+ 01	ny time during 2023, did you: (a) rec					mant fax axaaa					
Digital Assets		nange, or otherwise dispose of a digi	•						<i>,</i> .			es 🛛 No
Standard		neone can claim: You as a de					a dependent	, (,		
Deduction		Spouse itemizes on a separate retur	n or ye	ou were a	dual-status	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Spc	ouse	: 🗌 Was bo	rn befc	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	nip (4) Check the b	oox if quali	fies for	(see instructions)
If more	(1) F	irst name Last name		number to you				Child tax o	credit	Credit fo	or other dependents	
than four												
dependents, see instructions	s ——											
and check	,											
here 🗌]											
Income	1a	Total amount from Form(s) W-2, be								. 1a	-	87,076.
Attach Form(s)	b	Household employee wages not re								. 1b	_	
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•				· · · ·		· · ·	. 10	_	
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d	_			
1099-R if tax	e f	Employer-provided adoption bene				• •		• •		. 1e	_	
was withheld.	f	Wages from Form 8919, line 6.						• •		· 1g	_	
get a Form	9 h	Other earned income (see instructi				• •		• •		· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	tructions	· · · ·	•••	· · · · ·					•••
matructions.	z	Add lines 1a through 1h	500 110			• •				. 1z	,	87,076.
Attach Sch. B	 2a	Ŭ	2a			b Т	axable interes	t .		. 12	_	
if required.	3a	· ·	 3a				Ordinary divide			. 3b	-	
	4a		4a				axable amoun			. 4b	,	
Standard Deduction for—	5a		5a				axable amoun			. 5b	,	
Single or	6a		6a				axable amoun			. 6b	_	
Married filing separately,	С	If you elect to use the lump-sum e		n method,								
\$13,850	7	Capital gain or (loss). Attach Schee				•	,			7		
 Married filing jointly or 	8	Additional income from Schedule		•	•		-			. 8		-14,486.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	com	e			. 9		72,590.
\$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incor	ne				. 11		72,590.
\$20,800 • If you checked	12	Standard deduction or itemized								. 12	2	13,850.
any box under	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	95-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	ne .		. 15	5	58,740.

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

Form **1040** (2023)

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s)): 1 🗌 8814	2 4972	3 🗌	16	8,227.
Credits	17	Amount from Schedule 2, line 3	• • • <i>•</i>			17	
	18	Add lines 16 and 17				18	8,227.
	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	8,227.
	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	8,227.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 11	,417.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	11,417.
	26	2023 estimated tax payments and amount app				26	
If you have a L qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863, I			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			-	32	
	33	Add lines 25d, 26, and 32. These are your tota	-	-			11,417.
Defined	34	If line 33 is more than line 24, subtract line 24				33	3,190.
Refund	35a	Amount of line 34 you want refunded to you .					
Direct deposit?	b	Routing number $\begin{vmatrix} 1 & 1 \end{vmatrix} \begin{vmatrix} 1 & 9 \end{vmatrix} \begin{vmatrix} 2 & 4 & 5 \end{vmatrix}$				avings	5,190.
See instructions.	b	Account number 6 1 8 6 6				avings	
	а 36	· · · · · · · · · · · · · · · · · · ·		d tox			
A		Amount of line 34 you want applied to your 20			36		
Amount You Owe	37	Subtract line 33 from line 24. This is the amou For details on how to pay, go to <i>www.irs.gov/F</i>		soo instructions		07	
Tou Owe	00				1 1	37	
	38	Estimated tax penalty (see instructions)			38		
Third Party		you want to allow another person to discus		n with the IRS?		mplete below.	× No
Designee		signee's	· · · · · · · · Phone			nal identification	
	nai		no.			er (PIN)	
Sign	Un	der penalties of perjury, I declare that I have examined t	his return and a	accompanying sche	dules and statements	, and to the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration of	preparer (other	than taxpayer) is ba	sed on all informatio	n of which prepa	rer has any knowledge.
пеге	Yo	ur signature	Date	Your occupation		If the IRS s	ent you an Identity
							PIN, enter it here
Joint return?			SYSTEM ANALYST			(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	on		ent your spouse an tection PIN, enter it here
your records.						(see inst.)	lection Fin, enter it here
	Ph	one no. (903)990-6984 E	Email address		OMATE COM	, ,	
		parer's name Preparer's signatur		PARVEZM01@		PTIN	Check if:
Paid		·		אז דדגיים איים די			
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	AN DAGAK	JUPIA IALLAM	01/31/2024	P02082703	
Use Only		n's name GLOBAL TAXES LLC		r 00016			(678)965-9522
		n's address 245 ROONEY CT E BRUN	SWICK NU			Firm's EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/21/24 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.

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	Your social security number		
PARVEZ SAYED		877-41	-2885
Part I Additio	onal Income		

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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	-14,486.
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		
	Stock options	8k	_	
	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			
		8m	_	
	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	80 (
	Pension or annuity from a nonqualifed deferred compensation plan or	8s (4	
t	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	_	
z	Other income. List type and amount:	ou		
2		8z		
9	Total other income. Add lines 8a through 8z	-	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter		-	
10	1040, 1040-SR, or 1040-NR, line 8		10	-14,486.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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	government		
	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			
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2-7 a	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
لم			-	
d			-	
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			
h	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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	1/21/24 PRO	Schedule 1 (I	orm 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

r soci	al security number
	Attachment Sequence No. 13

9

Name(s) shown on return							Your soc	Your social security number			
PARVEZ SAYED						877-41-2885					
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.											
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🕅 No		
	Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, ZIP code)										
Α	PANGAL NALGONDA TELANGANA IN 508001										
В											
С											
1b		above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a			Fair Rental Days		Personal Use Days		QJV		
Α						365		0			
В											
С	quaimed joint venture. See instru	qualified joint venture. See instructions.									
Туре	of Property:										
	1 Single Family Residence3 Vacation/Short-Term Rental5 Land7 Self-Rental2 Multi-Family Residence4 Commercial6 Royalties8 Other (describe)										
						Propert	ies:				
Incon	ne:			Α		В			С		
3	Rents received	3		5	40.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,8	56.						
8	Commissions	8		-							
9		9									
10	Legal and other professional fees	10									
11	Management fees	11		1,1	20.						
12	Mortgage interest paid to banks, etc. (see instructions)	12		_/_							
13	Other interest	13									
14	Repairs	14		2.7	81.						
15	Supplies	15		3,452.							
16		16		- , -							
17	Utilities	17		2,6	51.						
18	Depreciation expense or depletion	18		3,1							
19	Other (list)	19		- / -							
20	Total expenses. Add lines 5 through 19	20		15,0	26.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must			2070							
	file Form 6198	21	-	-14,4	86.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14,48	36.)	())()		
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		540.				
b	Total of all amounts reported on line 4 for all royalty properties				23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d		3,166.				
е	Total of all amounts reported on line 20 for all properties				23e	1!	5,026.				
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any los	sses			. 24				
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he	re 25	(14,486.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result										
	here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on										

26

-14,486.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2