E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

| 2023 |
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| 2023 |

OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

| For the year Jan. 1-Dec. 31, 2023, or other tax year beginning |  |  |  | , 2023, ending             |          |                 |                                | See separate instructions.                               |  |  |
|--|--|--|--|----------------------------|----------|-----------------|--------------------------------|--|--|--|
| Your first name and middle initial Last                        |  |  |  | st name                    |          |                 |                                | Your social security number                              |  |  |
| ABBAS MOH  |  |  |  | HAMMED                     |          |                 |                                |  | 314 51 6499  |  |
|  | s first name and middle initial            |  | st name                                |                            |          |                 |                                | Spouse's social security number                          |  |  |
| ROOHI  |  | BASSUM   |  |                            |          |                 | 987   96   6808                |  |  |  |
|  | (numbe                                     | er and street). If you have a P.O. box, see  |  |                            | Apt. no. |                 |                                |  | Presidential Election Campaign                             |  |
| 4705 TRI   | BEC  | A T <sub>I</sub> N   |  |                            |          | 2110            | Check here if you, or your     |  |  |  |
|  | ce. If you have a foreign address, also co | spaces below. State  |  |                            | ZIP code |                 | e if filing jointly, want \$3  |  |  |  |
| PLANO  |  |  |  | TX                         |          |                 | 75024                          | to go to this fund. Checkir<br>box below will not change |  |  |
| Foreign country name   |  |  | Foreign province/state                 |                            | county   |                 | Foreign postal cod             | box bolow will flot charig                               |  |  |
|  |  |  |  |                            |          |                 |                                |  | You Spouse   |  |
| Filing Status  | . [  | Single   | -                                      |                            |          | ☐ Head of h     | ousehold (HOH)                 |  |  |  |
| Check only   |  | Married filing jointly (even if only one had income)   |  |                            |          |                 |                                |  |  |  |
| one box.   |  | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS                                  |  |                            |          |                 |                                |  |  |  |
|  | <b>I</b> f y                               | you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the |  |                            |          |                 |                                |  | ild's name if the  |  |
|  | qu   | ualifying person is a child but not your dependent:  |  |                            |          |                 |                                |  |  |  |
| Digital  | Λt ar                                      | ny time during 2023, did you: (a) rec  | oivo (ac                               | a reward award or          | nav#     | ment for prope  | rty or services):              | or (b) sell  |  |  |
| Digital<br>Assets  |  | ange, or otherwise dispose of a dig  | ,                                      |                            | . ,      |                 | •                              | . , .  | ☐ Yes 🗵 No   |  |
| Standard   | _  | eone can claim:  You as a de   |  | <u>_</u>                   |          |                 | ,. (5555                       |  |  |  |
| Deduction  | _  | Spouse itemizes on a separate retur  | •                                      |                            |          |                 |                                |  |  |  |
|  |  |  |  |                            |          |                 |                                |  |  |  |
|  |  | Were born before January 2, 1  | 959 L                                  | Are blind <b>Spo</b>       | ouse     | e: ∐ Was boi    | n before January               |  | ☐ Is blind   |  |
| Dependents   |  | (see instructions):  |  | (2) Social security number |          | (3) Relationsh  | hip (4) Check the<br>Child tax |  | lifies for (see instructions): Credit for other dependents |  |
| If more  |  | 1) First name Last name  |  |                            |          | to you          |                                | Credit   | ·  |  |
| than four<br>dependents,                                       |  | ALIYAH TABASSUM  |  | 994-96-0682                |          | Daughter        |                                |  | X  |  |
| see instructions   | S ALE                                      | EEZA TABASSUM  |  | 116-39-521                 |          | Daughter        | X                              |  |  |  |
| and check  |  |  |  |                            |          |                 |                                |  |  |  |
| here   | 10   | Total amount from Form(s) W-2, b   | ov 1 /oo                               | a instructions)            |          | l               |                                | 1.0  | a 142,593.   |  |
| Income   | 1a<br>b                                    | *  | •                                      | ,                          |          |                 |                                | . 18   |  |  |
| Attach Form(s)   |  | Household employee wages not re<br>Tip income not reported on line 1a                                | •                                      | , ,                        |          |                 |                                |  |  |  |
| W-2 here. Also attach Forms                                    | c<br>d                                     | ·  | •                                      | · ·                        |          |                 |                                | . 10   |  |  |
| W-2G and   | e  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                              |  |                            |          |                 |                                |  |  |  |
| 1099-R if tax was withheld.                                    | f  | Employer-provided adoption bene  |  | •                          |          |                 |                                | . 16   |  |  |
| If you did not   | g  | Wages from Form 8919, line 6.  |  |                            |          |                 |                                | . 19   |  |  |
| get a Form   | 9<br>h                                     | Other earned income (see instruct)   |  |                            |          |                 |                                | . 1h   |  |  |
| W-2, see instructions.   |  | · ·  | combat pay election (see instructions) |                            |          |                 |                                |  | 3,   |  |
|  | z  | Add lines 1a through 1h  |  |                            |          |                 |                                | . 12   | 142,593.   |  |
| Attach Sch. B  | <br>2a                                     | <u> </u>   | 2a                                     | · · · · · i                | Ь Т      | axable interes  | t                              | . 2k   | 445  |  |
| if required.   | 3a   |  | 3a                                     |                            |          | Ordinary divide |                                | . 3k   | -  |  |
|  | 4a   |  | 4a                                     |                            |          | axable amoun    |                                | . 4k   |  |  |
| Standard   | 5a   |  | 5a                                     |                            |          | axable amoun    |                                | . 5k   |  |  |
| • Single or  | 6a   |  | 6a                                     |                            |          | axable amoun    |                                | . 6k   | <b>o</b>   |  |
| Married filing separately,                                     | С  | If you elect to use the lump-sum election method, check here (see instructions)                      |  |                            |          |                 |                                |  |  |  |
| \$13,850   | 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here                   |  |                            |          |                 |                                |  | · 🗍  |  |
| <ul> <li>Married filing jointly or</li> </ul>                  | Married filing                             |  |  |                            |          |                 |                                | . 8  |  |  |
| Qualifying   | 9  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                         |  |                            |          |                 |                                |  | 143,760.   |  |
| surviving spouse,<br>\$27,700                                  | 10   | Adjustments to income from Schedule 1, line 26   |  |                            |          |                 |                                |  | 0  |  |
| <ul> <li>Head of household,</li> </ul>                         | 11   | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                              |  |                            |          |                 |                                |  | 1 143,760.   |  |
| \$20,800   | 12   | Standard deduction or itemized   | •                                      | •                          |          |                 |                                | . 12   |  |  |
| If you checked any box under                                   | 13   | Qualified business income deduction from Form 8995 or Form 8995-A                                    |  |                            |          |                 |                                |  | 3  |  |
| Standard<br>Deduction,   | 14   | Add lines 12 and 13  |  |                            |          |                 |                                | . 14   | <b>4</b> 27,700.   |  |
| see instructions.  | 15   | Subtract line 14 from line 11. If zer  | n or les                               | s enter-0- This is v       | our.     | tavable incom   | ne                             | 15   |  |  |