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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	_
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	
IBRAHIM	ASM	AT	KAMI	Œ							667	58	9586	
		s first name and middle initial	Last na										security num	ıber
TUBA ZAI	RRAR		KHAR	RBE							677	97	7087	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campa	aign
2150 W A	ALAM	EDA RD						Į	J-1346	6	Check h	nere if y	ou, or your	-
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c					jointly, want	
PHOENIX						AZ	7	850	85		0		nd. Checking not change	a
Foreign country	y name		I	Foreign pro	ovince/state/	count	ty	Foreig	ın postal c		your tax		ınd.	use
Filing Status	s [Single					☐ Head of h	ouseh	old (HOH	— ⊣)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (0	QSS)			
0.10 2011	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	-	ialifying person is a child but not you			-									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward										_
Assets		nange, or otherwise dispose of a digi											es 🗵 No	
Standard		neone can claim: You as a de					a dependent	, ,						
Deduction		Spouse itemizes on a separate retur	•				•							
Ago/Blindnes	- Vau	: Were born before January 2, 1	050 [Are bli	nd Sn e	ouse	: Was bor	n hofe	oro Janua	an, 2	1050		s blind	
			333 [Ī	<u> </u>			11					see instructio	ns).
Dependent		irst name Last name			ocial security number	'	(3) Relationsh to you	ip (Child tax c				or other depend	
If more than four	<u> </u>	YA IBRAHIM KAMLE			-47-387	5	Daughter	_		X				
dependents,	INA	IA IDRAHIM NAMLE		209-	-47-367		Daugnter		<u>_</u>					
see instruction	s —								<u>_</u>					
and check here	1												౼	
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions)						1a		206,735	<u> </u>
Income	b	Household employee wages not re	•		,						1b			_
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a			,						1c			
attach Forms	d	·	reported on Form(s) W-2 (see instructions)					1d						
W-2G and	e	Taxable dependent care benefits f									1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instructi	ions)								1h		().
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	'	•					
	z	Add lines 1a through 1h						. .			1z		206,735	j.
Attach Sch. B	2a		2a			b Ta	axable interes	t.			2b		432	
if required.	3a	· —	3a				ordinary divide				3b			
	4a		4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method, d	check here	(see	instructions)			. 🗆				
\$13,850	7	Capital gain or (loss). Attach Sche	dule D i	f required	l. If not requ	uired,	, check here			. 🗆	7			
 Married filing jointly or 	8	Additional income from Schedule	1, line 1	0							8		-18,374	1.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our total inc	come	e				9		188,793	}.
\$27,700	10	Adjustments to income from Sche	dule 1, l	line 26							10			
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted g	gross incor	ne					11		188,793	3.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fron	n Schedule	A)					12		27,700	
any box under	13	Qualified business income deducti					5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,700).
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	c ontor I	O This is y	0 ur t	tavabla incom				15		161 093	. <u> </u>

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	26,055.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	26,055.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lir	ne 8					20	7,500.
	21	Add lines 19 and 20						21	9,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,555.
	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 total tax					24	16,555.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 33	3,837.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	33 , 837.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	33,837.
Refund	34	If line 33 is more than line 24						34	17,282.
	35a	Amount of line 34 you want	refunded to you	ی. If Form 8888	3 is attached, che	ck here	🗆	35a	17,282.
Direct deposit?	b	Routing number 1 2 2	1 0 1 7	0 6	c Type:	Checking	Savings		
See instructions.	d	Account number 4 5 7	0 2 8 6	9 5 2 1	1 5		•		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. Yes. C	omplete	below.	⋉ No
		signee's me		Phone no.			onal identi ber (PIN)	fication	
0:		der penalties of perjury, I declare t	hat I have examined		accompanying scho		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Υo	ur signature		Date	Your occupation		l If the	IRS se	nt you an Identity
	10	ar signature		Date	Tour occupation				IN, enter it here
Joint return?					SENIOR ENG	GINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.					HOMENANDE		tity Proti inst.)	ection PIN, enter it here	
•		(400) 460 461	0	Farall address	HOMEMAKER				
		one no. (480) 469-461 eparer's name	Preparer's signat	Email address	TRKAHIM.KAM	LE07@GMAIL.C Date	PTIN		Check if:
Paid		•	1 .		רווחת החתודיים			2702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	01/28/2024	P0208		
Use Only		m's name GLOBAL TA		INIODIT OTC. 37	T 00016				(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	INSWICK N	η ηαατρ		Firm	i's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
IBRAHIM ASMAT KAMLE & TUBA ZARRAR KHARBE

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
667-58	-9586

Par	t I 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	-18,374.
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		
ı	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 . Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-18,374.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis 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	Alimony paid		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)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	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	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h	-	
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	j _	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
05			0-	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. **03**

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Go to www.irs.gov/Form1040 for instructions and the latest information.

IBR	AHIM ASMAT KAMLE & TUBA ZARRAR KHARBE		667-	58-9	586
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244Form 2441	1, lind	e 11. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2 .		5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6с			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f	7,500.		
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.			7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040,	1040-SR, or	8	7,500.

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s	s) shown on return						Your socia	al security	number
IBRA	AHIM ASMAT KAMLE & TUBA ZARRAR KHARBE						667-5	8-9586	;
Part									
	Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line	operty, use 40	Schedule	C . See	instruc	ctions. If you	are an indiv	vidual, rep	ort farm
Α [Did you make any payments in 2023 that would require		Form(s) 1	099? S	See ins	tructions .		. \(\tag{Y}\)	es X No
	f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state,								
	H.NO.1015 KAMLE HOUSE THANE MAHARASI		,	١1					
A B	H.NO.1013 KAMLE HOUSE THANE MAHARASI	nika in	42130) 1					
1b	Type of Property 2 For each rental real estate pr	onerty list	-ed		Fa	ir Rental	Person	al Use	
	(from list below) above, report the number of the	fair rental	and			Days	Da		QJV
Α	g personal use days. Check the			Α		365		0	
В	if you meet the requirements qualified joint venture. See in			В					
С	qualified joint venture. See in	isti uctions).	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term F	Rental	5 Lanc			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	cribe)		
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		7	58.				
4	Royalties received	4							
Exper	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			3,9	85.				
8	Commissions	8							
9	Insurance								
10	Legal and other professional fees								
11	Management fees			3,4	20.				
12	Mortgage interest paid to banks, etc. (see instructions								
13	Other interest				0.6				
14	Repairs				96.				
15	Supplies			۷,8	54.				
16 17	Taxes			2,3	15				
18	Utilities			2,3					
19	Other (list)	10		4, 1	02.				
20	Total expenses. Add lines 5 through 19			19,1	32				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).			± > / ±	52.				
	result is a (loss), see instructions to find out if you mu								
	file Form 6198			- 18 , 3	74.				
22	Deductible rental real estate loss after limitation, if ar	ny,							
	on Form 8582 (see instructions)	22	(18,37	4.))	(<u>, </u>
23 a	Total of all amounts reported on line 3 for all rental pro-	operties			23a		758.		
b	Total of all amounts reported on line 4 for all royalty p	-			23b				
С	Total of all amounts reported on line 12 for all propert				23c				
d	Total of all amounts reported on line 18 for all propert				23d		2,762.		
е	Total of all amounts reported on line 20 for all propert				23e	1	9,132.		
24	Income. Add positive amounts shown on line 21. Do		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real ex							(18,374.
26	Total rental real estate and royalty income or (los here. If Parts II, III, and IV, and line 40 on page 2 do								

-18,374.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. **47** Go to www.irs.gov/Schedule8812 for instructions and the latest information. Your social security number IBRAHIM ASMAT KAMLE & TUBA ZARRAR KHARBE 667-58-9586

Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	188,793.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	188 , 793.
4	Number of qualifying children under age 17 with the required social security number 4 1		
5	Multiply line 4 by \$2,000	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident	1	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	13	18,555.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional cl		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR thr	_	line 27
	(also complete Schedule 3, line 11) before completing Part II A		

(also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.	()	
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S Of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
25 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	This is your manifolds client that create. Effect this unfount on Point 1979, 1979-1979, or 1979-1979, fille 20.	-/	

Form **8889**

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

IBRAHIM ASMAT KAMLE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 667-58-9586

Befo	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	f requi	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	elf-only	▼ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3		7 , 750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	ı	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6		7 , 750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7		
8	Add lines 6 and 7	8		7,750.
9	Employer contributions made to your HSAs for 2023			
10	Qualified HSA funding distributions		ı	
11	Add lines 9 and 10	11		1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	(6,250.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate F	HSAs, co	omplete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a		4,524.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	ı	
С	Subtract line 14b from line 14a	14c	-	4,524.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		4,524.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	I	
Part		ions b	efore HSAs,	
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

BAA

Clean Vehicle Credits

OMB No. 1545-2137

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment Sequence No. **69** Identifying number

IBR	AHIM ASMAT KAMLE & TUBA ZARRAR KHARBE	667-58	-95	86
Notes	• Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during	the tax ye	ear.	
	• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.			
Part	Modified Adjusted Gross Income Amount			
1a	Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 1a 188,	793.		
b	Enter any income from Puerto Rico you excluded			
С	Enter any amount from Form 2555, line 45			
d	Enter any amount from Form 2555, line 50			
e	Enter any amount from Form 4563, line 15			
2	Add lines 1a through 1e		2	188,793.
- За		293.	_	100,100.
b	Enter any income from Puerto Rico you excluded			
C	Enter any amount from Form 2555, line 45			
d	Enter any amount from Form 2555, line 50			
e	Enter any amount from Form 4563, line 15			
4	Add lines 3a through 3e		4	153,293.
5	Enter the smaller of line 2 or line 4		5	153,293.
Part			<u> </u>	133,293.
I GI	Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,	000 if ma	rriec	l filing jointly or a
	qualifying surviving spouse; \$225,000 if head of household).	000 11 1110		i ming jointly or c
6	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)		6	
7	New clean vehicle credit from partnerships and S corporations (see instructions)		7	
8	Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop		•	
•	and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y		8	
Part	<u> </u>		<u> </u>	
T CIT C	Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,00	00 if mar	ried	filing inintly or a
	qualifying surviving spouse; \$225,000 if head of household).	Jo II IIIaii		ining jointry or c
9	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)		9	7,500.
10	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18		10	26,055.
11	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	_	11	20,033.
12	Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal		•••	
	part of the credit		12	2.C 0.E.E
13	Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (12	26,055.
.0	1040), line 6f. If line 12 is smaller than line 9, see instructions		13	7,500.
Part			13	7,300.
ı arı	Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,00	00 if man	ried	filing jointly or a
	qualifying surviving spouse; \$112,500 if head of household).	70 II IIIQII	iiou	ining jointry or c
14	Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)		14	
15	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18		15	
16	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)		16	
17	Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV c		17	
18	Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line		''	
.0	smaller than line 14, see instructions		18	
Part			10	
	Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)		19	
19 20	Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)		20	
21	Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Sch			
	K. All others, report this amount on Form 3800, Part III, line 1aa		21	
		1 4		

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Attachment Sequence No. **69A**Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

	667	-58-9586
Vehicle Details		
Year	4	2023
Make	TES	LA
Model	<u>Y</u>	
Vehicle identification number (VIN) (see instructions) 7 S A Y G A E E	7 P	F 9 3 1 7 7 8
Enter date vehicle was placed in service (MM/DD/YYYY)	_11/	28/2023
Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax definitions. ✓ Yes. Go to Part II. ✓ No. Go to line 6.	year?	See instructions for
Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 202 the tax year? See instructions for definitions. Yes. Go to Part IV. No. Go to line 7.	22 and	placed in service during
during the tax year? See instructions for definitions. Yes. Go to Part V. No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described.		
another person. X Yes.		-
Tentative credit amount (see instructions)	9	7,500.
Business/investment use percentage (see instructions)	10	%
Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below	11	
Credit Amount for Personal Use Part of New Clean Vehicle		
Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936	12	7,500.
	Make	Year

For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA

REV 01/21/24 PRO

Schedule A (Form 8936) 2023



Part	le A (Form 8936) 2023 Credit Amount for Previously Owned Clean Vehicle		Page					
13a	Is the sales price of the vehicle more than \$25,000?							
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.No.							
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person. Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.							
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return. Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent. No.	n?						
d	ls the vehicle a qualified fuel cell motor vehicle? See instructions. ☐ Yes. ☐ No.							
14	Enter the sales price of the vehicle	14						
15	Multiply line 14 by 30% (0.30)	15						
16	Maximum vehicle credit amount	16	4,000.					
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936	17						
Part								
18a b	entities discussed in the instructions applies. Yes. No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception applies.							
	 another person. Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale. 	o leas	e to others, or acquired fo					
С	Is the vehicle also powered by gas or diesel? See instructions. Yes. No.	ı						
19	Enter the cost or other basis of the vehicle. See instructions	19						
20	Section 179 expense deduction (see instructions)	20						
21	Subtract line 20 from line 19	21						
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22						
23	Enter the incremental cost of the vehicle. See instructions	23						
24	Enter the smaller of line 22 or line 23	24						
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25						

Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V

26

of Form 8936

26

Form **8867**

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 23

Sequence No. 70

Attachment

Taxpayer name(s) shown on return Taxpayer identification number IBRAHIM ASMAT KAMLE & TUBA ZARRAR KHARBE 667-58-9586 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC ☐ AOTC Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. · Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes." X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	TC. A	CTC.
	or ODC, go to Part IV.)		,,,,,	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	U \			г′ —
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	alified	Yes	No
D. 1	tuition and related expenses for the claimed AOTC?			
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	k year	Yes	No
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	d filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ref or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's int(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No
	complete?		X	

SPOUSE'S PEN AND INK SIGNATURE

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** IBRAHIM ASMAT KAMLE 667 | 58 | 9586 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). KHARBE 97 1 7087 TUBA ZARRAR PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 188,793 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 3,927 00 ROUTING NUMBER 6,820 00 ☑ Checking 2 2 1 0 ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 2 8 6 9 5 2 2,893 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed loo 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

RETURN.			Arizona Form 140	Resident Personal Income Tax Return			F	for calendar year 2023		
RE	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	GINNING	12,0,2,3	AND ENDING			66F
			First Name and Middle Initial		Last Name			Your		umber
TO THE	1	IB	RAHIM ASMAT		KAMLE		Enter	66	7 58 95	586
	_	Spous	se's First Name and Middle Ini	tial (if box 4 or 6 checked) Last Name		your SSN(s	Spous	se's Social Secur	ity No.
Š	1		BA ZARRAR		KHARBE			6.7		
Ξ	_		nt Home Address - number an	nd street, rural route		Apt. No.	— i		` ,	
≽	2		50 W ALAMEDA RD	01.1	710.0	U-1346				"
₹	[3]	-	Town or Post Office	State	ZIP Code	9	Last Names Used	in Last Fou	r Prior Year(s) (if di	nerent)
DO NOT STAPLE ANY ITEMS	-		OENIX	AZ	85085		DEVENUE USE O	NI V DO NO	OT MARK IN THIS	ADEA
₹	TATUS	4	_	4a ∐ Injured Spouse		verpayment	88	NEI. DO NO	JI WARK IN THIS	ANEA.
S	ST/	5	☐ Head of household. Enter	er name of qualifying child or	dependent on next line.					
2	9	c	Married filing concrete re	oturo F-t						
0	FILING	7	✓ Married filing separate re✓ Single	eturn. Enter spouse's name	and Social Security Num	iber above.				
_	-		♦ Enter the number claim	ned. Do not put a check	mark.					
	<u>6</u>	8		/or spouse) If completing		mplete lines 38,				
	IPI	9	Blind (you and/or spouse	e) 39, and 41. Fo	r lines 10a and 10b, also co	mplete line 49.	81 PM		80 RCVD	
	EXEMPTIONS	10a	Dependents: Under age	of 17. 10b D	ependents: Age 17 an	d over.				
	ĺШ	11a	· · · · · · · · · · · · · · · · · · ·	•					2023	
				parents and grandparents 10b): Dependent Information. See instructions. For more space, check the box (a) (b) (c) (d) (e) (b) (c) (d) (e) (c) (d) (e) (d) (e) (e) (e) (figure 1 NAME (c) (figure 1) (figu						
			` '	AST NAME	SOCIAL SECURITY	(C) RELATIONSHIP		✓ Dependent.		not claim
	Dependents		(Do not list yourse		NUMBER		HOME IN 2023	included in	2 federal retur	n due to
	end							(Box 10a) (Bo	i educationa	al credits
	De p		INAYA IBRAHIM KAI	MLE	289-47-3875	Daughter	4		<u> </u>	
		10d						井井	-	
		10e						<u> </u>		
<u>.</u>	ر ع		(Box 11a): Qualifying paren	ts and grandparents. See	e instructions. For mo (b)	re space, check	the box L and (d)	complete (e)		
after Form 140.	Qualifying Parentsand Grandparents		(a) FIRST AND LAST NAME		SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS			ED
Ē	Pare		(Do not list yourse	elf or spouse.)	NUMBER		HOME IN 2023	OVEF	R IN 202	3
윤	fying									
Ę	Quali	11b						<u>_</u> _		
्य	Ī	11c	Fordered adjusted areas in as		-4			40	188 793	2 00
or other documents			Federal adjusted gross inco Small Business Income: 138	· •	•				100,750	
Ē			Modified federal adjusted gros						188,793	3 00
30	6		Non-Arizona municipal interes					I .		
ğ	ţion		Partnership Income adjustmer							00
the	Additio		Total federal depreciation					I	2,762	
0	1		Other Additions to Income: Co	•			. •		101 55	$\overline{}$
S O			Subtotal: Add lines 14 through					19	191,55	00
schedules			Total net capital gain or (loss).					00		
ed		21 Total net short-term capital gain or (loss). See instructions 21 22 Total net long-term capital gain or (loss). See instructions 22						00		
sch			Net long-term capital gain from							
ğ			Multiply line 23 by 25% (.25) a					i	(00
			Net capital gain derived from i					I .		00
ā	ns.	26	Recalculated Arizona deprecia	ation				26	2,762	2 00
e La	26 Recalculated Arizona depreciation							27		
eq	btra	28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills								
any required federal and	Su		Exclusion for federal, Arizona	=				I		
ii.			Exclusion for benefits, annuitie					I .		
hbe			 30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amoun 31 Certain wages of American Indians 							
y R			Certain wages of American Inc Pay received for active service					I		
an			Net operating loss adjustment							
Jace			Contributions to: 34a 529 Colleg					I		\neg
<u></u>		٠.		from line 10. Enter the di	·		add 07a all	35	100 70	$\overline{}$

	Your	Name (as shown on page 1)	,	Your Social Security Number					
	IBF	RAHIM ASMAT KAMLE & TUBA ZARRAR KHARBE		667-58-9586					
	20	Other Culturations from Income Computer Other Culturation from An			00				
	36 37	Other Subtractions from Income. Complete <i>Other Subtraction from An</i> Subtract line 36 from line 35. Enter the difference		188,793 00					
	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00				
ions	39	Blind: Multiply the number in box 9 by \$1,500			00				
mpt	40	Other Exemptions. See instructions40E Multiply the number in			00				
Exemptions	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$1			00				
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 3			188,793 00				
	43	Deductions: Check box and enter amount. See instructions			27,700 00				
	44	If you checked box 43 S and claim charitable contributions, check 44 C		00					
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than z	· · · · ·		161,093 00				
×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			4,027 00				
of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00				
o O	48	Subtotal of tax: Add lines 46 and 47. Enter the total			4,027 00				
Balance	49	Dependent Tax Credit. See instructions			100 00				
Ba	50	Family income tax credit (from the worksheet - see instructions)			00				
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			00				
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines			3,927 00				
	53	2023 AZ income tax withheld			6,820 00				
	54		Right 54 b	00 Add 54a and 54b. 54c	00				
its a	55	2023 AZ extension payment (Form 204)		55	00				
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56	00				
ble C	57	Property Tax Credit from Arizona Form 140PTC		57	00				
l Pay	58	Other refundable credits: Check the box(es) and enter the total amount	581 308-l 582	□334 583 □349 58	00				
Tota Refu	59	Total payments and refundable credits: Add lines 53 through 58. Enter	r the total	59	6,820 00				
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter a	amount of tax due. Skip lines 6	61, 62 and 63 60	00				
Ę	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59	. Enter amount of overpayme	nt 61	2 , 893 00				
ue o Iyme	62	Amount of line 61 to be applied to 2024 estimated tax		62	0 00				
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			2 , 893 00				
řð	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	Arizona Wildlife						
v		Child Abuse Prevention	00 Political Gift						
Gift.		Neighbors Helping Neighbors 69 00 Special Olympics	Veterans' Donations Fi						
ıtary		I Didn't Pay Enough Fund 72 00 and Road Fund	00 Spay/Neuter of Anima	s 74 00					
Voluntary Gifts		75 Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian 753 Republican							
	76	Estimated payment penalty		76	00				
<u>₹</u>	77	_							
Penalty	78	Add lines 64 through 74 and 76; enter the total			00				
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed	on line 80		2,893 <u>00</u>				
_ 6		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A ROUTING NUMBER ACCOUNT NUMBER							
Refund or Amount Owed		98 S ☐ Savings							
oun e	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona De	epartment of Revenue; write y	our SSN on payment;					
A A		and include with your return		80	00				
'									
	l	Inder penalties of perjury, I declare that I have read this return and any	y documents with it, and to	the best of my knowled	ge and belief, they are				
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer)) is based on all informatio	n of which preparer has a	ny knowledge.				
Щ	→								
HERE		OUR SIGNATURE		ENIOR ENGINEER CUPATION					
I	Ť	OUR SIGNATURE	DATE OCC	CUPATION					
SIGN	→		Н	OMEMAKER					
<u>S</u>	_	POUSE'S SIGNATURE		DUSE'S OCCUPATION					
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01282024	GLOBAL TAXES LI	JC					
PLEASE		AID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S IF						
Щ		245 ROONEY CT		84-3171965					
┙	P	AID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN					
	_	E BRUNSWICK NJ 08816		(678) 965-95					
	P	AID PREPARER'S CITY STATE	ZIP CODE	PAID PREPARER'S PHO	ONE NUMBER				

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1.555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6