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

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		rn 202	23	OMB No. 1545-	0074	IRS Use Onl	y—Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023,	ending _			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last nam	ne					Your so	cial sec	curity number
MIR ZAH	ID		ALI						123	45	4208
If joint return, s	pouse'	s first name and middle initial	Last nam	ie					Spouse'	s socia	l security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.				Apt. no.	Preside	ntial Fl	ection Campaig
160 LAK								712	1		ou, or your
		ce. If you have a foreign address, also co	omplete spa	aces below.	Sta	te	ZIP co		spouse	if filing	jointly, want \$3
SAINT C					l II		601	74			nd. Checking a
Foreign countr			Fc	oreign province/sta				n postal code			not change und.
	,			5 1						□ Yo	
Filing Status	s 🗵	Single				☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had in	come)							
one box.		Married filing separately (MFS)				Qualifying:	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	e name of	your spouse. If	you che	ecked the HOH	or Q	SS box, ent	er the chi	ld's na	me if the
	qu	alifying person is a child but not you	ur depend	lent:							
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award,	or payr	ment for proper	ty or	services); o	r (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asset	(or a financial in	terest in	n a digital asset	t)? (Se	ee instructio	ons.)	□ Ye	es 🗵 No
Standard		neone can claim: You as a de	•			a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stat	us alien						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was borr	n befo	re January	2, 1959		s blind
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationshi	p (4) Check the b	oox if quali	fies for	(see instructions)
If more	(1) F	irst name Last name		number		to you		Child tax	credit	Credit fo	or other dependent
than four											
dependents, see instruction	e —										
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	` `						. 1a		330,142.
Attach Form(s)	b	Household employee wages not re	eported o	n Form(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see inst	ructions)					. 1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep	oorted on	Form(s) W-2 (se	e instru	ıctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits t	from Form	n 2441, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .				. 1f		
If you did not	g	Wages from Form 8919, line 6 .							. 1g		
get a Form W-2, see	h	Other earned income (see instruct	•						. 1h		0.
instructions.	i	Nontaxable combat pay election (see instru	ctions)		<u>1i</u>					
	z	Add lines 1a through 1h							. 1z		330,142.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interest			. 2b		
if required.	3a	Qualified dividends	3a		b C	rdinary dividen	ıds .		. 3b		
	4a	IRA distributions	4a		b T	axable amount			. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount			. 5b		
Single or	6a	Social security benefits	6a		b T	axable amount			. 6b		
Married filing separately,	С	If you elect to use the lump-sum e	election m	ethod, check he	re (see	instructions)					
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if r	equired. If not re	equired	, check here			□ <u>7</u>		
jointly or	8	Additional income from Schedule	1, line 10						. 8		-64,667.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total	incom	e			. 9		265,475.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1, lir	ne 26					. 10		
household,	11	Subtract line 10 from line 9. This is	s your adj	justed gross ind	come				. 11		265,475.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (from Sched	ule A)				. 12		13,850.
any box under	13	Qualified business income deduct	ion from I	Form 8995 or Fo	rm 899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loca	ontor O This i	C VOLE	tavabla inaami	^		15	- 1	251 625

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Che	ck if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	59,963.
Credits	17	Amount from Schedule 2,	line 3					17	
	18	Add lines 16 and 17						18	59,963.
	19	Child tax credit or credit f	or other dependen	ts from Sched	ule 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,	enter -0				22	59,963.
	23	Other taxes, including sel	f-employment tax,	from Schedule	e 2, line 21			23	1,275.
	24	Add lines 22 and 23. This	is your total tax					24	61,238.
Payments	25	Federal income tax withh	eld from:						
-	а	Form(s) W-2				25a 55	5,532		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	ons)			25c	0		
	d	Add lines 25a through 25d						25d	55,532.
If you have a	26	2023 estimated tax paym	ents and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC	S)		No .	27			
allacii Scii. ElC.	28	Additional child tax credit t	rom Schedule 8812	2		28			
	29	American opportunity cre	dit from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3,	line 15			31 13	,255		
	32	Add lines 27, 28, 29, and	31. These are your	total other pa	ayments and refu	ndable credits		32	11,255.
	33	Add lines 25d, 26, and 32	. These are your to	tal payments				33	66,787.
Refund	34	If line 33 is more than line	24, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	5,549.
	35a	Amount of line 34 you wa			is attached, chec	k here	🗆	35a	5,549.
Direct deposit?	b	Routing number X X					Savings	s	
See instructions.	d	d Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you was	nt applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line For details on how to pay						37	
	38	Estimated tax penalty (se	e instructions) .			38			
Third Party		you want to allow anoth	ner person to disc	cuss this retu	rn with the IRS?			•	
Designee							•	e below.	
	De na	signee's ne		Phone no.			onal ider ber (PIN)	ntification	
Sign	Un	der penalties of perjury, I declar ef, they are true, correct, and c		d this return and		dules and statemen	ts, and to	the best	, ,
Here	Yo	ur signature		Date	Your occupation		l If t	he IRS se	ent you an Identity
		g			·		Pro	otection F	PIN, enter it here
Joint return?					SOFTWARE E		`	e inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint retur	n, both must sign.	Date	Spouse's occupation	on	Ide		ent your spouse an ection PIN, enter it here
	Ph	one no.		Email address					
D-:-I	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPAL	I VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer		Firm's name GLOBAL TAXES LLC							(678)965-9522
Use Only			EY CT E BRU	NSWICK N	J 08816			m's EIN	88-2145487

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship) Attach to Form 1040, 1040-SR, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Sequence No. 09 Name of proprietor Social security number (SSN) 123-45-4208 MIR ZAHID ALI Α Principal business or profession, including product or service (see instructions) B Enter code from instructions SOFTWARE SERVICES 5 1 9 2 0 0 C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 2 3 7 0 0 0 2 8 MIZALTECH LLC Business address (including suite or room no.) 160 LAKESIDE DR, Apt. 1712 Е City, town or post office, state, and ZIP code SAINT CHARLES, IL 60174 (3) Other (specify) F Accounting method: (1) X Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ... Н Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ... Yes X No If "Yes," did you or will you file required Form(s) 1099? . . . Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 300. Form W-2 and the "Statutory employee" box on that form was checked . . . 2 2 300. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 300. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 300. Gross income. Add lines 5 and 6 Part II **Expenses.** Enter expenses for business use of your home only on line 30. 8 Advertising Office expense (see instructions) . 18 19 Pension and profit-sharing plans . 19 9 Car and truck expenses 9,301. 9 20 (see instructions) . . . Rent or lease (see instructions): 18,000. 10 10 Vehicles, machinery, and equipment 20a Commissions and fees . а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses included in Part III) (see 13 24 Travel and meals: instructions) Travel 24a Employee benefit programs 14 Deductible meals (see instructions) 24b 2,600. (other than on line 19) 14 h 2,640. 15 Insurance (other than health) 15 25 Utilities 25 26 26 16 Interest (see instructions): Wages (less employment credits) 19,426. Mortgage (paid to banks, etc.) 16a Other expenses (from line 48) . . 27a а 13,000. 16b h Other Energy efficient commercial bldgs 17 Legal and professional services 17 deduction (attach Form 7205). 27b 64,967 28 Total expenses before expenses for business use of home. Add lines 8 through 27b 28 29 29 -64,667. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 -64,667. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

BAA

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

Part	Cost of Goods Sold (see instructions)		
33	Method(s) used to		
33	value closing inventory: a Cost b Lower of cost or market c Other (attach ex	xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35		
36	Purchases less cost of items withdrawn for personal use		
37	Cost of labor. Do not include any amounts paid to yourself		
38	Materials and supplies		
39	Other costs		
40	Add lines 35 through 39		
41	Inventory at end of year		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		
Part		k expenses or	n line 9 and u must file
43	When did you place your vehicle in service for business purposes? (month/day/year) 08/05/2022		
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle	e for:	
а	Business 14,200 b Commuting (see instructions) c Other		800
45	Was your vehicle available for personal use during off-duty hours?	🗌 Yes	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?	🗙 Yes	☐ No
47a	Do you have evidence to support your deduction?	🗙 Yes	☐ No
b	If "Yes," is the evidence written?	Tyes	⊠ No
Part		or line 30.	
BA	CK OFFICE OPERATION EXPENSES		19,426.
	1		
48	Total other expenses. Enter here and on line 27a		19,426.

MIR ZAHID ALI 123-45-4208 1

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 24b: 50% limit Itemization Statement

Description	Amount
MEALS	5,200.
Tota	5,200.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Ln 1a: Other receipts

Itemization Statement

Description		Amount	
CHASE BANK INTERREST INCOME			300.
	Total		300.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Itemization Statement

	Description		Amount
MOBILE BILL(12M*\$80P.M)			960.
INTERNET(12M*\$40P.M)			480.
ELECTRICTY(12M*\$100P.M)		·	1,200.
		Total	2,640.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 16b: Other Interest

Itemization Statement

	Description	1		Amount
CAR PAYMENTS & RENTAL CARS				13,000.
			Total	13,000.