8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submiss	ion Identification Number (SID)				
Taxpayer's	name	Social securit	y numb	er	
HASEE	-3604	4			
Spouse's n	ial secu	al security number			
SAFA	-2210				
Part I	, , ,	year you a	re aut	thorizing.)	
	ole dollars only on lines 1 through 5.				
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		ایا	F2 4/	0.0
	djusted gross income		2	53,49 2,69	
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,26	
	mount you want refunded to you		4	4,61	
	mount you owe		5	4,0	13.
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	- 1	our return)	
return (ori to send m for any de Agent to i payment de authorizat payment, business taxes to i personal i Electronici Taxpaye	ledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transminy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectary in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication from the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requidays prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment financial information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and resolve issues related to the payment in the receive confidential information necessary to answer inquiries and re	tter, or electroction of the tr. S. Treasury are ated in the tan to debit the the authorize ests must be processing of ayment. I furth now authorize the authorize ow authorizing way authorizing way authorizing the treatment of the transport of	anic retriansmiss and its discount of the control o	urn originator (ssion, (b) the redesignated Final paration softwar on this account. For evoke (cambed no later the ectronic payme knowledge thand, if applicable of the ectronic payment is a second to the ectronic payment in the ectronic payment is a second to the ectronic payment in the ectronic payment is a second to the ectronic payment	(ERO) eason ancial are for .: This cel) a han 2 ent of at the e, my
Your sign					
Spouse'	s PIN: check one box only				
X	I authorize $\frac{\text{GLOBAL TAXES } \text{LLC}}{\text{ERO firm name}} \text{ to enter or generate resignature on the income tax return (original or amended) I am now authorizing.}$	Ent	n't ente	digits, but r all zeros	s my
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.		_		-
Spouse's	s signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's E	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 0 er all ze	8 2 7 1 eros	
authorized	nat the above numeric entry is my PIN, which is my signature for the electronic individual income ta d to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	ccordance wit	now th the

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

20**23** OMB No. 1545-0074

						01112 1101 1010		, 50	mite of otapie in this opace.	
For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	eparate instructions.	
Your first name	and m	iddle initial	Last na	ame	Your s	ocial security number				
HASEEB H	IUSS	AINI	SYEI		174	21 3604				
If joint return, spouse's first name and middle initial			Last na	ame				Spouse	e's social security number	
SAFA QUA	ADRI		SYEI	DA				994	97 2210	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Preside	ential Election Campaign	
5113 KAT									here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spaces below. State ZIP of			ZIP code		e if filing jointly, want \$3 o this fund. Checking a		
ERIE					PA		16509	box be	elow will not change	
Foreign country	/ name			Foreign province/state/o	county	/	Foreign postal cod	l' — —		
		1 0: 1			Г		1 11/11011		∐ You ☐ Spouse	
Filing Status		Single		:\	L	Head of he	ousehold (HOH)			
Check only		Married filing jointly (even if only or	ne nad	income)	[Ouglifuing	surviving spous	~ (OSS)		
one box.	L_ If √	Married filing separately (MFS) you checked the MFS box, enter the	name	of vour englise. If you	ı cha				nild's name if the	
		alifying person is a child but not you			u Cile	cked the HOI	1 01 Q33 D0x, e1	itei tile Ci	iliu s riarrie ii trie	
Digital		ny time during 2023, did you: (a) rece					-			
Assets		nange, or otherwise dispose of a digi					t)? (See Instruct	ions.)	☐ Yes ☒ No	
Standard Deduction	_	neone can claim:		•		a dependent				
Deduction	Ц,	Spouse itemizes on a separate return	n or you	u were a duar-status a	allen					
Age/Blindness	You	: Were born before January 2, 19	959 [Are blind Spo	ouse:	☐ Was bor	n before Januar	y 2, 1959	☐ Is blind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ib I.,	•	difies for (see instructions):	
If more	(1) F	(1) First name Last name		number		to you	Child tax	credit	Credit for other dependents	
than four dependents,							L			
see instructions	s —							1		
and check	ı —]		
here L	4 -	Tatal are supt from Faves(a) M. O. b.	av 1 /a] 	- 62 224	
Income	1a h	Total amount from Form(s) W-2, but Household employees wages not re	•	,				. 1: . 11		
Attach Form(s)	b c	Household employee wages not reported on Form(s) W-2							c	
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d	
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							e	
1099-R if tax was withheld.	f	•	aployer-provided adoption benefits from Form 8839, line 29							
If you did not	g							. 19	g	
get a Form W-2, see	h	Other earned income (see instructi	ions)					. 1		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i				
	Z	Add lines 1a through 1h						. 1:	z 62,334.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	xable interest	t	. 21	b	
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds	. 3	b	
Standard	4a		4a			xable amoun		. 41	d	
Deduction for—	5a	_	5a			xable amoun		. 5		
Single or Married filing	6a	,	6a			xable amoun	t	. 61	0	
separately, \$13,850	c If you elect to use the lump-sum election method, check here (see instructions)							HF		
Married filing	7	Capital gain or (loss). Attach Sched								
jointly or Qualifying	8 9	Additional income from Schedule 1 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						. 8		
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Scheo						. 10	-	
Head of	11	Subtract line 10 from line 9. This is						· <u>''</u>		
household, [\$20,800	12	Standard deduction or itemized	-	-				. <u> </u>		
If you checked any box under	13	Qualified business income deducti				5-A		. 1		
Standard Deduction,	14	Add lines 12 and 13						1	+	
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	ss, enter -0 This is y	our t a	axable incom	ie			

orm 1040 (2023	3)							Page
Гах and	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 881	4 2 🗌 4972	з 🗆		16	2,653.
credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	2,653.
	19	Child tax credit or credit for other dependent	s 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	2 , 653.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	2,653.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 7	,266.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	7,266.
ou have a	26	2023 estimated tax payments and amount a	oplied from 20	22 return			26	
alifying child, ach Sch. EIC.	27	Earned income credit (EIC)			27			
acii Scii. Lic.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863	, line 8		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	total other pa	yments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	7,266.
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.	This is the amoun	nt you overpaid		34	4,613.
	35a	Amount of line 34 you want refunded to you		is attached, chec	k here		35a	4,613.
irect deposit?	b	Routing number 1 1 1 0 0 6						
ee instructions.	d	Account number 9 8 1 9 3 7 5	2 4					
	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.					
ou Owe		For details on how to pay, go to www.irs.gov	/Payments or	see instructions .			37	
	38	Estimated tax penalty (see instructions) .			38			
hird Party		you want to allow another person to disc						
esignee)	ins	structions	below.	⋉ No				
	De na	signee's me	ification					
		der penalties of perjury, I declare that I have examined	no.	accompanying sched		per (PIN)	the hest o	of my knowledge and
Sign		lief, they are true, correct, and complete. Declaration of						,
Here	٧٥	ur signature	Date	Your occupation		If the	e IRS ser	nt you an Identity
	10	ai digitataro	Date	Tour occupation				N, enter it here
oint return?				SOFTWARE E	NGINEER	(see	inst.)	

Preparer's name Preparer's signature **Paid** SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA **Preparer** GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address

Spouse's signature. If a joint return, both must sign.

(571) 778-0515

84-3171965 Firm's EIN Form **1040** (2023) REV 03/07/24 PRO

(see inst.)

P02082703

PTIN

If the IRS sent your spouse an Identity Protection PIN, enter it here

Check if:

Phone no. (678) 965-9522

Self-employed

Date

Email address

Spouse's occupation

HOME MAKER

HASEEBHSYED3@GMAIL.COM

Date

04/12/2024

Phone no.

See instructions.

Keep a copy for your records.

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

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
HASEEB HUSSAINI SYED & SAFA QUADRI SYEDA

Your social security number
174-21-3604

Par	t 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. Att		5	-8,835.
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		
I	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 . Ente			
	1040, 1040-SR, or 1040-NR, line 8		 10	-8,835.

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-b	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	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	, , , , , , , , , , , , , , , , , , ,	24a	-	
b	Deductible expenses related to income reported on line 8l from the			
		24b	-	
С	The state of the s			
		24c	-	
d		24d	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g		24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
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	24i		
j	· · · · · · · · · · · · · · · · · · ·	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k		
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 .			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

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. Go to www.irs.gov/ScheduleE for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **13**

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

HASEER HUSSAINT SYED & SAFA OUADRI SYEDA

Your social security number 174-21-3604

11110							- /	0001	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you a	re an ind	ividual, rep	ort farm
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII								
Α	12-2-828/A/39, AMBA GARDENS MEHDIPATNAN) - TE:	T.ANG	ANA TN 50	0028		
В	12 2 020/11/09/11IDII GIRGBING IIBIIDIIIIINII			<i>,</i> 111.	L1111 01	11111 111 50	0020		
C									
1b	(from list below) above, report the number of fair						ir Rental Person Days Da		QJV
Α	personal use days. Check the Q					365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	qualifica joint venture. See institu	JOLIOIR	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ıtal	5 Land 6 Roya			Self-Rental Other (descr	ibe)		
						Propertie	es:		
Incor	me:			Α		В			С
3	Rents received	3		6	31.				
4	Royalties received	4							
	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	03.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		7	48.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			40.				
15	Supplies	15		2,0	31.				
16	Taxes	16							
17	Utilities	17		1,0					
18	Depreciation expense or depletion	18		2, /	20.				
19	Other (list)	19		0 4					
20	Total expenses. Add lines 5 through 19	20		9,4	66.				
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 file Form 6198	21		-8,8	35.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,83	35.)	()()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a	<u> </u>	631.		
b	Total of all amounts reported on line 4 for all royalty prop				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	2	,720.		
е	Total of all amounts reported on line 20 for all properties				23e	9	,466.		
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	es from lin	ne 22. E	nter to	tal losses here	25	(8,835.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this all						n · 26		-8,835.