# Form **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

Special security number   Spoular Securit								
MOLERAMED ABDUL RAHEE KHAN   751-33-276.1	Submission Identification Number (SID)							
Society sense   Society sens	Taxpayer's name	Social security	y number					
PRILID   Tax Return Information — Tax Year Ending December 31, 2623 (Enter year you are authorizing.)	MOHAMMED ABDUL RAHEE KHAN							
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-5S filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 G, 201. 4 Amount you want refunded to you 4 G, 1955 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you for the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax or send my return to the IRS and it to easily a form the income tax or send my return to the IRS and it to easily any return to the IRS and a form (girth of the tax of any refund. If applicable, I authorize the U.S. Trossury and its designated Financial and the complete in the sending the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Trossury and its designated Financial sufficient of the internal in I full the U.S. Trossury and its designated Financial sufficient of the internal in I full the U.S. Trossury and its designated Financial sufficient of the internal institution account indicated in the reperation of those of the return or refund. and (c) the date of any refund. If applicable, I authorize the U.S. Trossury and its designated Financial sufficient of the internal in I fully the U.S. Trossury and its designated Financial institution account in the income tax return of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the preparation of thrower for payment of membrane in the income tax	Spouse's name	Spouse's name Spouse's social security number						
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1								
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 6. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 6, 201. 4 Amount you want refunded to you 4 1, 195. 5 Amount you want refunded to you 10 Amount you want refunded to you 11 Adaptive the standard of perior of the standard of perior you get and keep a copy of your return) 11 Under penalties of perior, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the knowledge and belief, it is true, correct, and complete. Intrinse declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (FBO) to send my return to the IRS and to reclave them the IRS (a) an achieved declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (FBO) to send my return to the IRS and to receive from the IRS (a) an achieved received from the IRS (a) an achieved the IRS (a) an achieved received from the IRS (a) an achieved in the IRS (a) an achieved responsible of the IRS (a) and achieved the IRS (a) an achieved in the IRS (a) an achieved in the processing of the return or return (original or amended) I am now authorizing in the IRS (a) and achieved return or return (original or amended) I am now authorizing and, if applicable, my Enter the Algebra to the IRS (a) and achieved return all zeroes signature on the income tax return (original or amended) I am now authorizing.    I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check thi		(Enter year you ar	re authorizing.)					
1 27,759, 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you own the funded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalise of perjuny! decker that It have examined a copy of the income tax return (original or amended)! I am now authorizing the total base of my knowledge and ballef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended)! I am now authorizing to research (are fined and to receive from the IRS [8] an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for ny delay in processing the return or refund, and (c) the date of any refund. If spliciable, I authorize the U.S. Treasury art is designator (ERO) to send my return to the IRS and to receive from the IRS [8] an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for ny delay in gledwell attax so ever and refund and (c) the date of any refund. If spliciable, any the influence of the processing the return or refund, and (c) the date of any refund. If spliciable, any the influence of the refundance of any refund in spliciable, in the influence of the influence of any refund in spliciable, in the influence of th	, e							
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Amount you want refunded to you  A Amount you want refunded to you  B Amount you want refunded to you  A Amount you want refunded to you  B Amount y		1						
Amount you want refunded to you  Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and compilete. I further declare that the amounts in Part I above are amounts from the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (b) the date of any returnd. If applicable, I authorize the U.S. Treasury from the IRS (a) an acknowledgement of received processor or any delay in processing the return or refund, and (b) the date of any returnd. If applicable, I authorize the U.S. Treasury from the IRS (a) an acknowledgement of received from the U.S. Treasury from the U.S. Trea								
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								
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my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return originator, and (c) the date of any return (if applicable, Luthorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my reterial taxs and the return originator to the payment of settinated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a subminate to the payment (settlement) date, also authorize the financial institutions involved in the processing of the electronic payment of the transmission and the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros  Lefto firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature P Practitioner PIN Method Returns Only—continue below	Part II Taxpayer Declaration and Signature Authorization (Be sure you get	t and keep a copy	y of your return)					
Taxpayer's PIN: check one box only	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accopayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellat business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendo	n for rejection of the tra- te the U.S. Treasury are bunt indicated in the ta- institution to debit the erminate the authoriza- ion requests must be d in the processing of to the payment. I furth	ansmission, (b) the reason of its designated Financial ox preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the					
I authorize GLOBAL TAXES LLC to enter or generate my PIN FIRED firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶  Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN 1 0 6 1 2 as my Enter five digits, but don't enter all zeros  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 0 8 2 7 1  Don't enter all zeros  Certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶								
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶  Spouse's PIN: check one box only  □ I authorize GLOBAL TAXES LLC to enter or generate my PIN 1 0 6 1 2 as my ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  □ Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶		nerate mv PIN 🖳	as mv					
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Spouse's PIN: check one box only    Authorize GLOBAL TAXES LLC   to enter or generate my PIN   1 0 6 1 2   as my Enter five digits, but don't enter all zeros	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN	N method. The ERO						
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Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	if you are entering your own PIN and your return is filed using the Practitioner PIN below.							
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	· · · · · · · · · · · · · · · · · · ·							
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· · · · · · · · · · · · · · · · · · ·	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are	m submitting this retu	rn in accordance with the					
· · · · · · · · · · · · · · · · · · ·	FRO's signature ▶ Da	nte 🕨						
ELV MACE LOCAL LINE LANG LANG LANG LANG LANG LANG LANG LANG	ERO Must Retain This Form — See Instruction							

Don't Submit This Form to the IRS Unless Requested To Do So

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



OMB No. 1545-007

IRS Use Only - Do not write or staple in this space

For the year Jan	1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling			20	5	See sep	parate instructions.	
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial security number	
		OUL RAHEE	KHAI	N.							33   2761	
		s first name and middle initial	Last na								s social security number	
PARIZAAD			SHL	TANA						-	71   0612	
		er and street). If you have a P.O. box, see					Aı	ot. no.			ntial Election Campaign	
6411 N R	-	•						14	- 1		nere if you, or your	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP co		s	pouse	if filing jointly, want \$3	
CHICAGO		, ,		-,	II		6064			to go to this fund. Checking		
Foreign country	name			Foreign province/state/o				postal c			ow will not change cor refund.	
				g p		-,		.	,	0011 000	You Spouse	
Filing Status		Single				Head of ho	ouseho	ld (HOF	<del>-</del>			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	survivi	ng spou	ise (Q	SS)		
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QS	S box, e	enter t	the chi	ld's name if the	
	qu	alifying person is a child but not you	ır depe	ndent:								
Distrib	At or	ov time during 2022, did your (a) reco	oivo (oo									
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi	•				•	,		•	☐ Yes ⊠ No	
Standard		eone can claim:  You as a de					9. (55	- 11101101	7110110	•/		
Deduction		Spouse itemizes on a separate return	-	•		•						
	-	Were born before January 2, 1	959	Are blind <b>Spo</b>	ouse	: U Was bor					☐ Is blind	
Dependents				(2) Social security	′	(3) Relationsh	ip (4)				fies for (see instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child to	ax cred	dit	Credit for other dependents	
than four												
dependents, see instructions	; ——											
and check												
here $\square$												
Income	1a	Total amount from Form(s) W-2, bo	•	•						1a	56,776.	
Attach Form(s)	b	Household employee wages not re	•	` '						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•	,						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		` ,	nstru	ıctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f								1e		
was withheld.	f	Employer-provided adoption bene	fits fror	m 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 instructi	ions)			, .	, .			1h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>1</u> i					4	
	z	Add lines 1a through 1h								1z	56,776.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t .			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> C	ordinary divider	nds .			3b		
2	4a	IRA distributions	4a		b T	axable amount	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	t			5b		
Single or	6a	Social security benefits	6a		b T	axable amount	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not requ	uired	, check here				7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	10						8	-29,017.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	come	e				9	27,759.	
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incor	ne					11	27,759.	
\$20,800	12	Standard deduction or itemized								12		
If you checked any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	taxable incom	e .			15		

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 10	6.
Credits	17	Amount from Schedule 2, lir	. 17	7					
	18	Add lines 16 and 17	. 18	6.					
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	9
	20	Amount from Schedule 3, lir	-					. 20	0
	21	Add lines 19 and 20						. 2	1
	22	Subtract line 21 from line 18	I. If zero or less.	enter -0				. 2	2 6.
	23	Other taxes, including self-e	,					. 23	
	24	Add lines 22 and 23. This is						<del></del>	
Payments	25	Federal income tax withheld							
ayments	a	Form(s) W-2				25a	6.2	:01.	
	b	Form(s) 1099				25b	-,-		
	c	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•					. 25	6,201.
		2023 estimated tax paymen						. 20	
If you have a \qualifying child,	26	Earned income credit (EIC)		• •		27		. 2	5
attach Sch. EIC.	27	, ,							
	28	Additional child tax credit from				28			
	29	American opportunity credit		*		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. 32						
	33	Add lines 25d, 26, and 32. T							
Refund	34	If line 33 is more than line 24	. 34						
	35a	Amount of line 34 you want				ck here . Checking		<b>35</b>	6,195.
Direct deposit?	b	Routing number 0 8 1	rings						
See instructions.	d	Account number 2 9 1	0 3 7 4	5   8   2   2	2   7				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 3	7
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions					s. Com	olete belov	w. 🔀 No
_ co.gco	De	signee's		Phone				identification	
	nai	me		no.			number	(PIN)	
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
i ici c	Yo	ur signature		Date	Date Your occupation			1	sent you an Identity n PIN, enter it here
Joint return?					SOFTWARE E	EMPLOYEE		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	on			sent your spouse an
Keep a copy for your records.								Identity Pi	rotection PIN, enter it here
,				TIONE MAKEK				(See IIISt.)	
		one no. (872) 806–588		Email address RAHEEM.KHAN.MA@GMAIL.COM				FIN I	Ob and if
Paid		eparer's name	Preparer's signat			Date		ΓIN	Check if:
Preparer		M PRIYA RAM SAGAR GUPTA	1	A RAM SAC	JAR GUPTA	03/28/20	124   PC	208270	
Use Only	Fire	m's name GLOBAL TA						Phone no	. (678) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/07/24 F	PRO		Form <b>1040</b> (2023)

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

MOHAMMED ABDUL RAHEE KHAN & PARIZAAD SULTANA

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

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

	Sequence No. <b>01</b>							
Your social security number								
751-33	<del>-</del> 2761							

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	-29 <b>,</b> 017.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	
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		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:			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-29,017.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government	ent		
	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	. L	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)	_		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	_		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
_	tax law violations			
j	Housing deduction from Form 2555	_		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
<b>~</b> =	Tabel able on a director and a del line of Ode thousands Ode	_	05	
25 06	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and Form 1040, 1040-SR, or 1040-NR, line 10		26	
			26	(Form 1040) 0000
	<b>BAA</b> REV 03/07/24 PRO	50	cneaule 1 (	(Form 1040) 2023

#### SCHEDULE C (Form 1040)

#### **Profit or Loss From Business**

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 09

Name of proprietor Social security number (SSN) MOHAMMED ABDUL RAHEE KHAN 751-33-2761 Α Principal business or profession, including product or service (see instructions) B Enter code from instructions 4 8 5 3 0 C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 6411 N ROCKWELL ST, Apt. Ε Business address (including suite or room no.) City, town or post office, state, and ZIP code CHICAGO, IL 60645 F (3) Other (specify) 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 . 🗵 Yes н Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . . . . . . . . . . . X No Yes 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 13,555. Form W-2 and the "Statutory employee" box on that form was checked . . . . . . . . . . . . . 1 2 2 13,555. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 13,555. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . 7 13,555. **Gross income.** Add lines 5 and 6 **Expenses.** Enter expenses for business use of your home only on line 30. Part II 8 Advertising . . . . Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses 9 8,843. (see instructions) . . . 20 Rent or lease (see instructions): 10 10 Vehicles, machinery, and equipment 20a Commissions and fees . а 25,740. 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion . . . . 12 21 Repairs and maintenance . . . 21 13 Depreciation and section 179 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 14 Employee benefit programs 14 b Deductible meals (see instructions) 24b (other than on line 19) 3,094. 15 Insurance (other than health) 15 25 Utilities . . . . . . . . 25 26 26 16 Interest (see instructions): Wages (less employment credits) 4,895. Mortgage (paid to banks, etc.) 16a Other expenses (from line 48) . . 27a а 16b b Other . . . . . . Energy efficient commercial bldgs 17 Legal and professional services 17 deduction (attach Form 7205). 27b 42,572. 28 Total expenses before expenses for business use of home. Add lines 8 through 27b . . . . . . . 28 29 29 -29,017. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 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 -29,017. 31 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 value closing inventory:  a   Cost  b   Lower of cost or market  c   Other (atta	ich ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor 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	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43	When did you place your vehicle in service for business purposes? (month/day/year) 05/02/2023			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles you were the number of miles you while your vehicle during 2023, enter the number of miles you while your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your years and your vehicle during 2023, enter the number of miles your years and years and years and y	/ehicle	e for:	
а	Business 13,500 b Commuting (see instructions) c C	ther		4,500
45	Was your vehicle available for personal use during off-duty hours?		Tes	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?		🗙 <b>Y</b> es	☐ No
47a	Do you have evidence to support your deduction?			⊠ No
b	If "Yes," is the evidence written?			☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
BAG	CK OFFICE EXPENSES			4,895.
48	Total other expenses. Enter here and on line 27a	48		4,895.

### **Additional Information From 2023 Federal Tax Return**

### Schedule C (TAXI FARE): Profit or Loss from Business

Line 25

Line 25	Itemization Statement
Description	Amount
INTERNET BILL(\$65*12P.M)	780.
MOBILE BILL	650.
ELECTRICITY BILL	1,118.93
GAS BILL	544.78
Tota	3,093.71

Arizona Form

# E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

Do <u>not</u> mail this form to the Arizona De	epartment of Revenue. To	he ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
MOHAMMED ABDUL RAHEE	KHAN	Enter 751   33   2761
Your Spouse's First Name and Initial (if filed joint)		Spouse's Social Security No *
PARIZAAD	SULTANA	SSN(s). 879   71   0612
PART 1 – PURPOSE (If you are e-filing a	Small Business Income	Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate
<ul> <li>To certify the truthfulness, correctness, and comp</li> </ul>	pieteness of the taxpayer's e	iectronic income tax return.
		er wishes to use the taxpayer's electronic signature to the taxpayer's
	yer's signature to the taxpay	er's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
45.0	VE 0   00	Must be present when requesting direct debit or deposit.
,	853 <b>00</b>	Foreign Account Deposit/Debit: See instructions below.
	191 <mark>00</mark>	TYPE OF ACCOUNT    Checking   Savings   ROUTING NUMBER
	74 / 100	
Check box 4 or box 5:	456 <b>(</b>	ACCOUNT NUMBER  100 2 9 1 0 3 7 4 5 8 2 2 7
<b>4⊠ REFUND:</b> <i>Enter the amount of refund</i> <b>5 AMOUNT YOU OWE:</b> <i>Enter the amount own</i>		00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT
AMOUNT YOU OWE: Enter the amount owe	90	\$ 1 1 1 .00
		4
Box 4 Checkbox - Refund: You are due a refund b		Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account
provided on your tax return. Your refund amount account listed in the Financial Institution Informatic	•	Deposit/Debit" box if your deposit will be ultimately placed in or come
Box 5 Checkbox – Amount You Owe: You ov	, ,	from a foreign account. If you check this box, do not enter your accounnumbers. If this box is checked, we will not direct deposit or debit you
information provided on your tax return. You have	e elected to direct debit	account. If you are due a refund, we will send you a check instead. If you
for payment. The payment will be withdrawn from	the account and on the	owe tax, you must mail a check to the Arizona Department of Revenue PO Box 29085. Phoenix, AZ 85038-9085.
date listed in the Financial Institution Information S	ection (Part 3).	FO BOX 29003, FINGERIX, AZ 03030-9003.
PART 4 – DECLARATION AND SIGNATU	RE AUTHORIZATION (	(Sign only after completing Part 2)
electronic Arizona individual income tax return and a and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and con that the amounts of Arizona adjusted gross income tax withheld, and refund (or amount owe amounts shown on the copy of my electronic Ariz 6a I consent that my refund be directly deposit electronic portion of my 2023 Arizona indiving If I have filed a joint return, this is an irreturn the other spouse as an agent to receive the 6b I do not want direct deposit of my refund refund.  6c I authorize the Arizona Department of Redesignated Financial Agent to initiate an withdrawal (direct debit) entry to the final indicated in the tax preparation software for taxes owed on this return. I also authorize involved in the processing of the electron receive confidential information necessary resolve issues related to the payment.  If I have filed a balance due return, I understand the receive full and timely payment of my tax liability remain liable for the tax liability and all applicable When electronically filing my federal and state tax	2023, and to the best of inplete. I further declare ome, total tax, Arizona id) listed above are the cona income tax return. Ited as designated in the idual income tax return. Ited as designated in the idual income tax return. Ited as designated in the idual income tax return. Ited as designated in the idual income tax return. Ited as designated in the interior and its are refund.  Or I am not receiving a devenue (ADOR) and its are ACH electronic funds in account a payment of my Arizona ite financial institution account a payment of taxes to to answer inquiries and in the ADOR does not by April 15, 2024, I will a interest and penalties.	Provider (OLSP) sending my electronic Arizona individual income tar return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitte an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and or transmitter the reason(s) for the delay, or when the refund was sent If ADOR contacts my ERO for a copy of my return, any documents of schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.  I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR)  to make the election that I want my electronic signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return wi serve as my signature to my Arizona individual income tax return and declared unde penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
TOUR PEN AND INK SIGNATURE  SPOUSE'S PEN AND INK SIGNATURE	state return will also be	DATE  DATE

<b>THE RETURN</b>			Arizona Form 140PY	Part-Ye	ear Resid	dent Persona	al Income	Tax Retu		CALENDAR YEAR 2023		
ER	82F		heck box 82F filing under extensio	n OR FISCAL	YEAR BEGI	NNING L	12,0,2,3	AND ENDING	<b>.</b>			
	,	Your F	irst Name and Middle Initi	al		Last Name			Your So	cial Security Numbe		
임	1	МОН	AMMED ABDUL RAHE	Œ		KHAN		Ente	751	33 2761		
S.		Spous	se's First Name and Middle	e Initial (if box 4 or	6 checked)	Last Name		your	Spouses	s Social Security No		
回	1	PAR:	IZAAD			SULTANA		SSN	( <b>s</b> ).	71 0612		
ANY ITEMS		Curre	nt Home Address - numbe	r and street, rural	route		Apt. No.	Day	time Phone (wi	th area code)		
اڇ			1 N ROCKWELL ST									
	_	•	own or Post Office	Sta	te	ZIP Code		Last Names Use	ed in Last Four Pr	ior Year(s) (if different		
필			CAGO	II	ı	60645				97		
DO NOT STAPLE	STATUS	4 5	Married filing joint ret Head of household:	-	•	Protection of Joint Overpendent on next line:	verpayment	REVENUE USE	ONLY. DO NOT	MARK IN THIS AREA		
N 00	FILING	6 7	Married filing separat	te return: Enter sp	ouse's name ar	nd Social Security Num	ber above.					
			<b>♦</b> Enter the number cl	aimed. Do not p	ut a check m	ark.						
	and 10b	8 9	Age 65 or over (you a	and/or spouse)	If completing line 47, and 49. For li	es 8, 9, and 11a, also con ines 10a and 10b, also co	mplete line 59.	81P PM	8	<sub>OR</sub> RCVD		
		10a	Dependents: Under a	=	1 <b>0b</b> Dep	endents: Age 17 and	d over.					
		<u>11a</u> 12-1	Qualifying parents ar Residency Status (cl		Dart Voor Do	sident Other than Ac	tivo Military	12 Dart Voor	Pasidont Activ	o Military		
	dent	12-1	(Box 10a and 10b): Dep									
	11a - Dependents		(BOX TOA ATTO TOD). Dep	(a)	on. See msur	(b)	(c)	(d)	(e)	(f)		
	De			D LAST NAME		SOCIAL SECURITY	RELATIONSH	IP NO OF MONTH	Dependent Age included in:	if you did not claim this person on your		
	<u>a</u>		(Do not list yo	ourself or spouse.)		NUMBER		HOME IN 2023	1 2 (Box 10a) (Box 1	federal return due to		
	and ,	10c										
	6	10a										
≧	s,		(Box 11a): Qualifying pa	arents and grandp	arents See i	nstructions. For mo	re space, che	ck the box 🔲 ar	nd complete pa	ge 4, Part 2.		
ents after Form 140PY.	Exemptions 8,			(a) D LAST NAME ourself or spouse.)		(b) SOCIAL SECURITY NUMBER	(c) RELATIONSH	(d) IIP NO. OF MONTH: LIVED IN YOUR HOME IN 2023	(e)  VIF AGE 65 CO  OVER	OR (f) IF DIED IN 2023		
요	ш	11ь						1.0.112.112.22				
te		11c										
nts af		14	Dates of Arizona residency: F List other state(s) of residency		12,0,2,3	∫to [1, 2 3, 1 2		2023 FEDE Amount from Fede	eral Return	2023 ARIZONA Amount Only		
		15	Wages, salaries, tips, etc.					ĺ	,776 <mark>00</mark>	47,353 00		
docum			Interest					16	00	00		
용		17	Dividends					17	00	00		
je	e		Arizona income tax refund				_	18	00 ,017 00	000		
듕	00	19	Business income (or loss) Gains (or losses) from fed					20	00	00		
ō	na L	20 21	Rents, royalties, partnerships.					21	00	00		
es	izor	22	Other income reported on				22	00	0 00			
ə	Ā	23	Total income: Add lines 15	-					,759 <b>00</b>	47,35300		
ä		24	Other federal adjustments	-					00	00		
25		25	Federal adjusted gross inc						,759 <b>00</b>			
Ā			Arizona gross income: Sub						26	47 <b>,</b> 353 <b>0</b> 0		
<u> </u>		27	Arizona income ratio: D	ivide line 26 by line	25 and enter the	e result (not over 1.000	)		27	1.000		
e e	us	28	Small Business income: 28S	check the box if y	ou are filing Form	140PY-SBI and enter the a	amount from Form	140PY-SBI, line 10	28	00		
<u>e</u>	Addition	29	Modified Arizona gross inc							47,353 00		
Ę	Adc	30	Total depreciation included							00		
eq	~	31	Other Additions to Income							47 252 26		
any required federal and AZ schedules or other	age 2	32	Subtotal: Add lines 29, 30							47 <b>,</b> 353 <b>00</b>		
ed,	on p	33 34	Total Arizona net capital garanteer Total Arizona net short-ter						00			
>	ont	34 35	Total Arizona net long-tern						00			
al	ر ا د		Net long-term capital gain						000			
Place	tion		Multiply line 36 by 25% (.2							00		
굽	btrac		Net capital gain derived from	,						00		
	Suk		Subtract lines 37 and 38 f							47,353 00		

ADOR 10149 (23)
1555

AZ Form 140PY (2023)

AZ Form 140PY (2023)

REV 01/13/24 PRO

Page 1 of 6

	Your N	Name (as shown on page 1)	ımber		
	MOL	IAMMED ABDUL RAHEE KHAN & PARIZAAD SULTANA	751-33-2761		
Subtractions cont. from page 1	40	Recalculated Arizona depreciation		40	00
Subtractions nt. from page	41	Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts)			00
ptra fro	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00
Su ont.	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income			00
0	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income sched			47.353.00
	45	Subtract lines 40 through 44 from line 39. Enter the difference			47,353 00
"	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00	
Exemptions	47	Blind: Multiply the number in box 9 by \$1,500		00	
m td	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300		00	
Exe	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00	
	50 54	Add lines 46 through 49. Enter the total		00	0 00
	51	Multiply line 50 by the Arizona income ratio on line 27.			47,353 00
-	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"			27,700 <b>00</b>
	53 54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instructions	<del></del>		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			19,653 00
×	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result			491 00
of Tax	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00
9	58	Subtotal of tax: Add lines 56 and 57. Enter the total			491 00
Balance	59	Dependent Tax Credit. See instructions.			00
ä	60	Family income tax credit (from the worksheet - see instructions)			00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62			00
	62	<b>Balance of tax:</b> Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line			491 00
T. (0	63	2023 AZ income tax withheld.			947 00
s and edits	64		OO Add 64a and 64b.		00
e Cr	65	2023 AZ extension payment (Form 204)			00
ayn dabl	66	Increased Excise Tax Credit (from the worksheet - see instructions)			00
Total Payments and Refundable Credits	67	Other refundable credits: Check the box(es) and enter the total amount			00
2 %	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total			947 00
٠ŧ	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70			00
ue o	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment		70	456 <b>00</b>
Tax Due or Overpayment		Amount of line 70 to be applied to 2024 estimated tax			00
ř ð		Balance of overpayment: Subtract line 71 from line 70. Enter the difference			456 <b>00</b>
iffs		83 Voluntary Gifts to: Solutions Teams Assigned to Schools73  O0 Arizona Wildlife	.74 00		
₹		Child Abuse Prevention75 00 Domestic Violence Services 76 00 Political Gift	. 77 00		
tary		Neighbors Helping Neighbors78 00   Special Olympics	d <b>80</b> 00		
Voluntary G		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals.	. 83 00		
8	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843	Republican		
.≥.	85	Estimated payment penalty		85	00
Penalty	86	861 ☐ Annualized/Other 862 ☐ Farmer or Fisherman 863 ☐ Form 221 included			
8	87	Add lines 73 through 83 and 85; enter the total			00
_	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		88	456 <b>00</b>
Refund or Amount Owed		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see in	nstructions. 88A		
ful d		98       C ⋈ Checking or Savings       ROUTING NUMBER       ACCOUNT NUMBER         2       9       1       0       3       7       4       5       8       2       2       7			
Re Re		Cavings Cavings			0.0
1	89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write you	r SSN on payment.	89	00
111		Under penalties of perjury, I declare that I have read this return and any documents with it, and to t	he heet of my kny	owlodgo a	and holiof thoy are
2	tı	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any knowle	dge.	ind belief, they are
l 뿌	→_		FTWARE EMPI	LOYEE	
Z	<b>→</b>		JPATION ME MAKER		
9			JSE'S OCCUPATION		
S		SYAM PRIYA RAM SAGAR GUPTA 03282024 GLOBAL TAXES LLO			
SE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF S 245 ROONEY CT	ELF-EMPLOYED) P0208270	3	
ĮΨ		PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S		
PLEASE SIGN HERE		E BRUNSWICK NJ 08816	(678) 965·	-9522	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include your payment with return 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. 

AZ Form 140PY (2023)

REV 01/13/24 PRO Page 2 of 6