Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information

Submission Identification Number (SID)

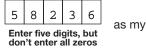
Тахрауе	r's name	Social se	curity numbe	r		
SIR	AJ A SHAIK	116-	116-65-8236			
Spouse'	s name	Spouse's	social securi	ty number		
APSA	ANA MOGHUL	749-	38-0161			
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Er	iter year yo	u are auth	orizing.)		
Enter v	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		. 1	44,948.		
2	Total tax			1,723.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	3,896.		
4	Amount you want refunded to you		. 4	2,173.		
5	Amount you owe					
Part				ur return)		

Under penalties of periury. 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 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 or refund, and (c) the date of any refund. If applicable, I authorize 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 federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I 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 at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to 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

X I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN



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

e 🕨	Sira	j Ahamaa	l Shaik

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date

01/26/2024

8 Ent	-	1 India	-	⊥ but	as my					
Enter five digits, but										

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 >	Date I									
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method On	y									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		_	6 Iter al		_	8	9

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 🕨	ERO's signature ► Date ►									
Do	ERO Must Retain This F on't Submit This Form to the I									
For Denominary's Deduction Act Not				Earm 8879 (Bay, 01 2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this space.		
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20			instructions.		
Your first name	and mi		Last n									urity number		
SIRAJ A	ana m		SHA							116		8236		
	oouse's	s first name and middle initial	Last n							-		security number		
APSANA			MOGI							749		0161		
	(numbe	r and street). If you have a P.O. box, see						A	Apt. no.		· · · ·	ection Campaign		
4705 TRI	BECZ	A T.N						2	2102		Check here if you, or your			
		ce. If you have a foreign address, also co	mplete						spouse if filing jointly, want \$3					
PLANO											to go to this fund. Checking a box below will not change			
Foreign country	name			Foreign p	rovince/state/c	count					x or refu	•		
											🗌 Yo	ou 🗌 Spouse		
Filing Status	;	Single					Head of h	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne had	income)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)				
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or Q	SS box, ent	er the ch	ild's na	me if the		
	qu	alifying person is a child but not you	ır depe	ndent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward	d, award, or	payr	nent for prope	rty or	services); o	r (b) sell,				
Assets		ange, or otherwise dispose of a dig									🗌 Ye	es 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1							
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind		
Dependents				(2) S	Social security		(3) Relationsh	ip (4	-		i Š	see instructions):		
If more	(1) Fi	irst name Last name			number		to you		Child tax o	creait	Credit to	or other dependents		
than four dependents,														
see instructions	s ——													
and check here												_ <u>_</u>		
	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instruc	tions)					. 1a		52,548.		
Income	b	Household employee wages not re	•							. 1b				
Attach Form(s) W-2 here. Also	с									. 10	;			
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ir	nstru	ictions)			. 10	1			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fc	orm 2441,	line 26 .					. 1e	•			
was withheld.	f	Employer-provided adoption bene	fits from	m Form 8	839, line 29					. 1f	:			
If you did not	g	Wages from Form 8919, line 6 .								. 19	,			
get a Form W-2, see	h	Other earned income (see instruct	ions)			•				. 1h	1	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		•	1 i							
	z	Add lines 1a through 1h	• •			•				. 1z	:	52,548.		
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes			. 2b)			
if required.	<u>3a</u>		3a			b 0	ordinary divide	nds .		. 3b)			
Standard	4a		4a				axable amoun			. 4b)			
Deduction for –	5a		5a				axable amoun			. 5b				
 Single or Married filing 	6a	, _	6a				axable amoun	t		. 6b)			
separately, \$13,850	_c	If you elect to use the lump-sum e						• •						
 Married filing 	7	Capital gain or (loss). Attach Sche		•	•		-	• •						
jointly or Qualifying	8	Additional income from Schedule								. 8		-7,600.		
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 9		44,948.		
 Head of 	10	Adjustments to income from Sche						• •		. 10		44 040		
household, [\$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •	· · ·	. 11		44,948.		
If you checked any box under	12 13	Standard deduction or itemized Qualified business income deduct						• •		· 12		27,700.		
Standard	13 14	Add lines 12 and 13				099	J-A	• •		. 14		27,700.		
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer		ss enter	 -0- This is w		taxable incom	 1e	· · ·			17,248.		
			0 01 100	55, ontor	5 . 1113 13 y					. 10		±,,210.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	1,723.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	1,723.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	1,723.
	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	1,723.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 3	,896.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	3,896.
If you have a	26	2023 estimated tax payment	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 from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	3,896.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,173.
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆 [35a	2,173.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 5 3 2	9 0 2 1	5 5					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	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	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	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. Co	omplete be	elow.	X No
	De: nar	signee's		Phone no.			onal identific oer (PIN)	cation	
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	e hest	of my knowledge and
-		ief, they are true, correct, and com			1 7 0		,		, 0
	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
							Protec	ction Pl	IN, enter it here
Joint return?					SOFTWARE 1	EMPLOYEE	(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.					SOFTWARE 1	MDI OVEE	(see in		ection PIN, enter it here
	Dh	(0.45) (0.45)	0	Email address			,		
		one no. (945)253-489 eparer's name	9 Preparer's signat		SHALKSA42	5@GMAIL.COM	I PTIN		Check if:
Paid					דיזגמדמוומ מגו			022	Self-employed
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI		P02470		
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOWTOV N	T 00016				678)965-9522
				NSWICK N			Firm's		88-2145487 Form 1040 (2023)
GO IO WWW.Irs.go	w/rom	n1040 for instructions and the late	st mormation.		BAA	REV 01/12/24 PRO			Form 1040 (2023)

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SIRAJ A SHAIK & APSANA MOGHUL 116-65-8236

		=		
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		5	-7,600.
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		8c		
d	U	8d ()	
е		8e		
f	Income from Form 8889	8f		
g		8g		
h		8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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			
		8m	_	
n		8n	_	
0		80	_	
р		8p	- 1	
q		8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
-		<u>8s (</u>	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	a .		
	a nongovernmental section 457 plan	8t	-	
u		<u>8u</u>	-	
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 1040, 1040-SR, or 1040-NR, line 8		10	-7,600.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	<u>· · · · · · · · · · · · · · · · · · · </u>	-	le 1 (Form 1040) 2023
			Joneuu	ic i (i onni 1040) 2020

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s governme	nt	
	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				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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	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)	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	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er nere and o	on	
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA	REV	01/12/24 PRO	Schedul	e 1 (Form 1040) 2023

	EDULE E		Supplemer	ntal Inc	ome ar	nd Los	SS			OMB N	o. 1545-007	74
(Form	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										723	
	nent of the Treasury Revenue Service		Attach to Form 10 Go to www.irs.gov/Schedulel					nformation.		Attachr Sequer	nent nce No. 13	,
Name(s)) shown on return		-						Your soci	al security		
SIRA	J A SHAIK	& APS	ANA MOGHUL						116-6	5-8236		
Part	Income	or Los	ss From Rental Real Estate	and Ro	valties							
	Note: If yo	ou are in	the business of renting personal pross from Form 4835 on page 2, line	operty, use		e C . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm	
Α			ents in 2023 that would require		Form(s)	10992 9	See ing	structions			s X N	
			you file required Form(s) 1099?								_	
1a			each property (street, city, state									
Α	NIZAMPET	HYDER	ABAD TELANAGANA IN 50	0090								
В												
С												
1b	Type of Prope	erty 2	For each rental real estate pr	operty lis	ted		Fa	ir Rental	Persor	nal Use	0.11/	,
	(from list below		above, report the number of	fair rental	and			Days	Da	ays	QJV	
Α	3		personal use days. Check the			Α		365		0		
В			if you meet the requirements qualified joint venture. See in			В						
С				on donori	0.	С						
	of Property:											
	Single Family R			Rental	5 Lanc			Self-Rental				
2	Multi-Family Re	sidence	e 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
								Propert	ies:			
Incom	ne:					Α		В			С	
3	Rents received	t		3		4	20.					
4	Royalties rece	ived .		4								
Exper												
5	Advertising			5								
6	Auto and trave	el (see ir	nstructions)	6								
7			ance			6	50.					
8	Commissions			8								
9												
10	-	-	ssional fees			5	50.					
11	•											
12		-	d to banks, etc. (see instructions									
13						0 7	50					
14							50.					
15 16						۷,4	50.					
17						2 0	20.					
18			or depletion			2,0	20.					
19		•										
20	Total expense	s. Add I	ines 5 through 19			8,0	20.					
21	•		line 3 (rents) and/or 4 (royalties)									
			nstructions to find out if you mu									
	file Form 6198	Ś		21		-7,6	00.					
22	Deductible rer	ntal real	estate loss after limitation, if an	יy,								
			structions)		(7,60)0.)	()	()
23 a			eported on line 3 for all rental pr	-			23a		420.			
b			eported on line 4 for all royalty p				23b					
С			eported on line 12 for all propert				23c					
d			eported on line 18 for all propert				23d					
е			eported on line 20 for all propert				23e	8	3,020.			
24			amounts shown on line 21. Do				• •		. 24	(
25			sses from line 21 and rental real e							(7,600	.)
26	Total rental r	eal esta	ate and royalty income or (los	s). Comb	oine lines	24 and	I 25. E	nter the resu	ult			

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .
 For Paperwork Reduction Act Notice, see the separate instructions.

26

-7,600.