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

Submission Identification Number (SID)		'					
Taxpayer's name	Social securit	Social security number					
MD AQUEEL ANSARI	774-91-	774-91-0591					
Spouse's name	Spouse's soc	ial secur	ity number				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	 Enter vear vou a	re auth	orizina.)				
Enter whole dollars only on lines 1 through 5.			3.7				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1	13,	599.			
2 Total tax		2		0.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,	641.			
4 Amount you want refunded to you		4	1,	641.			
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or american).							
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato 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 authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 amended Electronic Funds Withdrawal Consent.	ansmitter, or electron rejection of the traction to debit the cutting of the authorization of the processing of the payment. I furt	onic returning returning and its de ax preparentry to ation. To be received the electron and the control of the electron ack.	rn originate signated F ration soft this account revoke (compared to later ctronic pay nowledge	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the			
Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generation	rata my DIN	0 5	9 1				
X I authorize GLOBAL TAXES LLC to enter or gene	Ent		gits, but all zeros	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 a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.							
Your signature ▶ Date							
Spouse's PIN: check one box only							
I authorize to enter or gene	roto my DINI			00 mv			
ERO firm name	,	my PIN as my					
signature on the income tax return (original or amended) I am now authorizing.			all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.							
Spouse's signature ▶ Date	•						
Practitioner PIN Method Returns Only—continue be	elow						
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.		- -	8 2 7	1			
	Don't ente	er all zer	os				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommunity and the properties of the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	ırn in ac	cordance				
ERO's signature ▶ Date	•						
ERO Must Retain This Form — See Instruction							
Don't Submit This Form to the IRS Unless Requested							

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



£1040		artment of the Treasury—Internal Revenue Servi		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	∕—Do not v	vrite or staple in this	s space.
									See separate instructions.			
Your first name and middle initial Last name								Your social security number				
MD AQUE	EL		ANS	ARI						774	91 0591	_
		s first name and middle initial	Last na	ame							's social security	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Δ	pt. no.	Preside	ential Election Ca	ampaigr
12410 A	LAME	DA TRACE CIR						1	.626	Check	here if you, or yo	our
		ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te 2	ZIP co			if filing jointly, v	
AUSTIN						T	ζ	787	27		o this fund. Chec low will not char	_
Foreign country name				Foreign p	rovince/state/o	coun					x or refund.	igo
											You	Spouse
Filing Status	s 🗵	Single					Head of ho	useh	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	income)					, ,			
one box.		Married filing separately (MFS)					☐ Qualifying s	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if the	е
	qu	ıalifying person is a child but not you	ır depe	ndent:								
Dinital	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oc		d award ar	DO: #	mont for proport		norvinool: or	(b) coll		
Digital Assets		nange, or otherwise dispose of a dig						-		. ,	☐ Yes 🏻 🔻	No
		neone can claim: You as a de					a dependent	. (00	o mondo	113.)		
Standard Deduction	_	Spouse itemizes on a separate retur	•		-		•					
Deduction	Ш.		ii oi yo	u were a	dual-Status t	allel	·					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: U Was born		re January 2		Is blind	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship	(4			ifies for (see instr	
If more	(1) F) First name Last name		number		to you			Child tax c	redit	Credit for other de	pendents
than four									<u> </u>			
see instruction	dependents,											
and check												
here L												
Income	1a	Total amount from Form(s) W-2, b	•		,							599.
Attach Form(s)	b	Household employee wages not re	•		` '							
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)			. 10		
1099-R if tax	199-R if tax e l'axable dependent care benefits from Form 2441, line 26						. 16					
was withheld.	f	Employer-provided adoption bene	etits troi	m Form 8	3839, line 29	•				. 11		
If you did not get a Form	g					•				. 10		
W-2, see N Other earned income (see instructions)							1	0.				
instructions.	i	Nontaxable combat pay election (s	see ins	tructions))	•	<u>li</u>				1 2	EOO
	<u>z</u>	Add lines 1a through 1h								. 12		599.
Attach Sch. B if required.	2a	· –	2a				axable interest			. 2k		
	3a_		3a				ordinary dividend			. 3k		
Standard	4a	-	4a				axable amount			. 4k		
Deduction for—	5a	-	5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a	ا المصم			axable amount			. 6k)	
separately, \$13,850	C	If you elect to use the lump-sum election method, check here (see instructions)										
 Married filing 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
jointly or Qualifying	8	Additional income from Schedule 1, line 10								500		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								<u> </u>		
 Head of 	10	Adjustments to income from Schedule 1, line 26									E 0 0	
household, \$20,800	11		-							. 11		599.
 If you checked 	12	Standard deduction or itemized		•		,				. 12		850.
any box under Standard	13	Qualified business income deduct				899	ъ-А			. 13		0 5 0
Deduction, see instructions.	14	Add lines 12 and 13										85U.

Form 1040 (2023	3)									Page 2		
Tax and Credits	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16	0.		
	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17							. 18	0.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19			
	20	Amount from Schedule 3, lir	ne 8						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					. 22	0.		
	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	0.		
Payments	25	Federal income tax withheld	I from:									
_	а	Form(s) W-2	1.									
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 25d	1,641.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	122 return				. 26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27						
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		. 32			
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments					. 33	1,641.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		. 34	1,641.		
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here		. [35a	1,641.		
Direct deposit?	b	Routing number 1 1 1			c Type:	Checl	king 🗌	Savin	gs			
See instructions.	d	Account number 5 6 2	6 0 8 7	8 9								
	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 amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions											
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions										
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	? See	_			_		
Designee	ins	instructions							ete below.	⋉ No		
	De: nar	signee's		Phone no.				onal id ber (Pl	lentification			
<u>C:</u>		der penalties of perjury, I declare t	hat I have evamine		accompanying sch	adulae ai		٠,	,	of my knowledge and		
Sign		ief, they are true, correct, and com										
Here	Yo	Your signature		Date Your occupation						If the IRS sent you an Identity		
	10	ar oignaturo	Bato	Tour occupation					IN, enter it here			
Joint return?				SOFTWARE E			NEER	((see inst.)			
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		ion			If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.										ection Pila, enter it here		
	Phone no. (737) 237–3877			Email address AQUEEL1912@GMAIL.COM								
		eparer's name	Preparer's signat		AQUEELLIJI	Date	AIL.CON	PTIN	J	Check if:		
Paid		•	1 .		CIIDTA TALLAM		28/2024		082703	Self-employed		
Preparer												
Use Only									Firm's EIN	one no. (678) 965-9522 n's EIN 84-3171965		
Go to warm in a		11040 for instructions and the late		71,0 VV I CIC IV					IIII S LIIV	Form 1040 (2023)		
GO TO WWW.IIS.GO	,v,i UIII	TOTO IOI IIISII UOIIOIIS AIIU IIIE IAIE	ot illioillation.		BAA	KEV 0	1/12/24 PRO			101111 10-10 (2023)		