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

Subm	nission Identification Number (SID)					
Taxpay	Social security	ity number				
MD	AQUEEL ANSARI	774-91-	-91-0591			
Spouse	e's name	Spouse's soci	ouse's social security number			
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	⊥ ∵year you ar	e authori	zing.)		
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	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			
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and keep penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
return to sen for an Agent payme author payme busine taxes persor	conveledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit of my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the post of the payment (PIN) below is my signature for the income tax return (original or amended) I around Financial Withdrawal Consent.	itter, or electro ection of the tra S. Treasury ar cated in the ta to debit the the authoriza- uests must be processing of ayment. I furti	nic return of ansmission, and its design and its design and its preparation. To retain the electroner acknown	originator (ERC , (b) the reaso nated Financia on software fo s account. This woke (cancel) no later than nic payment of wledge that th		
	ayer's PIN: check one box only					
	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN	0 5 9	$\frac{1}{1}$ as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits i't enter all z	, but		
	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 methology.					
Your	signature ► Md. Aqueel Ansoni Date ►	01/27/2024	1			
Cnau	oo's DIN, shook and hay only					
Spou	se's PIN: check one box only	DINI		T		
L	I authorize to enter or generate r	,	er five digits	as my		
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all z			
	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 metholelow.					
Spou	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	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	-	6 0 8	2 7 1		
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	itting this retu	rn in accor	dance with th		
EDO'	s signature ▶ Date ▶					
LNU	s signature ► Date ► ERO Must Retain This Form — See Instructions					
	LIV MUSE HEADIN HIS FULLI — SEE HISH UCHUIS					

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

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



1040	•	artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending , 20						See separate instructions.					
Your first name and middle initial MD AQUEEL If joint return, spouse's first name and middle initial Last name and middle initial					ARI						Your social security number 774 91 0591 Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instruction 12410 ALAMEDA TRACE CIR					tions.						Presidential Election Campaign Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaustin									ode 27 gn postal c		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse				
Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	name o ur depen	of your sp				surviv	ving spou	use (0 enter	the chi	ld's na	me if the		
Digital Assets Standard	Som	ny time during 2023, did you: (a) recentange, or otherwise dispose of a digitation can claim:	ital asse pendent	t (or a fin	ancial inter	est ir e as	n a digital asse a dependent					☐ Ye	es 🗵 No		
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien									
		: Were born before January 2, 1	959	_ Are bliı ⊺	nd Sp o	ouse:	: U Was bor						s blind		
Dependent				(2) Social security (3) Relationsh to you		ip (4	Check t) Child t				(see instructions): or other dependents				
If more	(1) F	(1) First name Last name			Tidribei to yo			Zu Offilia tax			- uit	Orean id			
than four dependents,	-								I						
see instruction and check here	s —]								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .						1a		13,599.		
	b	Household employee wages not reported on Form(s) W-2								1b					
Attach Form(s) W-2 here. Also	С									10					
attach Forms	d									1d					
W-2G and 1099-R if tax	е									1e					
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f						
If you did not	g								1 g						
get a Form W-2, see	h	Other earned income (see instructions)									1h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)													
	z	Add lines 1a through 1h	. , .								1z		13,599.		
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b				
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b				
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b				
Standard Deduction for—	5а	Pensions and annuities	5a			b Ta	axable amoun	t			5b				
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b				
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)													
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7						
Married filing jointly or	8	Additional income from Schedule	dditional income from Schedule 1, line 10							8					
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, 7, and 8. This is your total income						9		13 , 599.				
\$27,700	10	djustments to income from Schedule 1, line 26							10						
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		13,599.				
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12		13,850.			
any box under	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13				
Standard Deduction,	14	Add lines 12 and 13									14		13,850.		
see instructions.	15	Subtract line 14 from line 11 If zer	n or less	e antar -(Thic ic v										

Form 1040 (2023	3)									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16	0.		
Credits	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17								0.		
	19	Child tax credit or credit for	tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, line 8										
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0					. 22	0.		
	23	Other taxes, including self-e	r taxes, including self-employment tax, from Schedule 2, line 21							0.		
	24	Add lines 22 and 23. This is	your total tax							0.		
Payments	25	Federal income tax withheld										
•	а	Form(s) W-2										
	b	Form(s) 1099										
	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)22 return				. 26			
qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit fro	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, line 15										
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										
	33	Add lines 25d, 26, and 32. These are your total payments							. 33	1,641.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							. 34	1,641.		
	35a	·							35a	1,641.		
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type:	Check	ing 🗌	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 estimated tax 36										
Amount	37	Subtract line 33 from line 24	. This is the am e	ount vou owe								
You Owe		For details on how to pay, g		•					. 37			
	38	Estimated tax penalty (see i	nstructions) .			38						
Third Party	Do	you want to allow another				See						
Designee	instructions											
		Designee's Phone Personal iden										
	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t											
Sign		der penaities of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature	•	Date			- 1		ne IRS sent you an Identity			
	10	•	أحمما	Date				PIN, enter it here				
Joint return?		Md. Aqueel ofuseri		01/27/2024	SOFTWARE ENGINEER				(see inst.)			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date Spouse's occupati		ation			If the IRS sent your spouse an			
Keep a copy for your records.									Identity Protection PIN, enter it here (see inst.)			
,		(FOR) OOF OOF		Email address AOUFEL11912			~~.		(300 1131.)			
		one no. (737) 237-387 eparer's name	Preparer's signat	1120222322			2@GMAIL.COM Date PTIN			Check if:		
Paid									Self-employed			
Preparer							082703					
Use Only				1310511 077 37	T 00016							
			Y CT E BRU	INSWICK N					Firm's EIN	84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/	12/24 PRO			Form 1040 (2023)		