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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi  S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Or	nly—Do not	write or sta	aple in this space.	
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					See se	See separate instructions.		
Your first name and middle initial Last na				ame					Your s	Your social security number			
FIROZ BASHA SYED				D					660	660 43 8614			
If joint return, s	pouse's	s first name and middle initial	Last nar	me						Spouse	's social	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				4	pt. no.	Presid	ential Ele	ection Campaign	
_20 DAYTO	1000	Alana and an analysis and an a										ou, or your	
City, town, or post office. If you have a foreign address, also complete sp							ZIP co			spouse if filing jointly, want \$3 to go to this fund. Checking a			
EDISON				M/9009 881 4			-			box below will not change			
Foreign country	y name			oreign pr	rovince/state/	count	У	Foreig	n postal cod	e your ta	x or refu		
Filing Status	, X	Single					Head of he	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o											
one box.		Married filing separately (MFS)  Qualifying surviving spouse (											
	If y	ou checked the MFS box, enter the	name o	f your s	pouse. If you	u che	ecked the HOF	or Q	SS box, en	ter the ch	nild's na	me if the	
	qu	alifying person is a child but not you	ır depen	dent:									
Digital		ny time during 2023, did you: (a) rec				-							
Assets		ange, or otherwise dispose of a dig					n a digital asse a dependent	t)? (Se	e instructi	ons.)	∐ Y€	es 🗵 No	
Standard Deduction		Spouse itemizes on a separate retur											
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bor	n befo	ore January	2, 1959		s blind	
Dependent	s (see			(2) S	Social security	'	(3) Relationsh	ip (4	•		i .	(see instructions):	
If more	(1) F	(1) First name Last name			number to you			Child tax c		credit	Credit fo	or other dependents	
than four								_					
dependents, see instruction	s							_					
and check	1							-					
here L	10	Total amount from Form(s) W-2, b	ov 1 (co	inetruo	etions)					. 1:		50,565.	
Income	1a b									. 1			
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2								. 1			
W-2 here. Also attach Forms	d									. 10			
W-2G and	u -	Taxable dependent care benefits f				istiu	ictions)			10			
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1	Tests		
If you did not	a	Wages from Form 8919, line 6.	into iroini	onn o	000, 1110 20					. 1	_		
get a Form	h	Other earned income (see instruct	ions) .							. 1		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s					l 1i	Ì					
	z	Add lines 1a through 1h								. 1:	z	50,565.	
Attach Sch. B if required.	2a	1	2a			b Ta	axable interest		. 7	. 2	b		
	3a		3a			<b>b</b> 0	rdinary divider	nds .		. 3	b		
	4a	IRA distributions	4a				axable amoun			. 4	b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5	b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t		. 6	b		
Married filing separately,	C	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											
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10								. 8	3	-7 <b>,</b> 857.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								. 9		42,708.	
\$27,700	10	Adjustments to income from Schedule 1, line 26									0		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								. 1	1	42,708.	
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)								. 1	2	13,850.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								. 1	3		
Standard Deduction,	14									. 1	4	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	-0 This is y	our <b>t</b>	axable incom	е.		. 1	5	28,858.	

Form 1040 (2023	3)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	3,245.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	3,245.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,245.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	3,245.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	6,111.	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26		
	27	Earned income credit (EIC)			
allacii Scii. Eic.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	4		
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	6,111.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,866.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,866.	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2024 estimated tax			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)	0,		
Third Party		by you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	<b>⋉</b> No	
		esignee's Phone Personal identi			
		me no. number (PIN)			
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whicl			
Here		l			
	YO	9		nt you an Identity IN, enter it here	
Joint return?		SOFTWARE DEVELOPER L3 (see	inst.)	500.00	
See instructions.				IRS sent your spouse an	
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here	
your rocordo.			11131.)		
		pone no. (732) 618-9499 Email address FEROZSYED1694@GMAIL.COM eparer's name Preparer's signature Date PTIN		Chock if:	
Paid					
Preparer			2082703 Self-employed		
Use Only			Phone no. (678) 965-9522		
•	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	Firm's EIN 84-3171965		