#### 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.

Submission Identification Number (SID)

| "s name   | Social security number  |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| Z BASHA SYED  | 660-43-   | -8614  | 1   |  |  |  |  |
| name  | Spouse's soc  | ial secu   | irity number  |  |  |  |  |
| Toy Deturn Information Toy Very Ending December 21 0000 (Ente   |   | <u></u>  | borizing)   |  |  |  |  |
| Tax Return Information – Tax fear Ending December 31, 2023 (Enter   | r year you a  | re aut   | norizing.)  |  |  |  |  |
| hole dollars only on lines 1 through 5.   |   |  |   |  |  |  |  |
| Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |  |   |  |  |  |  |
| Adjusted gross income   |   | 1  | 42,708.   |  |  |  |  |
| Total tax   |   | 2  | 3,245.  |  |  |  |  |
| Federal income tax withheld from Form(s) W-2 and Form(s) 1099       . |   | 3  | 6,111.  |  |  |  |  |
| Amount you want refunded to you   |   | 4  | 2,866.  |  |  |  |  |
| Amount you owe  |   | 5  |   |  |  |  |  |
|   | Z BASHA SYED         Image         Image <th>Z BASHA SYED       660-43-         s name       Spouse's soc         I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you a vhole dollars only on lines 1 through 5.       2023 (Enter year you a vhole dollars only on lines 1 through 5.         Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.       5 blank.</th> <th>Z BASHA SYED       660-43-8614         Spouse's social security       Spouse's social security         Image       Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorized gross only on lines 1 through 5.         Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.         Adjusted gross income       1         Z Federal income tax withheld from Form(s) W-2 and Form(s) 1099       3         Amount you want refunded to you       4         Amount you owe       5</th> | Z BASHA SYED       660-43-         s name       Spouse's soc         I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you a vhole dollars only on lines 1 through 5.       2023 (Enter year you a vhole dollars only on lines 1 through 5.         Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.       5 blank. | Z BASHA SYED       660-43-8614         Spouse's social security       Spouse's social security         Image       Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorized gross only on lines 1 through 5.         Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.         Adjusted gross income       1         Z Federal income tax withheld from Form(s) W-2 and Form(s) 1099       3         Amount you want refunded to you       4         Amount you owe       5 |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

| $\frown$ | T authorize | GLOBAL | IAAES | ERO firm name | to enter or generate my Fin | Er |
|----------|-------------|--------|-------|---------------|-----------------------------|----|
|          | l authorize | CTORAT | TAVEC | TTC           | to enter or generate my PIN | 13 |

| 3          | 8     | 6 | 1 | 4 | as my |
|------------|-------|---|---|---|-------|
| Ent<br>don | asiny |   |   |   |       |

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 🕨

Date 🕨

### Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

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  |    |   |   |             | <br> |   |     |  |
|---|-------|----|---|---|-------------|------|---|-----|--|
| Practitioner PIN Method Returns Only—continu  | e bel | ow |   |   |             |      |   |     |  |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |       |    |   |   |             |      |   |     |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | 2 | _ | 6<br>nter a | <br> | 2 | 7 1 |  |

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 🕨                                     |   |                  |                                 |
|---|---|------------------|---------------------------------|
|   | Retain This Form — Se<br>Form to the IRS Unless |                  |                                 |
| For Department Poduction Act Nation and your tax ratu | rn instructions                                 | BEV 01/12/24 BBO | Earm <b>8879</b> (Pov. 01 2021) |

| Single or<br>Married filing<br>jointly or<br>Qualifying<br>surviving spouse,<br>\$27,700       6a       Social security benefits  | <b>1040</b>                                | -            | artment of the Treasury—Internal Revenue Servi<br><b>S. Individual Income Ta</b> > |         | turn                                  | 202             | 3     | OMB No. 1545-   | -0074   | IRS Use Only  | –Do not w | vrite or sta | aple in this space. |  |
|---|--|--------------|--|---------|---------------------------------------|-----------------|-------|-----------------|---------|---------------|-----------|--------------|---------------------|--|
| FTROME.       SYED       660       4.3       651.4         If plant runn, spoule's first name and middle initial       Last name       Social security number         Home address (number and streed, if you have a P.O. box, see instructions.       Apt. no.       Precidential Election Campaign         City, torv, or post office. If you have a foreign address, also complete spaces below.       State       2IP code       Social filling jority, want 33         Foreign country name       Foreign province/strate/country       Foreign province/strate/str  | For the year Jan                           | . 1-Dec      | 2. 31, 2023, or other tax year beginning   |         |                                       | , 2023, end     | ling  |                 |         | , 20          | See se    | parate i     | instructions.       |  |
| If joint return, spoule's first name and middle initial       Last name       Spoule's social security number in distances and comparison of the sponse sponse sponse sponse of the sponse of the sponse of t                   | Your first name                            | and mi       | iddle initial  | Last r  | name                                  |                 |       |                 |         |               | Your so   | cial sec     | urity number        |  |
| If joint return, spoule's first name and middle initial       Late name       Spoule's social security number         1 home address further not stredt, if you have a P.O. box, see instructions.       Apt. no.       Predidential Election Campaign of they or your and they or your your and they or your and they or your an   | FIROZ BA                                   | SHA          |  | SYE     | SYED                                  |                 |       |                 |         |               |           | 43           | 8614                |  |
| 20       DAYTON       DR       Check here if you draw a foreign address, also complete spaces below:       State       ZIP code       D8820       Check here if you draw at foreign address, also complete spaces below:       NJ       D8820       D8820       D8000 will not checking a big of this individual checking a big of this fund. Checking a big of this fund. Checking a big out as or refund.         Foreign country name       Check here if you checking the individual checking a big of this fund. Checking a big of the MPS box, enter the name of your spouse. If you checked the HOH or CSS box, enter the child's name if the qualifying persons is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       No         Standard       Someone can called mice:       Your spouse a due-status alien       Asset       Someone can called asset? (Che instructions.)       Ves: [No         Dependents, see instructions       (1) First name       Last name       Gould security number       (2) Check the box if qualifies tor (see instructions)       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       So y 565.         Hore of hore during the during sequence of the orthore of margin sequenchor are bordered on Form(s) W-2, ches instructi  |  |              | s first name and middle initial  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| 20       DAYTON       DR       Check here if you draw a foreign address, also complete spaces below:       State       ZIP code       D8820       Check here if you draw at foreign address, also complete spaces below:       NJ       D8820       D8820       D8000 will not checking a big of this individual checking a big of this fund. Checking a big of this fund. Checking a big out as or refund.         Foreign country name       Check here if you checking the individual checking a big of this fund. Checking a big of the MPS box, enter the name of your spouse. If you checked the HOH or CSS box, enter the child's name if the qualifying persons is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       No         Standard       Someone can called mice:       Your spouse a due-status alien       Asset       Someone can called asset? (Che instructions.)       Ves: [No         Dependents, see instructions       (1) First name       Last name       Gould security number       (2) Check the box if qualifies tor (see instructions)       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       So y 565.         Hore of hore during the during sequence of the orthore of margin sequenchor are bordered on Form(s) W-2, ches instructi  |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.       State       2/2 code       spouse af filing jointly, want 3 so this fund. Checking a box below will not change box below will not change box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so this fund. Checking a box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box box below.       Image: spouse af filing jointly, want 3 so the fund. Checking a box box box fund.       Image: spouse af filing jointly, want 3 so the fund. Checking a box box box fund.       Image: spouse af filing jointly, want 3 so the fund. Checking a box  | Home address                               | (numbe       | ər and street). If you have a P.O. box, see  | instruc | tions.                                |                 |       |                 | А       | pt. no.       | Preside   | ntial Ele    | ction Campaigr      |  |
| Only. Own to block only of harde long in bottless, also compare spaced bottless.       Date       Date <td< td=""><td>20 DAYTO</td><td>DN DI</td><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   | 20 DAYTO                                   | DN DI        | R  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| EDISON       N3       08820       box below will not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       Previous postal code       you tax or refund.         Filing Status       Single       Head of household (HOH)       Outailtying surviving spouse (OSS)       Foreign province/state/country       Previous country name         Filing Status       Married filing jointly (even if only one had income)<br>one box.       Outailtying surviving spouse (OSS)       Foreign province/state/country       Outailtying surviving spouse (OSS)         Filing Status       Married filing jointly (even if only one had income)<br>one box.       Coulalitying surviving spouse, (OSS)       No         Standard       Someone can claim:       You a s dependent:       Preventers in a digital asset (or a financial interest in a digital asset (OSE)       Yes       No         Standard       Someone can claim:       You a s a dependent       Yes       No       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Acgelindness count of a digital asset (or a financial interest in a digital asset (or dia coreid in crist for the dia dia dia set (or dia coreid in crist for the dia dia dia set (or dia coreid in crist for the dia dia dia set (or dia coreid in crist for the dia dia dia set (or dia coreid in crist for the dia dia dia set (or dia coreid in crist for the dia dia dia set (or dia coreid in crist for dia coreid in crist for dia coreid in crist for dia   | City, town, or p                           | ost offi     | ce. If you have a foreign address, also co   | mplete  | spaces be                             | low.            | Sta   | ite             | ZIP co  | ode           |           |              |                     |  |
| Filing Status       Single       Head of household (HOH)         Filing Status       Married filing signately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:  |  |              |  |         |                                       |                 |       |                 |         |               | box bel   | ow will      | not change          |  |
| Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (CSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:   | Foreign country                            | / name       |  |         | Foreign p                             | rovince/state/o | count | ty              | Foreig  | n postal code | your tax  | _            | _                   |  |
| Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         In Amried filing is exparately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exectnange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Dependents       See instructions:       (P) Social accurity       (P) Anationship       (P) Check the box if qualifies for (see instructions)         If more there       (1) First name       Last name       (P) Social accurity       (P) Anationship       (P) Check the box if qualifies for (see instructions)         If more there       (1) First name       Last name       (P) Social accurity       (P) Anationship       (P) Check the box if qualifies for (see instructions)         If more there in the wave withinkd.       (P) First name       Last name       (P) Social accurity       (P) Anationship       (P) Check the box if qualifies for (see instructions)         If more there in there       (1)   |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Click Oliny       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but ont your dependent:  | Filing Status                              |              | -  |         | 、                                     |                 |       | Head of ho      | buseh   | old (HOH)     |           |              |                     |  |
| If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       \refstyre Version Ve   |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: The temp of temp o   | one box.                                   | L            |  |         | of your o                             | nouse lfue      |       |                 |         |               |           | ام'م مم      | maa if tha          |  |
| Digital<br>Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,<br>exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X no         Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Spouse:       (a) Relationship       (b) Check the box if qualifies for (see instructions)         If more<br>dependents,<br>see instructions       (1) First name       Last name       (a) Spouse:       (b) Relationship       (b) Check the box if qualifies for (see instructions)         If more<br>dependents,<br>see instructions       (a) Total amount from Form(s) W-2, box 1 (see instructions)       1a       50, 565.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1d       1d         W-2, asee       to work was blinked for more massing from Form 2441, line 26       1b       1d       1d         W-2, asee       to more date dependent care benefits from Form 2441, line 26       1g       1d       1d         W-2, asee       to work bledi   |  |              |  |         |                                       |                 |       |                 |         |               |           | nu s na      | ine ii the          |  |
| Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       义 No         Standard<br>Deduction       Someone can claim:       \orage You as a dependent       \orage You spouse as a dependent       \orage You spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       \orage Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Social security       (b) Check the box if qualifies for (see instructions)       Child tax credit       Credit for other dependent         if more       (1) First name       Last name       (a) Social security       (b) Polationship       (c) Other the box if qualifies for (see instructions)       Child tax credit       Credit for other dependent         in and check   |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Standard<br>Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) Sint law credit       Credit for other dependents         if more       (i) First name       Last name       number       (i) Credit the tok if qualifies tor (see instructions)         edependents,       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         Income       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       50, 565.         Household employee wages not reported on Form(s) W-2 (see instructions)       Ia       50, 565.         It build hort       g       Wages from Form 8919, line 6       Ia         If out of the required dividend s   |  |              |  |         |                                       |                 |       |                 | -       |               |           |              |                     |  |
| Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (u) First name       Last name       (u) First name       Credit for other dependents         dependents, see instructions       (u) First name       Last name       (u) First name       Credit for other dependent         dependents, see instructions       (u) First name       Last name       (u) First name       Credit for other dependent         dependents, see instructions       (u) First name       Last name       (u) First name       (u) F  |  |              |  |         | · · · · · · · · · · · · · · · · · · · |                 |       | -               | t)? (Se | e instructio  | ns.)      | ∐ Ye         | s ⊠No               |  |
| Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) Relationship       (a) Relationship       (b) Check the box if qualifies for (see instructions)         If more       (i) First name       Last name       (a) Relationship       (b) Check the box if qualifies for (see instructions)         dependents       a       (b) Check the box if qualifies for (see instructions)       (c) Check the box if qualifies for (see instructions)         and check       a       (c) Check the box if qualifies for (see instructions)       (c) Check the box if qualifies for (see instructions)         and check       a       (c) Check the box if qualifies for (see instructions)       (c) Check the box if qualifies for (see instructions)         Attach Form(s)       Total amount from Form(s) W-2, box 1 (see instructions)       (c) Check the box if qualifies for (see instructions)       (c) Check the box if qualifies for (see instructions)       (c) Check the box if qualifies for (see instructions)         W-26 and 109-R if tax       the Jonn and the form Boy (see more form Bay), line 6       (c) Check the box if qualifies form Form Bay), line 6       (c) Check the box if qualifies form Form Bay), line 6         W-23 end Instructions       if qualifies form Form Bay), line 6       (c) Check the box if qualifies form Form Bay), line 6       (c) Check the box if qualifies for (see instructions)   |  | _            |  | •       |                                       | •               |       | •               |         |               |           |              |                     |  |
| Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Chack the box if qualifies for (see instructions).         If more than four dependents, see instructions and check here <ul> <li>Image: the set instructions</li> <li>Image: the set instructio</li></ul>   | Deduction                                  |              | spouse itemizes on a separate return   | n or yo | bu were a                             | dual-status a   | alien | 1               |         |               |           |              |                     |  |
| Chronic full First name       Last name       Number       Child tax credit       Credit for other dependents         than four dependents, see instructions and check  | Age/Blindness                              | S You:       | : Were born before January 2, 1  | 959     | Are bl                                | lind <b>Spo</b> | ouse  | : 🗌 Was bor     | n befc  | re January    | 2, 1959   |              | 3 blind             |  |
| If more than four dependents, see instructions       Image than four dependents, see instructions       Image than four dependents, see instructions       Image than four dependents, see instructions         Income here       Image that is the four form form form form (s) W-2, box 1 (see instructions)       Image that is the four four four four four four four four  | Dependents                                 | s (see       | instructions):   |         | (2) 8                                 | Social security |       | (3) Relationshi | ip (4   | •             |           |              | . ,                 |  |
| dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         here       Image: see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       the Household employee wages not reported on Form(s) W-2.       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       the Household employee wages not reported on Form(s) W-2.       Image: see instructions       Image: see instructions       Image: see instructions         V2-2 ner. Also       d Medicaid waiver payments not reported on Form SW-2.       Image: see instructions       Image: see instructions       Image: see instructions         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       Image: see instructions       Image: see instructions         was withheld.       g       Wages from Form 8919, line 6       Image: see instructions       Imagee: see instructions       Image: see instructions       Image: see instructions       Image: see instructions       Imagee: see instructions   | If more                                    | <b>(1)</b> F | irst name Last name  |         |                                       | number          |       | to you          |         | Child tax c   | redit     | Credit fo    | r other dependents  |  |
| see instructions and check here       Image: constructions constructions and check here       Image: constructions constructions constructions and check here       Image: constructions c  |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| here       Image: state of the state the state of the state of the state of the st          |  | s ——         |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       50, 565.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1d         W-26 and       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1e       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g         W-2, see       h       Other earned income (see instructions)       1i       1       0.         W-2, see       is Nontaxable combat pay election (see instructions)       1i       1       1       50, 565.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable amount       1b       5b         Standard Deduction form       Saa       b       Taxable amount       5b       5b       5b         Standard Deduction form       Saa       b       Taxable amount       5b       5b       5b         Standard Browsendtifing paynees, Stage of lings and annuitites<  |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Attach Form(s)       b       Household employee wages not reported on Form(s) W-2   |  | 10           |  | ov 1 /o |                                       | ations)         |       |                 |         |               | 10        |              | <u> </u>            |  |
| Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2-bree, Also c       Tip income not reported on line 1a (see instructions)       1d         W-2 Grand       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       .       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1i       50, 565.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       4a       IRA distributions       5a       b       Taxable amount       6b         Standard       5a       Sa       b       Taxable amount       6b       6b         Standard       5a       Sa       b       Taxable amount       6b       6b         Standard       5a       Sa       Sa       b       Taxable amount       6b         Standard       5a       Sa       Sa       Sa       -7, 857.         Standard diling <td>Income</td> <td></td> <td>-</td> <td>50,505.</td>   | Income                                     |              |  |         |                                       |                 |       |                 |         |               |           | -            | 50,505.             |  |
| attach Forms<br>W-2G and<br>1099-R if tax<br>was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax<br>was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not<br>get a Form<br>W-2, see<br>instructions.       g       Wages from Form 8919, line 6       1g         W ages from Form 8919, line 6       .       1g         Watch Sch. B       a       Nottaxable combat pay election (see instructions)       1i         W-2, see       i       Nottaxable combat pay election (see instructions)       1i         Add lines 1a through 1h       .       .       1z       50, 565.         Add lines 1a through 1h       .       .       .       1z       50, 565.         Standard<br>Deduction for-<br>Single or       G       Qualified dividends       .       3a       b       b       Taxable amount       4b         Standard<br>Deduction for-<br>Single or       G       Social security benefits       Ga       b       Taxable amount       .       6b         Standard<br>Deduction for-<br>Single or       G       Social security benefits       Ga       b       Taxable amount       .       6b         Standard<br>Deduction for-<br>Single or       G       Social security benefits       Ga   | • • •                                      |              |  | •       |                                       | . ,             |       |                 |         |               |           |              |                     |  |
| W-26 and<br>1099-R if tax       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form<br>W-2, see       m       Other earned income (see instructions)       1g         get a Form<br>W-2, see       h       Other earned income (see instructions)       1h       0.         z       Add lines 1a through 1h       1z       50, 565.       2b         z       Add lines 1a through 1h       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       D       3b         Standard<br>Deduction for-<br>Sanger or<br>Married filing<br>jointy or<br>Oualifying<br>surving spouse,<br>St7.700       Fa Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7         Married filing<br>surving spouse,<br>St27.00       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       42, 708.         St20.800       13       Suthard addeduction or itemized deductions (from Schedule A)       11       42, 708.         Standard       14       Add lines 12 and 13       13       14       13, 850.   |  |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Integrating and the basis       Image: the provided adoption benefits from Form 8839, line 29       Image: the provided adoption benefits from Form 8839, line 29         If you did not get a form get a form form 8919, line 6       Image: the provided adoption benefits from Form 8839, line 29       Image: the provided adoption benefits from Form 8839, line 29         Maried filing joint or form additional income form Schedule 1, line 10       Image: the provided adoption benefits is your total income       Image: the provided adoption benefits from Form 8839, line 29         Married filing joint or found filing structure       If you elect to use the lump-sum election method, check here (see instructions)       Image: the provided adoption benefits from Form 8839, line 29         Variation filing joint or found filing structure       If you elect to use the lump-sum election method, check here (see instructions)       Image: the provided adoption benefits from Form 8839, line 29         Variation filing joint or found filing structure       If you elect to use the lump-sum election method, check here (see instructions)       Image: the provided adoption benefits from Form Schedule 1, line 10         Variation filing joint or found filing structure       If you checked       Image: the provided adoption benefits is your total income       Image: the provided adoption benefits is your total income       Image: the provided additional income from Schedule 1, line 26       Image: the provided additional income from Schedule 1, line 26       Image: the provided addition addition or itemized deductions (from Schedule A)       Image: the provided addition additincon t  |  | -            |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| get a Pollin       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1z       50, 565.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       Qualified dividends       3a       b         agualified dividends       3a       b       Ordinary dividends       3b         agualified dividends       4a       b       Taxable amount       4b         standard       4a       b       Taxable amount       4b         Standard       5a       Sea       b       Taxable amount       4b         Standard       5a       Sea       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       7         Married filing jointy or       8       Additional income from Schedule D if required, check here       7       7         Maried filing jointly or       8       Additional income from Schedule 1, line 10       7       8       -7,857.         Qualifying souse, \$27,700       10       Adjustments to  |  | f            |  |         | · · · · ·                             |                 |       |                 |         |               | . 1f      | :            |                     |  |
| get a Pollin       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1z       50, 565.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       Qualified dividends       3a       b         agualified dividends       3a       b       Ordinary dividends       3b         agualified dividends       4a       b       Taxable amount       4b         standard       4a       b       Taxable amount       4b         Standard       5a       Sea       b       Taxable amount       4b         Standard       5a       Sea       b       Taxable amount       5b         Standard       6a       Social security benefits       6a       b       Taxable amount       7         Married filing jointy or       8       Additional income from Schedule D if required, check here       7       7         Maried filing jointly or       8       Additional income from Schedule 1, line 10       7       8       -7,857.         Qualifying souse, \$27,700       10       Adjustments to  | lf you did not                             | g            | Wages from Form 8919, line 6   |         |                                       |                 |       |                 |         |               | . 1g      | I            |                     |  |
| instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       50,565.         Attach Sch. B       2a       Tax-exempt interest       1z       50,565.         3a       Qualified dividends       3a       b       Taxable interest       2b         4a       Badded dividends       3a       b       Dordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5andard Deduction for-<br>Single or<br>Married filing<br>separately,<br>\$13,850       Ga       5a       b       Taxable amount       4b         5a       Ga       Social security benefits       Ga       b       Taxable amount       7         6a       Social security benefits       Ga       D       Taxable amount       7       Ga         8arddrifting<br>separately,<br>\$13,850       Ga       Ga       D       Taxable amount       7       Ga         8       Additional income from Schedule 1, line 10       7       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -7, 857.         9       422,708.       9       422,708.       9       42,708.       10       11  |  | h            |  |         |                                       |                 |       | <sub>.</sub> .  |         |               | . 1h      | 1            | 0.                  |  |
| Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       b       Taxable amount       4b       3b         Standard       5a       6a       b       Taxable amount       4b         Standard       5a       6a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       If you elect to use the lump-sum election method, check here (see instructions)       5       7         Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Oualifying surviving spouse, \$27,700       9       42,708.       8       -7,857.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       42,708.         11       42,708.       12       13,850.       11       42,708.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.       13         12       13,850.       13       14       Add lines 12 and 13       14       13,850. </td <td></td> <td>i</td> <td>Nontaxable combat pay election (s</td> <td>see ins</td> <td>structions)</td> <td></td> <td></td> <td> <b>1</b>i</td> <td></td> <td></td> <td></td> <td></td> <td></td>   |  | i            | Nontaxable combat pay election (s  | see ins | structions)                           |                 |       | <b>1</b> i      |         |               |           |              |                     |  |
| if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-<br>Single or<br>Married filing<br>separately,<br>\$13,850       4a       b       Taxable amount       4b         Standard Deduction for-<br>Single or<br>Married filing<br>separately,<br>\$13,850       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Additional income from Schedule 1, line 10       7       8       -7,857.         9       42,708.       9       42,708.       10         10       14       42,708.       12       13,850.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.  |  | z            | Add lines 1a through 1h  | • •     |                                       |                 |       |                 |         |               | . 1z      | :            | 50,565.             |  |
| Standard       Aa       IRA distributions       Aa       B       D Formation of the standard of th  |  |              |  |         |                                       |                 |       |                 |         |               |           | -            |                     |  |
| Standard Deduction for -       5a       Pensions and annuities  | ii requirea.                               |              |  |         |                                       |                 |       | -               |         |               |           | -            |                     |  |
| Deduction for-<br>Single or<br>Married filing<br>separately,<br>\$13,850       Sa       Defations and annulutes   | Standard                                   |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Married filing<br>separately,<br>\$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .   | Deduction for—                             |              |  |         |                                       |                 |       |                 |         |               |           | -            |                     |  |
| Separately, | Married filing                             |              | -  |         | mathad                                |                 |       |                 |         | · · ·         | . 60      | )            |                     |  |
| Married filing<br>jointly or<br>Qualifying<br>surviving spouse,<br>\$27,700Additional income from Schedule 1, line 10Image: Comparison of the state of       |  |              | , ,  |         | ,                                     |                 | `     | ,               | • •     | l             |           |              |                     |  |
| Qualifying<br>surving spouse,<br>\$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income942,708.10Adjustments to income from Schedule 1, line 2610Head of<br>household,<br>\$20,80011Subtract line 10 from line 9. This is your adjusted gross income1142,708.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.   | <ul> <li>Married filing</li> </ul>         |              | 1 8 ( )  |         | •                                     | •               |       |                 | • •     | l             |           |              | -7.857              |  |
| Subtract line 10       Adjustments to income from Schedule 1, line 26       10         Head of<br>household,<br>\$20,800       Subtract line 10 from line 9. This is your adjusted gross income       11       42,708.         Subtract line 10 from line 9. This is your adjusted gross income       11       42,708.         If you checked<br>any box under<br>Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         Id       13,850.       14       Add lines 12 and 13       14       13,850.   | Qualifying                                 |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
| Head of<br>household,<br>\$20,80011Subtract line 10 from line 9. This is your adjusted gross income1142,708.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.   |  |              |  |         |                                       |                 |       |                 |         |               |           | ,            |                     |  |
| \$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.In you checked<br>any box under<br>Standard<br>Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313In the second  | <ul> <li>Head of<br/>household.</li> </ul> |              |  |         |                                       |                 |       |                 |         |               |           |              | 42,708.             |  |
| In you checked<br>any box under13Qualified business income deduction from Form 8995 or Form 8995-A13Standard<br>Deduction,14Add lines 12 and 1314   | \$20,800                                   |              |  | -       |                                       |                 |       |                 |         |               |           | -            |                     |  |
| Deduction, 14 Add lines 12 and 13   | any box under                              |              |  |         |                                       |                 |       |                 |         |               |           |              |                     |  |
|   | Deduction,                                 | 14           | Add lines 12 and 13  |         |                                       |                 |       |                 |         |               | . 14      |              | 13,850.             |  |
|   | see instructions.                          | 15           | Subtract line 14 from line 11. If zer  | o or le | ss, enter                             | -0 This is y    | ourt  | taxable incom   | е.      |               | . 15      | ;            | 28,858.             |  |

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

Form 1040 (2023)

| Form 1040 (2023                      | 3)        |   |                        |                     |                       |                       |                             |                             | Page <b>2</b>                                  |
|--------------------------------------|-----------|---|------------------------|---------------------|-----------------------|-----------------------|-----------------------------|-----------------------------|--|
| Tax and                              | 16        | Tax (see instructions). Check                                 | if any from Form       | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972       | 3 🗌                   |                             | 16                          | 3,245.   |
| Credits                              | 17        | Amount from Schedule 2, lin                                   | e3                     |                     |                       |                       |                             | 17                          |  |
|                                      | 18        | Add lines 16 and 17   |                        |                     |                       |                       | [                           | 18                          | 3,245.   |
|                                      | 19        | Child tax credit or credit for                                | other dependen         | ts from Sched       | ule 8812              |                       |                             | 19                          |  |
|                                      | 20        | Amount from Schedule 3, lin                                   | ie 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-e                                 |                        |                     |                       |                       |                             | 23                          | 0.   |
|                                      | 24        | Add lines 22 and 23. This is                                  |                        |                     |                       |                       |                             | 24                          | 3,245.   |
| Payments                             | 25        | Federal income tax withheld                                   |                        |                     |                       |                       |                             |                             | ,  |
| . aymente                            | а         | Form(s) W-2   |                        |                     |                       | <b>25a</b> 6          | ,111.                       |                             |  |
|                                      | b         | Form(s) 1099  |                        |                     |                       | 25b                   |                             |                             |  |
|                                      | С         | Other forms (see instructions                                 |                        |                     |                       | 25c                   |                             |                             |  |
|                                      | d         | Add lines 25a through 25c                                     | ,                      |                     |                       |                       |                             | 25d                         | 6,111.   |
|                                      | 26        | 2023 estimated tax payment                                    |                        |                     |                       |                       |                             | 26                          | -,   |
| If you have a l qualifying child,    | 27        | Earned income credit (EIC)                                    |                        |                     |                       | 27                    |                             |                             |  |
| attach Sch. EIC.                     | 28        | Additional child tax credit from                              |                        |                     |                       | 28                    |                             |                             |  |
|                                      | 29        | American opportunity credit                                   |                        |                     |                       | 29                    |                             |                             |  |
|                                      | 30        | Reserved for future use .                                     |                        | -                   |                       | 30                    |                             |                             |  |
|                                      | 31        | Amount from Schedule 3, lin                                   |                        |                     |                       | 31                    |                             |                             |  |
|                                      | 32        | Add lines 27, 28, 29, and 31                                  |                        |                     |                       | -                     |                             | 32                          |  |
|                                      | 33        | Add lines 25d, 26, and 32. T                                  |                        | -                   |                       |                       | •••                         | 33                          | 6,111.   |
| Defined                              | 34        | If line 33 is more than line 24                               |                        |                     |                       |                       | • •                         | 34                          | 2,866.   |
| Refund                               | 34<br>35a | Amount of line 34 you want                                    | -                      |                     |                       | , .                   |                             | 35a                         | 2,866.   |
| Direct deposit?                      | b 35a     | Routing number 0 2 1  |                        | 1. 11 FUITH 0000    |                       |                       |                             | 35a                         | 2,000.   |
| See instructions.                    |           | Account number 3 9 8  |                        |                     | <b>c</b> Type:        | Checking X            | Savings                     |                             |  |
|                                      | d         |   |                        |                     |                       |                       |                             |                             |  |
|                                      | 36        | Amount of line 34 you want a                                  |                        |                     |                       | 36                    |                             |                             |  |
| Amount<br>You Owe                    | 37        | Subtract line 33 from line 24<br>For details on how to pay, g |                        |                     |                       |                       |                             | 07                          |  |
| rou Owe                              |           |   |                        |                     |                       | 1 1                   |                             | 37                          |  |
|                                      | 38        | Estimated tax penalty (see in                                 | ,                      |                     |                       | 38                    |                             |                             |  |
| Third Party                          |           | you want to allow another                                     |                        |                     |                       |                       | omplete be                  | alaw                        | × No   |
| Designee                             |           |   |                        |                     |                       |                       | •                           |                             |  |
|                                      | nai       | signee's<br>ne  |                        | Phone no.           |                       |                       | onal identific<br>ber (PIN) | Jation                      |  |
| Sign                                 | Un        | der penalties of perjury, I declare tl                        | nat I have examined    | d this return and   | accompanying sche     | edules and statemen   | ts, and to the              | e best o                    | of my knowledge and                            |
| Here                                 | bel       | ief, they are true, correct, and com                          | plete. Declaration of  | of preparer (othe   | r than taxpayer) is b | ased on all informati | on of which                 | prepare                     | er has any knowledge.                          |
| пеге                                 | Yo        | ur signature  |                        | Date                | Your occupation       |                       | If the I                    | IRS ser                     | nt you an Identity                             |
|                                      |           |   |                        |                     |                       |                       |                             |                             | N, enter it here                               |
| Joint return?                        |           |   |                        |                     |                       | DEVELOPER I           |                             | ,                           |  |
| See instructions.<br>Keep a copy for | Sp        | ouse's signature. If a joint return, I                        | <b>ooth</b> must sign. | Date                | Spouse's occupat      | ion                   |                             |                             | nt your spouse an<br>action PIN, enter it here |
| your records.                        |           |   |                        |                     |                       | (see in               | ,                           | ection Filly, enter it here |  |
|                                      | Ph        | one no. (732)618-949  | 9                      | Email address       |                       | 694@GMAIL.CO          | `                           |                             |  |
|                                      |           | parer's name  | 9<br>Preparer's signat |                     | LEVASIENT             | Date                  | PTIN                        |                             | Check if:                                      |
| Paid                                 |           | PRIYA RAM SAGAR GUPTA TALLAM                                  |                        |                     |                       |                       | P02082                      | 702                         | Self-employed                                  |
| Preparer                             |           |   |                        | IVARI SAGAR         | GUEIA IALLAM          | 101/20/2024           |                             |                             |  |
| Use Only                             |           | m's name GLOBAL TAX   |                        | NOMITOR N           | J 08816               |                       |                             |                             | 678)965-9522                                   |
| Catawar                              |           |   | Y CT E BRU             | NOWICK N            |                       |                       | Firm's                      |                             | 84-3171965<br>Form <b>1040</b> (2023)          |
| GO TO WWW.IPS.go                     | w/rom     | 1040 for instructions and the late                            | st information.        |                     | BAA                   | REV 01/12/24 PRO      |                             |                             | Form 1040 (2023)                               |

REV 01/12/24 PRO

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

# 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

on. Attachment Sequence No. 01 Your social security number

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

|        | DZ BASHA SYED  | 660-43 |          |         |
|--------|--|--------|----------|---------|
|        |  | 000-4. | 5-00     | )       |
| Par    |  |        |          |         |
| 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. Attach Schedule  |        | 5        | -7,857. |
| 6      | Farm income or (loss). Attach Schedule F.  |        | 6        | .,      |
| 7      |  |        | 7        |         |
| 8      | Other income:  | · · ·  | -        |         |
| -      | Net operating loss   |        |          |         |
| a<br>h |  | /      |          |         |
| b      | Gambling         Solution         8b         8b           Cancellation of debt         Solution         Solution         Solution         Solution |        |          |         |
| C      |  |        |          |         |
| d      | Foreign earned income exclusion from Form 2555   | /      |          |         |
| e      | Income from Form 8853  |        |          |         |
| f      | Income from Form 8889  |        |          |         |
| g      | Alaska Permanent Fund dividends  |        |          |         |
| h      | Jury duty pay  |        |          |         |
| i      | Prizes and awards  |        |          |         |
| j      | Activity not engaged in for profit income  |        |          |         |
| k      | Stock options  |        |          |         |
| 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  |        |          |         |
|        | instructions)  |        |          |         |
| n      | Section 951(a) inclusion (see instructions)  |        |          |         |
| ο      | Section 951A(a) inclusion (see instructions)   |        |          |         |
| р      | Section 461(I) excess business loss adjustment   |        |          |         |
| 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  | )      |          |         |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or  |        |          |         |
| •      | a nongovernmental section 457 plan   |        |          |         |
| u      | Wages earned while incarcerated  |        |          |         |
| 7      | 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 <b>additional income</b> . Enter here and on   |        | <u> </u> |         |
| 10     | 1040, 1040-SR, or 1040-NR, line 8  |        | 10       | -7,857. |
|        |  | • •    | 10       | .,      |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

| 1        | Adjustments to Income  |       |       |       | . 11           | 1                     |   |
|----------|--|-------|-------|-------|----------------|-----------------------|---|
|          | Educator expenses  |       |       |       |                |                       |   |
| 2        | Certain business expenses of reservists, performing artists, and fee   | -basi | s gov | ernme | nt  <br>.   12 |                       |   |
| <b>,</b> | officials. Attach Form 2106  | • •   | • •   | • •   | . 13           |                       |   |
| 3        | Moving expenses for members of the Armed Forces. Attach Form 3903  |       |       |       |                |                       |   |
| 4<br>5   |  |       |       |       |                |                       | _ |
| 5        | Deductible part of self-employment tax. Attach Schedule SE   |       |       |       |                |                       |   |
| 6        | Self-employed SEP, SIMPLE, and qualified plans   |       |       |       |                |                       |   |
| 7        | Self-employed health insurance deduction   |       |       |       |                |                       |   |
| 8        | Penalty on early withdrawal of savings   |       |       |       |                |                       |   |
| 9a       | Alimony paid   |       |       |       |                | а                     |   |
| b        | Recipient's SSN  | •     |       |       | _              |                       |   |
| С        | Date of original divorce or separation agreement (see instructions):   |       |       |       |                |                       |   |
| 20       | IRA deduction  |       |       |       |                |                       |   |
| 21       | Student loan interest deduction  |       |       |       |                |                       | _ |
| 22       | Reserved for future use  |       |       |       |                |                       |   |
| 23       | Archer MSA deduction   |       |       |       | . 23           | 3                     |   |
| 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   |       |       |                |                       |   |
| q        | Contributions by certain chaplains to section 403(b) plans   | 24g   |       |       |                |                       |   |
| · ·      | 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   |       |       |                |                       |   |
| i        | Housing deduction from Form 2555   | 24i   |       |       |                |                       |   |
| ۲<br>۲   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |       |       |       |                |                       |   |
| n        |  | 24k   |       |       |                |                       |   |
| z        | Other adjustments. List type and amount:   | 2-TR  |       |       |                |                       |   |
| 2        |  | 24z   |       |       |                |                       |   |
| 25       | Total other adjustments. Add lines 24a through 24z   |       |       |       | . 25           |                       |   |
| 25<br>26 |  |       |       |       |                | ,<br>                 |   |
| 0        | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b><br>Form 1040, 1040-SR, or 1040-NR, line 10 |       |       |       |                |                       |   |
|          | Form 1040, 1040-SR, or 1040-NR, line 10  | • •   | • •   | • •   | . 26           | o  <br>dule 1 (Form 1 | _ |

| (Form  | 1040)                                  | (From          | rental real est | ate, royalties, partnersh                                  | hips, S | corporati | ons, es        | tates,  | trusts, REMI      | Cs, etc.)     | ୭୮                 | 23                      |
|--------|--|----------------|-----------------|--|---------|-----------|----------------|---------|-------------------|---------------|--------------------|-------------------------|
|        | ent of the Treasury<br>Revenue Service |                | Go to www       | Attach to Form 1040,<br>v.irs.gov/ScheduleE for            |         |           |                |         | formation.        |               | Attachm<br>Sequenc | ent<br>ce No. <b>13</b> |
|        | shown on return                        |                |                 | <b>.</b>   |         |           |                |         |                   | Your socia    | al security r      |                         |
| . ,    | Z BASHA SY                             | ЕD             |                 |  |         |           |                |         |                   | 660-43        | -                  |                         |
| Part   |  |                | ss From Rei     | ntal Real Estate an  | d Ro    | valties   |                |         |                   | 000 10        | 0011               |                         |
| T GI C | Note: If yo                            | ou are in      | the business of | renting personal proper<br><b>1835</b> on page 2, line 40. |         |           | <b>C</b> . See | instru  | ctions. If you a  | are an indiv  | idual, repo        | ort farm                |
| Α      | Did you make an                        | ny paym        | ents in 2023 t  | hat would require you                                      | to file | Form(s) 1 | 099? 5         | See ins | structions .      |               | . 🗌 Ye             | s 🛛 No                  |
| B      |  |                |                 | ed Form(s) 1099?   |         |           |                |         |                   |               | . 🗌 Ye             | s 🗌 No                  |
| 1a     | ,                                      |                | ,               | (street, city, state, ZIF                                  |         | ,         |                |         |                   |               |                    |                         |
| Α      | H.NO 50/7                              | 53 <b>-</b> 1B | , TAGORE :      | NAGAR KURNOOL,   | AND     | HRA PRA   | DESH           | IN      | 518001            |               |                    |                         |
| В      |  |                |                 |  |         |           |                |         |                   |               |                    |                         |
| С      |  |                |                 |  |         |           |                |         |                   | 1             |                    |                         |
| 1b     | Type of Prope<br>(from list belov      |                |                 | ental real estate prope<br>ort the number of fair i        |         |           |                | Fa      | ir Rental<br>Days | Person<br>Day |                    | QJV                     |
| Α      | 3                                      |                |                 | se days. Check the Qu                                      |         |           | Α              |         | 325               |               | 0                  |                         |
| В      |  |                |                 | the requirements to f int venture. See instru              |         |           | В              |         |                   |               |                    |                         |
| С      |  |                | quaimed jo      | init venture. See instru                                   | ICTIONS | ».        | С              |         |                   |               |                    |                         |
| Туре   | of Property:                           |                |                 |  |         |           |                |         |                   |               | ·                  |                         |
| 1      | Single Family R                        | esidend        | ce 3 Vac        | ation/Short-Term Rent                                      | tal     | 5 Land    |                | 7       | Self-Rental       |               |                    |                         |
| 2      | Multi-Family Re                        | sidence        | e 4 Con         | nmercial   |         | 6 Roya    | lties          | 8       | Other (desc       | ribe)         |                    |                         |
|        |  |                |                 |  |         |           |                |         | Propert           |               |                    |                         |
| Incom  |  |                |                 |  |         |           | Α              |         | B                 | 103.          |                    | С                       |
| 3      |  | 4              |                 |  | 3       |           |                | 50.     | В                 |               |                    | 0                       |
| 4      |  |                |                 |  | 4       |           | 0              | 50.     |                   |               |                    |                         |
| Exper  |  | iveu .         |                 |  |         |           |                |         |                   |               |                    |                         |
| 5      |  |                |                 |  | 5       |           |                |         |                   |               |                    |                         |
| 6      | •                                      |                |                 |  | 6       |           |                |         |                   |               |                    |                         |
| 7      |  | •              | ,               |  | 7       |           | 9              | 87.     |                   |               |                    |                         |
| 8      | •                                      |                |                 |  | 8       |           |                | 07.     |                   |               |                    |                         |
| 9      |  |                |                 |  | 9       |           |                |         |                   |               |                    |                         |
| 10     |  |                |                 |  | 10      |           |                |         |                   |               |                    |                         |
| 11     | 0                                      |                |                 |  | 11      |           | 6              | 85.     |                   |               |                    |                         |
| 12     | -                                      |                |                 | c. (see instructions)                                      | 12      |           |                |         |                   |               |                    |                         |
| 13     |  |                |                 |  | 13      |           |                |         |                   |               |                    |                         |
| 14     |  |                |                 |  | 14      |           | 2,3            | 10.     |                   |               |                    |                         |
| 15     | Supplies                               |                |                 |  | 15      |           | 2,8            | 85.     |                   |               |                    |                         |
| 16     |  |                |                 |  | 16      |           |                |         |                   |               |                    |                         |
| 17     | Utilities                              |                |                 |  | 17      |           | 1,6            | 40.     |                   |               |                    |                         |
| 18     | Depreciation e                         | xpense         | or depletion    |  | 18      |           |                |         |                   |               |                    |                         |
| 19     | Other (list)                           |                |                 |  | 19      |           |                |         |                   |               |                    |                         |
| 20     | Total expenses                         |                |                 | n 19   | 20      |           | 8,5            | 07.     |                   |               |                    |                         |
| 21     |  | s), see i      |                 | nd/or 4 (royalties). If<br>find out if you must            | 21      |           | -7,8           | 57      |                   |               |                    |                         |
| 22     | Deductible ren                         | ntal real      | estate loss a   | fter limitation, if any,                                   | 21      | (         |                | 57.)    | (                 |               | (                  | )                       |
| 23a    |  | -              |                 | e 3 for all rental prope                                   |         | 1         |                | 23a     | 1                 | 650.          |                    | )                       |
| b      |  |                |                 | e 4 for all royalty prope                                  |         |           |                | 23b     |                   |               |                    |                         |
| c      |  |                |                 | e 12 for all properties                                    |         |           |                | 23c     |                   |               |                    |                         |
| d      |  |                | •               | e 18 for all properties                                    |         |           |                | 23d     |                   |               |                    |                         |
| e      |  |                | •               | e 20 for all properties                                    |         |           |                | 23e     |                   | 3,507.        |                    |                         |
| 24     |  |                | -               | wn on line 21. <b>Do not</b>                               |         |           |                |         |                   | . 24          |                    |                         |
| 25     |  |                |                 | 21 and rental real estate                                  |         | -         |                | nter to | tal losses her    |               | (                  | 7,857.)                 |

Supplemental Income and Loss

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 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

26 -7,857. Schedule E (Form 1040) 2023

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OMB No. 1545-0074

SCHEDULE E