Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0						
Submis	ssion Identification Number (SID)						
Taxpaye	r's name	Social security number					
FNU	SHAIK RASHEEDA BEGUM	690-99-5376					
Spouse's	s name	Spouse's social security number					
Dort	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r voor vou c	ro ou	thorizina	<u> </u>		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enterwhole dollars only on lines 1 through 5.	r year you a	re au	trionzing.)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1	1 18	,888.		
	Total tax		2	10	503.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,986.		
	Amount you want refunded to you		4		, 483.		
	Amount you owe		5	1	<i>,</i> 103.		
Part		keep a cop	y of y	our retu	rn)		
my kno return (o to send for any Agent to paymen authoriz paymen busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (settlement) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I are fully force and effect until I notify the income tax return (original or amended) I are fully force and effect until I notify the income tax return (original or amended) I are fully fully fully force and effect until I notify the income tax return (original or amended) I are fully	ve are the am itter, or electrection of the t. S. Treasury a icated in the t to to debit the ethe authorizuests must be processing opayment. I fur	ounts front re- ransmind its of ax preparation. The receiff the elastic accordance of the elasti	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late dectronic pa	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 syment of that the		
	yer's PIN: check one box only						
X	· · · · · · · · · · · · · · · · · · ·	my PIN 9	5 3	3 7 6	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	do my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.						
Your si	gnature ▶ Date ▶						
Snous	e's PIN: check one box only						
	I authorize to enter or generate	my PIN			as my		
	ERO firm name		ter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	1					
Part I	Certification and Authentication — Practitioner PIN Method Only						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0	8 2 7	1		
		Don tem	or all Zt				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indicated above.	nitting this retu	urn in a	accordance			
FRO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To I	Do So					

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending					, 20		See separate instructions.			
Your first name and middle initial			Last name							Your social security number			
FNU				SHAIK RASHEEDA BEGUM						690 99 5376			
If joint return, spouse's first name and middle initial			Last na			011					e's social sec		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				Apt. no.		Preside	ential Electio	n Campaigr	
4720 0117	` \TT. 1	RIDGE DR						'		Check here if you, or your			
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP	code			e if filing joint		
PLAINSBO						0.8	08536			to go to this fund. Checking a box below will not change			
Foreign country				Foreign province/state/o			Foreign postal code		l code	1	ix or refund.	Jiange	
,									You Spouse				
Filing Status	· ×	Single				Head of he	ouse	hold (H	OH)				
•		☐ Married filing jointly (even if only one had income)											
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse ((QSS)			
One box.	If \	you checked the MFS box, enter the	name o	of vour spouse. If vou	ı ch						nild's name i	if the	
		alifying person is a child but not you		ndont:									
Digital		ny time during 2023, did you: (a) rec					-				_	▽ N.	
Assets		nange, or otherwise dispose of a dig		_ <u>`</u>			et)? (See Insti	uctio	ns.)	Yes	⊠ No	
Standard		neone can claim: You as a de	•	•		•							
Deduction	;	Spouse itemizes on a separate retur	n or you	u were a dual-status a	alier	n							
Age/Blindness	You:	: Were born before January 2, 1	959	Are blind Spo	ouse	e: Was bor	rn be	fore Jan	uary 2	2, 1959	ls blir	nd	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	qin	(4) Check	the b	ox if qua	lifies for (see i	instructions):	
If more	(1) First name Last name			number		to you		Child tax credit			Credit for oth	er dependents	
than four													
dependents,													
see instructions and check	3												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)						. 18	a 1	8,888.	
	b	Household employee wages not re	eported	ed on Form(s) W-2						. 11	b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10	0			
attach Forms	d	Medicaid waiver payments not rep	yments not reported on Form(s) W-2 (see instructions)							. 10	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	nefits from Form 2441, line 26							. 16	Э		
was withheld.	f	Employer-provided adoption bene	efits from Form 8839, line 29						. 11	f			
If you did not	g	Wages from Form 8919, line 6 .								. 19	g		
get a Form W-2, see	h	Other earned income (see instruct							. 11	h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	nstructions)									
	z	Add lines 1a through 1h								. 12	z 1	8,888.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	Γaxable interest	t			. 2l	b		
if required.	3a	Qualified dividends	3a		b (Ordinary divider	nds			. 3l	b		
<u> </u>	4a	IRA distributions	4a		b T	Taxable amoun	t.			. 4l	b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	Taxable amoun	t.			. 5l	b		
Single or	6a	Social security benefits	6a		b T	Taxable amoun	t.			. 6l	b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions) $$. $$. $$.							. [
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								□ 7	,		
jointly or	8	Additional income from Schedule 1, line 10								. 8	_		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	1	8,888.		
\$27,700	10	Adjustments to income from Schedule 1, line 26							. 10	0			
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11	1 1	8,888.		
\$20,800 • If you checked _r	12	Standard deduction or itemized deductions (from Schedule A)							. 12	2 1	3,850.		
any box under	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	95-A				. 13	3		
Standard Deduction,	14	Add lines 12 and 13								. 14	4 1	3,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s enter -0- This is v	Our	taxable incom	1e			. 1!	5	5.038.	

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	503.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	503.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0					22	503.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	503.	
Payments	25 Federal income tax withheld from:										
-	а	Form(s) W-2				25a	1	,986.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	1,986.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	1,986.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	1,483.	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here			35a	1,483.	
Direct deposit?	b	Routing number 0 2 1			c Type:] Check	ting 🔀 S	Savings			
See instructions.	d	Account number 3 8 1	0 6 8 3	8 4 2 0	6 7						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37 Subtract line 33 from line 24. This is the amount you owe .										
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party											
Designee	instructions					mplete	below.	⋈ No			
		signee's	Phone					identification			
	naı			no.				er (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here	Your signature			Date Your occupation				l If th	If the IRS sent you an Identity		
	rour signature			Date	Tour occupation			- 1		IN, enter it here	
Joint return?				IT PROFESSIONAL			(see	(see inst.)			
See instructions.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation						nt your spouse an	
Keep a copy for your records.									Identity Protection PIN, enter it here (see inst.)		
,	Phone no (000) 516_4026		<u> </u>	Email address DA CHEEDA DECUMO 9 CMATT COM				(7 11131.)		
		Phone no. (998) 516-4036 Preparer's name Preparer's signa		Email address RASHEEDABEGUM8@GMAIL			MAIL.CO	M PTIN		Check if:	
Paid		•	'		רווחת מחתודיים		11/2024		2772	Self-employed	
Preparer											
Use Only				INICITE OF A	T 00016				Phone no. (678) 965-9522		
			Y CT E BRU	INSWICK N				Firr	Firm's EIN 84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01	/21/24 PRO			Form 1040 (2023)	