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

2023

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 La				Last name				Yo	Your social security number			
SOFIA BA	SOFIA BANU ABDUL FAROOK					7	40	21 1	938			
If joint return, spouse's first name and middle initial Last nam									Sp	ouse's		curity number
MOHAMED YASIN ABDULLA HAROON							A	PР	LIE	D		
		er and street). If you have a P.O. box, see					Apt. no).				on Campaign
5600 BAE	י אכטכז	K ROAD					1410	1	- 1		ere if you,	
		ce. If you have a foreign address, also col	mplete s	spaces below.	Sta	te	ZIP code	ZIP code sp				itly, want \$3
SAN ANTO			•	TX						•	this fund. ow will not	Checking a
Foreign country				Foreign province/state/o			Foreign pos	tal cod			or refund.	
				, , , , , , , , , , , , , , , , , , , ,							You	Spouse
Filing Status	, [Single				Head of ho	ousehold (H	HOH)				
Check only		☑ Married filing jointly (even if only one had income)										
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS										
	If y	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the									ld's name	if the
		alifying person is a child but not you		ndont:								
D:-:t-1	Λ+ or	ny time during 2023, did you: (a) rece	nivo (no									
Digital Assets		ry time during 2023, did you. (a) rece lange, or otherwise dispose of a digi								seii,	Yes	⊠ No
Standard	_	eone can claim: You as a dep		_			(OOO III)	, ii a o i				
Deduction	_	Spouse itemizes on a separate return		•		•						
		: Were born before January 2, 19	959 [Are blind Spo	ouse:	: U Was bor	n before Ja				∐ Is bli	
Dependents				(2) Social security	<i>'</i>	(3) Relationsh	iP			· 1		instructions):
If more	(1) F	irst name Last name		number		to you	Ch	iid tax	credit	——	Credit for otr	her dependents
than four										\rightarrow		
dependents, see instructions	s ——							<u></u> _		\rightarrow		
and check										_		
here L								L		$\perp \perp$		
Income	1a	Total amount from Form(s) W-2, bo	,	,						1a	4	40,589.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b	_	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c	_	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	ons)				,			1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>						
	z	Add lines 1a through 1h	. ;							1z	4	40,589.
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest				2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divider	nds			3b		
Phone double	4a	IRA distributions	4a			axable amount				4b		
Standard Deduction for—	5a	-	5a		b Ta	axable amount	t			5b		
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b		
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	1, line 1	0						8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	4	40,589.	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26							10			
household,	11	Subtract line 10 from line 9. This is	-							11	4	40,589.
\$20,800 If you checked r	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12	2	27,700.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13							14	2	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	ss, enter -0 This is y	our t	axable incom	ie			15	1	12,889.

Form 1040 (202)	3)								Page Z	
Tax and Credits	16	Tax (see instructions). Check	if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	1,288.	
	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	1,288.	
	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	1,288.	
	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	1,288.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	5,746			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	5,746.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n 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, lin	e 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	5,746.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	. This is the amour	nt you overpaid		34	4,458.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	4,458.	
Direct deposit?	b	Routing number 1 1 1			,, <u> </u>	Checking	Savings	;		
See instructions.	d	Account number 4 8 8	1 1 9 7	1 5 1 0	6 7					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount 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		you want to allow another	•			_				
Designee							•		⊠ No	
		esignee's me		Phone no.			sonal iden ber (PIN)	tification		
Sign		der penalties of perjury, I declare the	nat I have examined	d this return and	accompanying sche		, ,	the best	of my knowledge and	
_	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all informat	ion of whi	ch prepar	er has any knowledge.	
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity		
							1	otection P e inst.)	IN, enter it here	
Joint return? See instructions.		Daniel		5.	NGINEER	`				
Keep a copy for		Spouse's signature. If a joint return, both must sign.		Date	Date Spouse's occupation			he IRS sent your spouse an entity Protection PIN, enter it here		
your records.			HOME MAKER				e inst.)			
	Ph	one no. (210)984-815	 6	Email address	BANUSOFIA@					
Daid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/12/2024	P020	32703	Self-employed	
Preparer	Fir								(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965	
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