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

2023

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 se	See separate instructions.	
Your first name and middle initial Last n				me			Your so	ocial security number	
RAEES AHMED MO				MMED SABIR	816				
				ast name				Spouse's social security number	
SHAIKH MUN				NAZZA FATEMA				717 95 2763	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.		Apt. no.	Preside	ential Election Campaig	
43178 C	ITNC	NENTAL DR					here if you, or your		
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	e spaces below. State		ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a	
FREMONT					94538	_	low will not change		
Foreign country	y name		Foreign province/state/o		county	Foreign postal cod	e your ta	x or refund.	
								You Spous	
Filing Status	s \square	Single			☐ Head of	household (HOH)			
Check only	X	Married filing jointly (even if only o	ne had i	ncome)	_				
one box.	L	Married filing separately (MFS)	e (QSS)	,					
		you checked the MFS box, enter the			checked the HC	OH or QSS box, er	ter the ch	ild's name if the	
	qu	ıalifying person is a child but not you	ır deper	ndent:					
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or p	payment for prop	erty or services);	or (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a financial intere	est in a digital as	set)? (See instruct	ons.)	☐ Yes ☐ No	
Standard	Som	neone can claim: You as a de	penden	t	e as a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	ı were a dual-status a	alien				
Age/Blindnes	s You	: Were born before January 2, 1	959 F	Are blind Spo	use: Was b	orn before Januar	/2 1959	☐ Is blind	
Dependent		<u> </u>		<u> </u>	(3) Relation	(4) (1)	-	lifies for (see instructions)	
•	•	First name Last name		(2) Social security number	to you	Child tax		Credit for other dependent	
If more than four	· · ·	RLEEZ RAEES SHAIKH		961-90-0178	3 Son				
dependents,	SAE	SAFAA RAEES SHAIKH		961-90-020					
see instruction and check	s — HAS	SAN RAEES SHAIKH		698-58-3369					
here]								
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)			. 1a	a 271,646.	
Attach Form(s)	b	Household employee wages not re	. 1k)					
W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instructions)						
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see ir	nstructions) .		. 10	t t	
1099-R if tax	е	Taxable dependent care benefits f	Taxable dependent care benefits from Form 2441, line 26						
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29			. 11	f	
If you did not	g	Wages from Form 8919, line 6.					. 10		
get a Form W-2, see	h	Other earned income (see instruct	. <u>1</u> 1	n 0.					
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i		071 111	
	<u>z</u>	Add lines 1a through 1h	Ti				. 12		
Attach Sch. B if required.	2a		2a	0.5	b Taxable intere		. 2k	_	
ii required.	3a		3a		b Ordinary divid		. 3k		
Standard	4a		4a		b Taxable amou		. 4k		
Deduction for—	5a		5a		b Taxable amou		. 5k		
Single or Married filing	6a		6a		b Taxable amou		. 6k)	
separately, \$13,850	C	If you elect to use the lump-sum e		0 000					
Married filing	7	Capital gain or (loss). Attach Schedule	☐ 7						
jointly or Qualifying	8	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7	. 8						
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche	. 10						
Head of		Subtract line 10 from line 9. This is	. 11						
household, \$20,800	11 12		. 12	•					
If you checked any box under	13							· ·	
Standard	14						. 13		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			our tavable inco		15		

Form 1040 (2023	3)			Page 2					
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	37,550.					
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	37,550.					
	19	Child tax credit or credit for other dependents from Schedule 8812	19	3,000.					
	20	Amount from Schedule 3, line 8	20						
	21	Add lines 19 and 20	21	3,000.					
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	34,550.					
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	299.					
	24	Add lines 22 and 23. This is your total tax	24	34,849.					
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions)							
	d	Add lines 25a through 25c	25d	37,587.					
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26						
qualifying child,	27	Earned income credit (EIC)							
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit from Form 8863, line 8							
	30	Reserved for future use							
	31	Amount from Schedule 3, line 15	7						
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32						
	33	Add lines 25d, 26, and 32. These are your total payments	33	37,587.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,738.					
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,738.					
Direct deposit?	b	Routing number X X X X X X X X X							
See instructions.	d	Account number X X X X X X X X X							
	36	Amount of line 34 you want applied to your 2024 estimated tax 36							
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37						
	38	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another person to discuss this return with the IRS? See							
Designee		structions	below.	⋉ No					
		signee's Phone Personal ident	ification						
	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and								
Sign		der penalities of perjury, i declare that i have examined this return and accompanying scriedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic							
Here				nt you an Identity					
	10			IN, enter it here					
Joint return?		ENGINEER	inst.)						
See instructions.			the IRS sent your spouse an						
Keep a copy for your records.		/	ntity Prote inst.)	ection PIN, enter it here					
,		HOMEPARER							
		one no. (650)452-5374 Email address RAEESIT11@GMAIL.COM		Chook if:					
Paid		Preparer's name Preparer's signature Date PTIN	0000	Check if:					
Preparer		XATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247		Self-employed					
Use Only				678)965-9522					
•	Fin	m's address \ 245 ROONEY CT E BRIINSWICK NJ 08816 Firm	n's FIN	88-2145487					