Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number						
FNU REHAN ASLAM	132-81-7234						
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.	<u> </u>						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income	1 14,926.						
2 Total tax							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 1,266.						
4 Amount you want refunded to you	4 1,157.						
5 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

authorize	GLOBAL TAXES LLC	to enter or generate my PIN	-
	ERO firm name		占

	1	7	2	3	4	as				
Enter five digits, but don't enter all zeros										

my

as mv

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 🕨

X

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
.0	011101	0	gonorato	i i i y	

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 Dat										
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III C	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a	 	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 🕨	Date 🕨	
-	ust Retain This Form — See Instructions 'his Form to the IRS Unless Requested To Do So	
For Denominary Deduction Act Nation and your top		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20	See se	parate instructions.			
Your first name	and mi		Last na						Your so	cial security number			
FNU				AN ASLAM					132 81 7234				
	oouse's	s first name and middle initial	Last na							's social security number			
j													
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ons.			A	Apt. no.	Preside	ntial Election Campaig			
2001 RUB	PLEY	RD								here if you, or your			
		ce. If you have a foreign address, also co	omplete s	paces below.	State	e	ZIP c	ode	•	if filing jointly, want \$3			
CAMP HII	L				PA		170)11	•	o this fund. Checking a ow will not change			
Foreign country	name			Foreign province/state/o	county	/	Foreig	gn postal code		k or refund.			
										You Spous			
Filing Status	; X	Single			[Head of h	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne had i	income)									
one box.		Married filing separately (MFS)			[Qualifying	surviv	ing spouse	(QSS)				
	-	ou checked the MFS box, enter the			u cheo	cked the HOH	l or Q	SS box, ente	r the chi	ild's name if the			
	qu	alifying person is a child but not you	ur deper	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	pavm	nent for prope	ertv or	services): or	(b) sell.				
Assets		ange, or otherwise dispose of a dig					-			🗌 Yes 🛛 No			
Standard	Som	eone can claim: 🗌 You as a de	ependen	t 🗌 Your spous	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	rn or you	u were a dual-status	alien								
Age/Blindness	Vou	Were born before January 2, 1	1050 [Are blind Spo	ouse:		rn hofe	ore January 2	1050	Is blind			
		· · · · ·	1999	- 						ifies for (see instructions)			
•		the instructions): (2) Social security (3) Relationship) First name Last name number to you Child tax cre			Credit for other dependent								
If more than four	(.,												
dependents,													
see instructions	3 —												
and check here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					. 1a	14,926.			
	b	Household employee wages not r		,					. 1b				
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	•	.,					. 1c	;			
attach Forms	d	Medicaid waiver payments not rep							. 1d	I			
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from Fo	rm 2441, line 26					. 1e	•			
was withheld.	f	Employer-provided adoption bene	efits fron	n Form 8839, line 29					. 1f				
lf you did not	g	Wages from Form 8919, line 6 .							. 1g	1			
get a Form W-2, see	h	Other earned income (see instruct							. 1h	0			
instructions.	i	Nontaxable combat pay election (see inst	ructions)		1 i	i						
	z	Add lines 1a through 1h	. <u>.</u>						. 1z	14,926.			
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.		. 2b)			
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds .		. 3b	•			
	4a	IRA distributions	4a		b Ta	axable amoun	t		. 4b	1			
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t		. 5b	•			
Single or	6a		6a			axable amoun	t		. 6b)			
Married filing separately,	С	If you elect to use the lump-sum e	election	method, check here	(see i	nstructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not requ	uired,	check here		[7				
jointly or	8	Additional income from Schedule	-						. 8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	', and 8.	This is your total inc	come				. 9	14,926.			
\$27,700 Head of	10	Adjustments to income from Sche							. 10				
household,	11	Subtract line 10 from line 9. This is	-						. 11	,			
\$20,800 If you checked	12	Standard deduction or itemized							. 12	.,			
any box under Standard	13	Qualified business income deduct	tion from	n Form 8995 or Form	8995	5-А	• •		. 13				
Deduction,	14								. 14	,			
see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This is y	our t a	axable incom	ne.		. 15	1,076.			

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	109.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17					🔽	18	109.	
	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	109.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is						24	109.	
Payments	25	Federal income tax withheld								
i aj incluic	а	Form(s) W-2				25a 1	,266.			
	b	Form(s) 1099				25b	·			
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,				2	25d	1,266.	
If you have a	26	2023 estimated tax payment						26	<i>i</i>	
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	1,266.	
Refund	34	If line 33 is more than line 24						34	1,157.	
neiunu	35a	Amount of line 34 you want						35a	1,157.	
Direct deposit?	b	Routing number 0 3 1	3 1 2 7	3 8 1			Savings	Ju		
See instructions.	ď									
	36	Amount of line 34 you want a			d tax	36				
Amount	37	Subtract line 33 from line 24						-		
You Owe	31	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	,							
Designee		structions	•				omplete belo	ow.	× No	
Designee	De	signee's		Phone			onal identifica			
	nai			no.			ber (PIN)	-		
Sign		der penalties of perjury, I declare th			1 2 0		,		, ,	
Here	bel	ief, they are true, correct, and com	plete. Declaration of	ot preparer (othe	r than taxpayer) is b	ased on all informatio	on of which pr	epare	r has any knowledge.	
	Yo	ur signature		Date Your occupation					t you an Identity	
La lint water and 0					SUPERVISO		(see inst		N, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	noth must sign	Date	Spouse's occupat		If the IB	the IRS sent your spouse an		
Keep a copy for	op		sour must sign.	Date					ction PIN, enter it here	
your records.							(see inst)		
	Ph	one no. (717)216-114	5	Email address	ASLAMREHAN	318@GMAIL.CC	M			
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/12/2024	P020827	03	Self-employed	
Preparer	Fire	m's name GLOBAL TAX	XES LLC				Phone r	10. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)	
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