Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

тахраує	r's name	Social security number
ARII	F Q MOHIUDDIN	570-97-7006
Spouse'	s name	Spouse's social security number
BUSI	HRA YASMEEN	440-41-7367
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 43,662.
2	Total tax	2 1,326.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 1,771.
4	Amount you want refunded to you	4 445.
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.

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Your sig	nature 🕨	/Jul	Ó				Date 🕨	-	03/10)/202	4		
Spouse	I authorize signature or I will enter n	ny PIN as my	AXES LL ER tax return (signature	C O firm name original or amended on the income tax i nd your return is file	return (origir	nal or amend	led) I an	n no	w auth	don' norizin	t enter g. Ch∉		
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Part III	Certific	ation and A	uthentic	ation – Practitio	oner PIN M	ethod Only	У						
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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 ►		
	Don't	ERO Must Retain This Form – Submit This Form to the IRS Unle			
				 0070 /=	

Filing Status Single Head of household (HOH) Check only Married filing jointly (even if only one had income) 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: Qualifying person 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, escharge, or otherwise dispose of a digital asset (or a financial interest in a digital asset(?) (See instructions.) Yes Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Adge/Bindness Age/Bindness You: You: Nore born before January 2, 1959 Are blind Dependents, see instructions; (f) First name Last nume (g) Relationship (d) Check the box if qualifies for fees instructions and check Infere 1a Total amount from Form(s) W-2, toe instructions) 1a 30, 4 Very target. Also to protect on Form(s) W-2, toe instructions) 1a 30, 4 Very target. Also to protect on Form(s) W-2, toe instructions) 1a 30, 4	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545-	0074	IRS Use On	y—Do not v	vrite or sta	ple in this space.
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ARET Q MOLITIDDIN 570.1971/2006 If juint deturn, spose first name and middle initial Last name Spose's social security UISHRA Apt. no. Predidential Election GC 4333 RED RAIN City, toon, or post office. Fly ou have a foreign address, also complete spaces below. TX 750.82 Foreign country name Foreign province/state/country Foreign province/state/country Foreign post-office. Fly out have a foreign address, also complete spaces below. TX 750.82 Filling Status Single 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 quilifying period. Qualifying surviving spouse (QSS) H 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 quilifying period. Qualifying surviving spouse (QSS) Standard Someone can call ad pendent Vour spouse as a dependent Vour spouse as a dependent Deglital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services): or (b) sell, eschardp, or otherwise dispose of a digital aset (or financial interest in a digital asent)? (See instructions). Ves X is Standard Deglital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services): or (b) sell, eschardp, or otherwise dispose of a digital aset (or financial interest in a digita	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
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Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c w22 arer. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1f If you did not g Wages from Form 8919, line 6 1e get a Form M Other earned income (see instructions) 1i 1n V-2, see h Other earned income (see instructions) 1i 1z 30, 4 Attach Sch. B 2a Tax-exempt interest 2a b b Taxable interest 2b 1t Attach Sch. B 2a Tax-exempt interest 3a b D Taxable amount 4b 5b Deduction for 5a Qualified dividends 5a b Taxable amount 4b 5b Standard Deduction for 6a b Taxable amount 6b 7	here												
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W-2 Pere. Also attach Forms c Tip income not reported on line 1a (see instructions) 1c wattach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 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 W-2, see h Other earned income (see instructions) 1i was withheld. f Innotaxable combat pay election (see instructions) 1i was witheld. g Add lines 1a through 1h 1z 30, 4 Attach Sch. B za Add lines 1a through 1h 1z 30, 4 Attach Sch. B a Qualified dividends 3a b Drdinary dividends 3b Standard Deduction for 6a b Taxable amount 4b 5b Standard G Social security benefits 5a b Taxable amount 6b Standard G Social security benefits 6a b Taxable amount 6b Standard G Capital gain or (loss). Attach Schedule D if re	Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)	
W-2c and 1099-R if tax Taxable dependent care benefits from Form 2441, line 26 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1 If you did not get a Form W-2, see g Wages from Form 8919, line 6 1 instructions. i Nontaxable combat pay election (see instructions) 1 Z Add lines 1a through 1h 1 1 Attach Sch. B i Nontaxable combat pay election (see instructions) 1 Attach Sch. B a Qualified dividends 3a b b Taxable interest 2b If required. 3a ualified dividends 3a b b Taxable amount 4b Standard Social security benefits 5a b Taxable amount 5b Obduction for- 6a Social security benefits 6a b Taxable amount 5b Standard C If you elect to use the lump-sum election method, check here (see instructions) 1 7 Married fling point or Oualifying unving spouse, 827.70 9 Additional income from Schedule 1, line 10 1 8 13,2 Yuge withing spouse, 827.700	• • •	С	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 10	;	
1099-R if tax e Iaxable dependent care benefits from Form 2441, line 26		d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 10	1	
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get a Form h Other earned income (see instructions) 11 W-2, see i Nontaxable combat pay election (see instructions) 1i attach Sch. B 2a Tax-exempt interest 2a attach Sch. B 2a Tax-exempt interest 2a b Tax-exempt interest 2a b Tax-exempt interest 2b a Qualified dividends 3a b Taxable amount 4b Standard b Taxable amount Deduction for- 6a Single or 6a 6a Social security benefits c If you elect to use the lump-sum election method, check here (see instructions) separately, single or single or 6a Social security benefits 6a b Taxable amount c If you elect to use the lump-sum election method, check here (see instructions) separately, single or single or 6a Social security benefits 6a b Taxable amount c If you elect to use the lump-sum election method, check here (see instructions) separately, single or single or Capital gain or (loss). Attach Schedule D if required. If not required, check here add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income sequiving spouse, sequiving spouse, sequiving spouse, Standard deduction or itemized deductions (from Schedule A) f Subtract line 10 fro	was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8	839, line 29					. 1f	:	
W-2, see n Other earned income (see instructions) 11 11 instructions. i Nontaxable combat pay election (see instructions) 11 12 30,4 Attach Sch. B 2a Tax-exempt interest 2a b Tax-exempt interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 2b 4a IRA distributions 4a b Draxable amount 4b 5b Standard Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Narried filing surviving spouse, \$13,850 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 43,6 \$27.700 10 Adguisments to income from Schedule 1, line 26 10 11 43,6 \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 43,6 \$20,800 12		g	Wages from Form 8919, line 6 .								. 1g	ı 📃	
instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 1z 30,4 Attach Sch. B 2a Tax-exempt interest 2a b 2b Attach Sch. B 3a Qualified dividends 3a b Defaultion 2b Standard Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 7 7 Gapital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 13,2 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 43,6		h	Other earned income (see instruct	ions)					· ·		. 1 h	1	0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 10 10 10 9 43, c 13, c 9 43, c 10 Addines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 43, c 14 Add lines 12, and 13 14		i	Nontaxable combat pay election (s	see ins	structions)			1 i					
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- 5a 9ensions and annuities 5a b Taxable amount 4b Sigle or Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) c if you elect to use the lump-sum election method, check here (see instructions) c 7 * Married filing jointly or Qualifying surviving spouse, Standard 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 43, 6 * Vertice and of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 43, 6 * Standard deduction or itemized deductions (from Schedule A) 12 27, 7 13 14 Add lines 12 and 13 14 27, 7		z	Add lines 1a through 1h	• ;							. 1z	:	30,432.
Standard Deduction for- Sa		2a	Tax-exempt interest	2a			bΤ	axable interest			. 2 b	•	
Standard Deduction for- 5a Pensions and annuities	if required.	3a	Qualified dividends	3a			b C	ordinary dividen	nds .		. 3b	•	
Deduction for- Sa Definitions and annumbers in the annumbers in thematters in the annumbers in the annumbers in thematers in the ann	Otom dowd	4a	IRA distributions	4a			bΤ	axable amount			. 4b)	
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .		5a	Pensions and annuities	5a			bΤ	axable amount			. 5b)	
separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions)		6a	Social security benefits	6a			bΤ	axable amount			. 6b	•	
 Married filing jointy or Qualifying spouse, \$27,700 Head of household, \$20,800 If you checked any box under \$12\$ standard deduction or itemized deductions (from Schedule A)	separately,	С	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)					
jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 10813, 29Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income943, 6943, 6\$27,70010Adjustments to income from Schedule 1, line 2610• Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11• If you checked any box under Standard Deduction,12Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A13144 Add lines 12 and 131427, 7		7	Capital gain or (loss). Attach Scher	dule D	if require	d. If not requ	uired	, check here				_	
surviving spouse, \$27,700 9 43,700 • Head of household, \$20,800 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 12 Subtract line 10 from line 9. This is your adjusted gross income 11 43,700 • Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700 • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13	jointly or	8	Additional income from Schedule	1, line	10						. 8	_	13,230.
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, S20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 43,6 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 12 27,70 • If you checked any box under Standard 14 Add lines 12 and 13 14 27,75	surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	come	e			. 9	_	43,662.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11143,6\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,7If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A13It dd lines 12 and 13131427,7	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
If you checked any box under Standard deduction or itemized deductions (iron Schedule A) 12 27, 7 13 Qualified business income deduction from Form 8995 or Form 8995-A 1 1 Add lines 12 and 13 .	household,	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		43,662.
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427, 7		12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	2	27,700.
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
	Deduction,	14	Add lines 12 and 13								. 14	,	27,700.
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 15, 9	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable incom	е.		. 15	;	15,962.

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	1,598.
Credits	17	Amount from Schedule 2, lir	ne3				🗆	17	128.
	18	Add lines 16 and 17						18	1,726.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	400.
	21	Add lines 19 and 20						21	400.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1,326.
	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	1,326.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	,771.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	1,771.
If you have a	26	2023 estimated tax payment	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				28			
	29	American opportunity credit	from Form 8863	8, 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 pa	ayments and refu	Indable credits		32	
	33	Add lines 25d, 26, and 32. T						33	1,771.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	445.
	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	ck here	. 🗆 🖪	85a	445.
Direct deposit?	b	Routing number 1 1 1	9 0 0 6	59	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 6 7 7	1 6 5 8	1 9 9					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				. Yes. Co	omplete belo	SW.	X No
	De: nar	signee's		Phone no.			onal identifica per (PIN)	tion	
Ciana		der penalties of perjury, I declare tl	nat I have examined		accompanying sche			nest (of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IR	S ser	nt you an Identity
					Protecti	on Pl	N, enter it here		
Joint return?					MECHANICAI	L ASSEMBLER		,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.					TEACHER		(see inst		cuon Fin, enter it here
	Ph	one no. (713)391-458	9	Email address		IN@GMAIL.CO	` M		
		eparer's name	9 Preparer's signat		AQMORTODD1		PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P024708	22	Self-employed
Preparer		n's name GLOBAL TA			M DODIENTIT				678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's E		88-2145487
Go to www.ire.cr		1040 for instructions and the late		TIONICK IN				11 N	Form 1040 (2023)
		in the instructions and the late	scinomation.		BAA	REV 03/04/24 PRO			10m 10m (2023)

Internal Revenue Service

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

Attachment

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ARIF Q MOHIUDDIN & BUSHRA YASMEEN

	Sequence No. 01
Your soc	ial security number
570-97	-7006

Part I Additional Income

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. Att	ach S	chedule E .	5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
1	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)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
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	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
	Other income. List type and amount:Nonemployee compensation from 1099-NEC13,230.	8z	13,230.		
9	Total other income. Add lines 8a through 8z			9	13,230.
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	and on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	13,230.

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a			19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
<u>-</u>	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals			
С	and USOC prize money reported on line 8m.			
h			-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 03	3/04/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

Additional Taxes

OMB No. 1545-0074 20

23

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 02 Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ARIF Q MOHIUDDIN & BUSHRA YASMEEN 570-97-7006 Part I Tax 1 Alternative minimum tax Attach Form 6251

1	Alternative minimum tax. Attach Form 6251	1	1
2	Excess advance premium tax credit repayment. Attach Form 8962	2	128.
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	128.

Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 5		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here \ldots	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2

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

COntinuec

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)			·
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home	4 71		
		17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
Т	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	
	BAA	REV 03/04/24 PRO	Schedu	ule 2 (Form 1040) 202

Additional Credits and Payments

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.



Internal	Go to www.irs.gov/Form1040 for instructions and the late:	st information.		Se	quence No. 03
	(s) shown on Form 1040, 1040-SR, or 1040-NR				curity number
	F Q MOHIUDDIN & BUSHRA YASMEEN		570-9	97-70	06
Par	t Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 ⁻ Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	400.
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6ј			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 1040-9	SR, or		
	1040-NR, line 20			8	400.
			(co	ntinue	ed on page 2)

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
с	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	03/04/24 PRO	Schedu	ule 3 (Form 1040) 2023

Form 8880

Internal Revenue Service

Name(s) shown on return

Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

(b) Your spouse

2,000.

Your social security number

570-97-7006

(a) You

2,157.

2,157.

2,157.

2,000.

43,662.

REV 03/04/24 PRO

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1

2

3

4

5

6

8

ARIF Q MOHIUDDIN & BUSHRA YASMEEN



10 11 12 You cannot take this credit if either of the following applies.

• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- **2** Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . .

- 6 In each column, enter the **smaller** of line 5 or \$2,000
- **b** In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* .
- 9 Enter the applicable decimal amount from the table below.

If line	8 is—	A	nd your filing stat	us is—			
Over-	But not over—	Married filing jointly Enter or	Head of household line 9–	Single, Married filing separately, or Qualifying surviving spouse			
	\$21,750	0.5	0.5	0.5			
\$21,750	\$23,750	0.5	0.5	0.2			
\$23,750	\$32,625	0.5	0.5	0.1	9	х	.2
\$32,625	\$35,625	0.5	0.2	0.1			
\$35,625	\$36,500	0.5	0.1	0.1			
\$36,500	\$43,500	0.5	0.1	0.0			
\$43,500	\$47,500	0.2	0.1	0.0			
\$47,500	\$54,750	0.1	0.1	0.0			
\$54,750	\$73,000	0.1	0.0	0.0			
\$73,000		0.0	0.0	0.0			
	Note:	If line 9 is zero, stop ;	you can't take this o	credit.			
ultiply line 7	by line 9 .				. 10		400.
nitation bas	ed on tax liabil	lity. Enter the amount	from the Credit Lim	it Worksheet in the instruction	is 11	1	,726.
-		-		maller of line 10 or line 11 h			
d on Sched	ule 3 (Form 10	40), line 4			· 12		400.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2023)

Premium Tax Credit (PTC)

OMB No. 1545-0074

Attach to	Form	1040	1040-SR	or	1040-NR.	

2023

	tment of the Trea al Revenue Servic				•		mation.		Attachment Sequence No. 73
Name	shown on your r	eturn				Your socia	al security number		
AR	IF Q MOHI	UDDIN & BUSH	RA YASMEEN		In Udu-SH, 0rdu-SH, 0r Udu-SH, 1 Attachment Sequence No. 73 Your social security number 570-97-7006 y unless you qualify for an exception. See instructions. If you qualify, check the box Int Int Intervention Int Intition Intition Intition Intition Intition Intition Intition Intitintition Intition				
Α.	You cannot take	e the PTC if your filing s	status is married filing sep	parately unless you qualify	/ for an exception	on. See in	structions. If you qua	lify, cł	neck the box
Pa	rti Anni	ual and Monthly	Contribution An	nount					
1	Tax family s	ize. Enter your tax fa	amily size. See instruct	ions				1	2
2a	Modified AC	GI. Enter your modifie	ed AGI. See instruction	ns		2a	43,662.		
b	Enter the to	tal of your depender	nts' modified AGI. See	instructions		2b			
3	Household i	income. Add the amo	ounts on lines 2a and 2	2b. See instructions				3	43,662.
4									
			•				8 states and DC		
5		•		ne (see instructions)				5	238 %
6						· · ·		_	0.0250
7								-	0.0352
8a		bution amount. Multiply li			,			0	100
Pa		to nearest whole dollar a							
9									
5									-
10			-			-			
			ompute your annual P	•	-		No. Continue	to lin	es 12–23. Compute
		ntinue to line 24.		•			your monthly P	TC an	d continue to line 24.
	Annual	(a) Annual enrollment	(b) Annual applicable	(c) Annual			(e) Annual premium	n tax	(f) Annual advance
c	Annual Calculation	premiums (Form(s)	SLCSP premium (Form(s) 1095-A,	contribution amount					
		1095-A, line 33A)	line 33B)	(line 8a)	zero or less, e	enter -0-)	(smaller of (a) or (a))	1095-A, line 33C)
11	Annual Totals								
		(a) Monthly enrollment					(e) Monthly premiun	n tax	
	Monthly Calculation	premiums (Form(s) 1095-A, lines 21–32,	SLCSP premium (Form(s) 1095-A, lines	(amount from line 8b	- ·				
•	alculation	column A)	21–32, column B)	or alternative marriage			(smaller of (a) or (d))	
10	1	1.046	1 000	. ,	1	674	1 674		1 000
<u>12</u> 13	January February	1,846.	1,802.	128.	⊥, ,	6/4.	1,0/4	••	1,802.
14	March								
15	April								
16	May								
17	June								
18	July								
19	August								
20	September								
21	October								
22	November								
23	December								1
24	•			() ()	0 ()			-	
25	Advance pa	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here						25	1,802.
26									
			e 9. If line 24 equals line 27						
D		he blank and continu						26	
Par			ss Advance Payn				11.00	0	100
27			If line 25 is greater than		4 from line 25	. Enter the	e aitterence here	27	128.
28 20		limitation (see instru	,	· · · · · · · ·		 hore er :	· · · · ·	28	1,800.
29	Excess adv (Form 1040)	•	credit repayment. Ente	er une smaller of line 2	∠i or iine 28	nere and		29	128

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

Form 8962 (2023)

Form 8962	2 (2023)
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Allocation of Policy Amounts Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 30 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month 31 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 33 Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? L Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

35	Alternative entries for your SSN	(a)	Alternative family size	 Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month
36	Alternative entries for your spouse's SSN	(a)	Alternative family size	 Alternative monthly tribution amount	(c)	Alternative start month	(d)	Alternative stop month
				- PEV 03/04/24 PP				Form 8962 (202

REV 03/04/24 PR RΑ

Form 8962 (2023)