

IRS e-file Signature Authorization

▶ **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 JOSE MANUEL CAMACHO PEREZ	Social security number 335-75-3130
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.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	95,233.
2 Total tax	2	13,210.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,852.
4 Amount you want refunded to you	4	1,642.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	3	1	3	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III 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	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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 ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 JOSE MANUEL Last name CAMACHO PEREZ Your social security number 335 75 3130

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 150 DU RHU DRIVE, LEGACY OAKS APARTMENTS 1003 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State AL ZIP code 36608 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] 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:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1i. Total amount from Form(s) W-2, box 1: 95,233.

Table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with rows 7 through 15. Capital gain or (loss), Total income, Adjustments to income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income: 81,383.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 13,210.

Table for Payments (lines 25-33). Includes federal income tax withheld (14,852) and total payments (14,852).

Table for Refund (lines 34-36). Shows overpaid amount (1,642) and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and preparer, including date and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

FORM 40 Alabama 2023 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 335-75-3130

Spouse's SSN if joint return

●

● Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● JOSE MANUEL

Initial

●

Last name

● CAMACHO PEREZ

Spouse's first name

●

Initial

●

Last name

●

Present home address (number and street or P.O. Box number)

● 150 DU RHU DRIVE, LEGACY OAKS APARTMENTS 1003

▶ CHECK BOX IF AMENDED RETURN ●

City, town, or post office

● MOBILE

State

● AL

ZIP code

● 36608

Check if address is outside U.S. ●

Foreign Country

Filing Status/Exemptions 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ● NRA
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a		5b	
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	●	3,840	●	95,233
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):	●		●	
6 Interest and dividend income (also attach Schedule B if over \$1,500)	●		●	
7 Other income (from page 2, Part I, line 8)	●		●	
8 Total income. Add amounts in the income column for line 5b through line 7	●		●	95,233
9 Total adjustments to income (from page 2, Part II, line 16)	●		●	
10 Adjusted gross income. Subtract line 9 from line 8.	●		●	95,233

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

11	Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input checked="" type="checkbox"/> Itemized Deductions ● b <input type="checkbox"/> Standard Deduction	11	●	7,670
12	Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	12	●	13,210
13	Personal exemption (from line 1, 2, 3, or 4)	13	●	1,500
14	Dependent exemption (from page 2, Part III, line 2)	14	●	
15	Total deductions. Add lines 11, 12, 13, and 14	15	●	22,380

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

16	Taxable income. Subtract line 15 from line 10	16	●	72,853
17	Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	17	●	3,603
18	Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17.	18	●	3,603
19	Additional taxes (from Schedule ATP, Part I, Line 3)	19	●	0
20	Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20a	●	
	b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20b	●	
21	Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	●	3,603

Payments

22	Alabama income tax withheld (from column A, line 5a)	22	●	3,840
23	2023 estimated tax payments/Automatic Extension Payment	23	●	
24	Amended Returns Only - Previous payments (see instructions)	24	●	
25	Refundable Credits. Enter the amount from Schedule OC, Section F, line F4	25	●	
26	Payments from Schedule CP, Section B, Line 1	26	●	
27	Total payments. Add lines 22, 23, 24, 25, and 26	27	●	3,840
28	Amended Returns Only - Previous refund (see instructions)	28	●	
29	Adjusted Total Payments. Subtract line 28 from line 27	29	●	3,840

AMOUNT YOU OWE

30	If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE . Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	30	●	
31	Penalties (from Schedule ATP, Part II, line 3) (see instructions)	31	●	

OVERPAID

32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID	32	●	237
33	Amount of line 32 to be applied to your 2024 estimated tax	33	●	

Donations

34	Total Donation Check-offs from Schedule DC, line 2	34	●	
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REFUND

35	REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32	35	●	237
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For Direct Deposit, check here ● and complete Part V, Page 2.



PART I Other Income (See instructions)	1	Alimony received	1	●
	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
	4	Retirement Income (attach Schedule RS)	4	●
	5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	5	●
	6	Farm income or (loss) (attach Federal Schedule F)	6	●
	7	Other income (state nature and source — see instructions)	7	●
	8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	8	●

PART II Adjustments to Income (See instructions)	1a	Your IRA deduction	1a	●
	b	Spouse's IRA deduction	1b	●
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3	Penalty on early withdrawal of savings	3	●
	4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5	Adoption expenses	5	●
	6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
	7	Self-employed health insurance deduction	7	●
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9	Health insurance deduction for small employer employee (see instructions)	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
	14	Firefighter's Insurance Premium	14	●
	15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	●	

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. (See instructions)	1	Residency Check only one box <input checked="" type="checkbox"/> Full Year <input type="checkbox"/> Part Year From _____ 2023 through _____ 2023.
	2	Did you file an Alabama income tax return for the year 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours <u>SARRALLE USA INC 1110 MONTLIMAR DRIVE MOBILE AL 36608</u> Your Spouse's _____
	4	Enter the Federal Adjusted Gross Income ● \$ <u>95,233</u> and Federal Taxable Income ● \$ <u>81,383</u> as reported on your 2023 Federal Individual Income Tax Return.
5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)	
	Source ● _____ Amount ● _____	
	Source ● _____ Amount ● _____	

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)		
	1	Routing Number: <u>083000108</u>	2
3	Account Number: <u>3048853022</u>	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Drivers License Info	DOB (mm/dd/yyyy) ● _____ Your state ● _____ DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____
	DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature _____	Date _____	Daytime Telephone Number <u>(251) 404-9225</u>	Your Occupation <u>E&A SITE SUPERVISOR</u>
	Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____

Paid Preparer's Use Only	Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPTA</u>	Date <u>04/03/2024</u>	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P02082703</u>	E.I. Number _____
	Firm's Name (or yours if self employed) <u>GLOBAL TAXES LLC</u>	Daytime Telephone No. <u>(678) 965-9522</u>	ZIP Code <u>08816</u>		
	Address <u>245 ROONEY CT E BRUNSWICK NJ</u>				

**SCHEDULES
A, B, & DC
(FORM 40)**



(Schedules B and DC are on back page)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40 JOSE MANUEL CAMACHO PEREZ	Your social security number 335-75-3130
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The itemized deductions you may claim for the year 2023 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule. **PART-YEAR RESIDENTS:** A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama.

Medical and Dental Expenses		<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>				
1	Medical and dental expenses.....	1		0	00	
2	Enter amount from Form 40, line 10.	2		00		
3	Multiply the amount on line 2 by 4% (.04). Enter the result.....	3			00	
4	Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....					4 ● 00
Taxes You Paid						
5	Real estate taxes.....	5			00	
6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6		7,670	00	
7	Railroad Retirement (Tier 1 only).....	7			00	
8	Other taxes. (List - include personal property taxes.) ▶	8			00	
9	Add the amounts on lines 5 through 8. Enter the total here.....					9 ● 7,670 00
Interest You Paid						
10a	Home mortgage interest and points reported to you on Federal Form 1098.....	10a			00	
b	Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶					
		10b			00	
11	Reserved for future use.....	11			00	
12	Points not reported to you on Form 1098.....	12			00	
13	Investment interest. (Attach Form 4952A.).....	13			00	
14	Add the amounts on lines 10a through 13. Enter the total here.....					14 ● 00
Gifts to Charity						
<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>						
15	Contributions by cash or check (If more than \$250, see instructions).....	15			00	
16	Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.).....	16			00	
17	Carryover from prior year.....	17			00	
18	Add the amounts on lines 15 through 17. Enter the total here.....					18 ● 00
Casualty and Theft Loss						
19a	Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16.....	19a			00	
b	Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b			00	
c	Subtract line 19b from line 19a. If zero or less, enter -0-.....					19c ● 00
Job Expenses and Most Other Miscellaneous Deductions						
20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You MUST attach Federal Form 2106 if required. See instructions. ▶	20			00	
21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶	21			00	
22	Add the amounts on lines 20 and 21. Enter the total.....	22			00	
23	Multiply the amount on Form 40, line 10 by 2% (.02). Enter the result here.....	23			00	
24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-.....					24 ● 00
25	Other (from list in the instructions). List type and amount. ▶					25 ● 00
Qualified Long-Term Care Ins. Premiums						
<i>CAUTION: Do not include medical premiums.</i>						
26	Enter amount here.....	26				26 ● 00
Total Itemized Deductions	27 Add the amounts on lines 4, 9, 14, 18, 19c, 24, 25, and 26. Enter the total here. Then enter on Form 40, page 1, line 11 and check 11a, Itemized Deductions.....	27				27 ● 7,670 00



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2023

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

JOSE MANUEL CAMACHO PEREZ

335-75-3130

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

PART II Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

JOSE MANUEL CAMACHO PEREZ

335-75-3130

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	• 335-75-3130	• 462705839	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 011252310	• 3,840	• 95,233	• 95,233	•	
2	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .						• 3,840				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.						• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						• 3,840	• 95,233	• 95,233	•	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

For the year January 1 – December 31, 2023

Your first name and initial Last name JOSE MANUEL CAMACHO PEREZ

If a joint return, spouse's first name and initial Last name

Your social security number 3 3 5 7 5 3 1 3 0 Spouse's soc. sec. no. if joint return Telephone number (optional) (251) 404-9225

Home address (number and street). If a P.O. Box, see instructions. 150 DU RHU DRIVE, LEGACY OAKS APARTMENTS Apt. no. 1003

MOBILE AL 36608

Table with 5 rows and 3 columns: Line number, Description, Amount. Includes Alabama taxable income, total tax liability, total payments, refund, and amount owed.

Part II Refund and Payment Information. Includes routing number, account number, type of account (Checking), and type of transaction (Direct Deposit).

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator...

Sign Here. Includes lines for taxpayer signature and date, and spouse's signature and date.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge...

ERO's Use Only. Includes fields for ERO's signature, date (04/03/2024), check if also paid preparer, Preparer's PTIN, firm's name (GLOBAL TAXES LLC), and address (245 ROONEY CT E BRUNSWICK NJ).

Paid Preparer's Use Only. 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 belief, they are true, correct, and complete. Includes fields for preparer's signature, date (04/03/2024), check if self-employed, Preparer's PTIN (P02082703), firm's name (SYAM PRIYA RAM SAGAR GUPTA), and address (245 ROONEY CT E BRUNSWICK NJ).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

