

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name CAMPO RUBEN ALEMAN MUNOZ	Social security number 515-89-4465
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	68,139.
2	Total tax	2	7,248.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,622.
4	Amount you want refunded to you	4	1,374.
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 

9	4	4	6	5
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
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.   
ERO firm name   
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 CAMPO RUBEN Last name ALEMAN MUNOZ Your social security number 515 89 4465

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. 150 DU RHU DR Apt. no. 1503 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. MOBILE 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 Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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 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 table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

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; If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	7,248.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	7,248.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	7,248.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	7,248.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	8,622.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	8,622.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	8,622.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,374.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,374.
Direct deposit? See instructions.	<b>b</b>	Routing number 083000108 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 3054588712		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** 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.

Your signature	Date	Your occupation <b>ENGINEER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (251) 454-5470	Email address RALEMAN.PROYECTOS@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA</b>	Date <b>04/10/2024</b>	PTIN <b>P02082703</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>GLOBAL TAXES LLC</b>	Firm's address <b>245 ROONEY CT E BRUNSWICK NJ 08816</b>			Phone no. (678) 965-9522
Firm's EIN				<b>84-3171965</b>

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

● 515-89-4465

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

Spouse's SSN if joint return

●

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

Your first name

● CAMPO RUBEN

Initial

●

Last name

● ALEMAN MUNOZ

Spouse's first name

●

Initial

●

Last name

●

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

● 150 DU RHU DR 1503

City, town, or post office

● MOBILE

State

● AL

ZIP code

● 36608

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

<b>Filing Status/</b>	1 ● <input checked="" type="checkbox"/> \$1,500 Single	3 ● <input type="checkbox"/> \$1,500 Married filing separate. Complete Spouse SSN ●	<input type="checkbox"/> NRA	
<b>Exemptions</b>	2 ● <input type="checkbox"/> \$3,000 Married filing joint	4 ● <input type="checkbox"/> \$3,000 Head of Family (with qualifying person). Complete Schedule HOF		
<b>Income and Adjustments</b>	5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) .....	<b>A - Alabama tax withheld</b>		
	5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): .....	5a ●	2,838	
	6 Interest and dividend income (also attach Schedule B if over \$1,500) .....	6 ●	68,139	
	7 Other income (from page 2, Part I, line 8) .....	7 ●		
	8 <b>Total income.</b> Add amounts in the income column for line 5b through line 7 .....	8 ●	68,139	
	9 Total adjustments to income (from page 2, Part II, line 16) .....	9 ●		
	10 <b>Adjusted gross income.</b> Subtract line 9 from line 8. ....	10 ●	68,139	
	11 Box a or b <b>MUST</b> be checked. Check box a, if you <b>itemize deductions</b> , and enter amount from Schedule A, line 27. Check box b, if you <b>do not</b> itemize deductions, and enter <b>standard deduction</b> (see instructions)			<b>B - Income</b>
	● a <input checked="" type="checkbox"/> <b>Itemized Deductions</b> ● b <input type="checkbox"/> <b>Standard Deduction</b> .....	11 ●	5,481	
	12 Federal tax deduction (see instructions) <b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>	12 ●	7,248	
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 <b>Total deductions.</b> Add lines 11, 12, 13, and 14 .....	15 ●	14,229		
16 <b>Taxable income.</b> Subtract line 15 from line 10 .....	16 ●	53,910		
17 <b>Income Tax due.</b> Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A .....	17 ●	2,658		
18 <b>Net tax due Alabama.</b> Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17. ....	18 ●	2,658		
19 Additional taxes (from Schedule ATP, Part I, Line 3) .....	19 ●	0		
20 <b>Alabama Election Campaign Fund.</b> 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 <b>Total tax liability and voluntary contribution.</b> Add lines 18, 19, 20a, and 20b .....	21 ●	2,658		
22 <b>Alabama income tax withheld</b> (from column A, line 5a) .....	22 ●	2,838		
23 2023 estimated tax payments/Automatic Extension Payment .....	23 ●			
24 Amended Returns Only - Previous payments (see instructions) .....	24 ●			
25 <b>Refundable Credits.</b> Enter the amount from Schedule OC, Section F, line F4 .....	25 ●			
26 Payments from Schedule CP, Section B, Line 1 .....	26 ●			
27 <b>Total payments.</b> Add lines 22, 23, 24, 25, and 26 .....	27 ●	2,838		
28 Amended Returns Only - Previous refund (see instructions) .....	28 ●			
29 <b>Adjusted Total Payments.</b> Subtract line 28 from line 27 .....	29 ●	2,838		
30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter <b>AMOUNT YOU OWE.</b> Place payment, along with Form 40V, loose in the mailing envelope. ( <b>FORM 40V MUST ACCOMPANY PAYMENT.</b> )	30 ●			
31 Penalties (from Schedule ATP, Part II, line 3) (see instructions) .....	31 ●			
32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter <b>AMOUNT OVERPAID</b> .....	32 ●	180		
33 Amount of line 32 to be applied to your <b>2024 estimated tax</b> .....	33 ●			
34 <b>Total Donation Check-offs</b> from Schedule DC, line 2 .....	34 ●			
35 <b>REFUNDED TO YOU.</b> (CAUTION: You must <b>sign</b> this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32 .....	35 ●	180		
For Direct Deposit, check here ● <input checked="" type="checkbox"/> and complete Part V, Page 2.				

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



<b>PART I</b> <b>Other Income</b> (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	<b>Total other income.</b> Add lines 1 through 7. Enter here and also on page 1, line 7	8	●

<b>PART II</b> <b>Adjustments to Income</b> (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	●	

<b>PART III</b> <b>Dependents</b>	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	<b>Amount allowed.</b> 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	●

<b>PART IV</b> <b>General Information</b>	1	<b>Residency</b> Check only one box <input checked="" type="radio"/> Full Year <input type="radio"/> Part Year From _____ 2023 through _____ 2023.
	2	Did you file an Alabama income tax return for the year 2022? <input checked="" type="radio"/> Yes <input type="radio"/> 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 _____
<b>All Taxpayers Must Complete This Section.</b> (See instructions)	4	Enter the Federal Adjusted Gross Income ● \$ <u>68,139</u> and Federal Taxable Income ● \$ <u>54,289</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="radio"/> Yes <input checked="" type="radio"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)
		Source ● _____ Amount ● _____ Source ● _____ Amount ● _____

<b>PART V</b> <b>Direct Deposit</b>	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	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	3	Account Number: <u>3054588712</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

<b>Drivers License Info</b>	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
	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.**

<b>Sign Here In Black Ink</b> Keep a copy of this return for your records.	Your Signature _____	Date _____	Daytime Telephone Number <u>(251) 454-5470</u>	Your Occupation <u>ENGINEER</u>
	Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____

<b>Paid Preparer's Use Only</b>	Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPTA</u>	Date <u>04/10/2024</u>	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P02082703</u>	E.I. Number <u>84-3171965</u>
	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 <b>CAMPO RUBEN ALEMAN MUNOZ</b>	Your social security number <b>515-89-4465</b>
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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.

<b>Medical and Dental Expenses</b>		<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
<b>Taxes You Paid</b>		5	Real estate taxes.....		00		
6	FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.....	6		5,481	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	•			5,481	00
<b>Interest You Paid</b>		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		10b		00	
<i>NOTE: Personal interest is not deductible.</i>		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
<b>Gifts to Charity</b>		<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 <b>MUST</b> 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
<b>Casualty and Theft Loss</b>		19a	Enter the loss from Federal Form 4684, either <b>A</b> <input type="checkbox"/> line 15, or <b>B</b> <input type="checkbox"/> line 16.....	19a		00	
(Attach Form 4684)		b	Enter 10% of your Adjusted Gross Income (Form 40, line 10) if box B is checked, otherwise enter zero.....	19b		00	
		19c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c	•		00
<b>Job Expenses and Most Other Miscellaneous Deductions</b>		20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You <b>MUST</b> 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
<b>Other Miscellaneous Deductions</b>		25	Other (from list in the instructions). List type and amount. ▶	25	•		00
<b>Qualified Long-Term Care Ins. Premiums</b>		<i>CAUTION: Do not include medical premiums.</i>					
26	Enter amount here.....	26	•				00
<b>Total Itemized Deductions</b>		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	•	5,481	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

CAMPO RUBEN ALEMAN MUNOZ

515-89-4465

**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.

CAMPO RUBEN ALEMAN MUNOZ

515-89-4465

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 • 515-89-4465	• 462705839	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 011252310	• 2,838	• 68,139	• 68,139	•	
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 . . .					• 2,838				
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. . . . .					• 2,838	• 68,139	• 68,139	•	

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



For the year January 1 – December 31, 2023

Your first name and initial CAMPO RUBEN Last name ALEMAN MUNOZ

Home address (number and street). If a P.O. Box, see instructions. 150 DU RHU DR Apt. no. 1503

Your social security number 515894465 Spouse's soc. sec. no. if joint return Telephone number (optional) (251)454-5470

MOBILE AL 36608

Table with 5 rows and 2 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), type of transaction (Direct Deposit), and paper check option.

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, date, 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 (04/10/2024), check if also paid preparer, Preparer's PTIN, firm's name (GLOBAL TAXES LLC), address (245 ROONEY CT E BRUNSWICK NJ), E.I. No. (84-3171965), and ZIP Code (08816).

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 (04/10/2024), check if self-employed, Preparer's PTIN (P02082703), firm's name (SYAM PRIYA RAM SAGAR GUPTA), address (245 ROONEY CT E BRUNSWICK NJ), E.I. No. (84-3171965), and ZIP Code (08816).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

