Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

			_		
Subm	nission Identification Number (SID)				
Taxpay	er's name	Social securit	y numbe	er	
JAL	ALUDDIN AKBAR MOHAMMAD	339-43-	-5576		
Spouse	e's name	Spouse's soc	ial secur	ity number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re auth	norizing.)	
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	-7,	391.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		563.
4	Amount you want refunded to you		4		563.
5	Amount you owe		5		\
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Interest of the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the parallidentification number (PIN) below is my signature for the income tax return (original or amended) I amonic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury and the transport of transport of the transport of transpor	onic returnation returnation returnation. To exercise the electric received the received the received received received received received received return re	arn originates on, (b) the esignated Faration soft or this according to the correvoke (ceed no lates of the ctronic paymowledge	or (ERO) e reason financial ware for unt. This ancel) a rethan 2 rement of that the
Taxpa	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate r	Ent	ter five d	7 6 igits, but all zeros	as my
Your	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Signature ▶				
Snou	se's PIN: check one box only				
	I authorize to enter or generate r	Ent		igits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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 4 9 Don't ent		8 2 7 os	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitted and Pub. 1345, Handbook for Authorized IRS e-file Providers of Income Income IRS e-file Providers of Income IRS e-file Providers	tting this retu	ırn in ac	cordance	
FRO'	s signature ▶ Date ▶				
<u> </u>	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

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

1040	•	artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		202	23	OMB No. 1545-0	0074	IRS Use	Only—I	Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, en	ding			, 20	5	See sep	oarate i	instructions.	
Your first name	and m	iddle initial	Last name						Y	our so	cial sec	curity number	_
JALALUDI	OIN Z	AKBAR	MOHAMMA	AD						339	43	5576	
If joint return, s	pouse's	s first name and middle initial	Last name						s	pouse'	s social	security numb	er
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				А	pt. no.	F	reside	ntial Ele	ection Campai	 gn
_38850 FA	ARWE:	LL DR					1	1B				ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spaces	s below.	Sta	te	ZIP co	de				jointly, want \$3 nd. Checking a	
FREMONT					CA	A	945	36	b	ox bel	lliw wo	not change	٠
Foreign country	y name		Foreig	gn province/state/	/count	ty	Foreig	n postal c	ode y	our tax	or refu		se
Filing Status	s X	Single				Head of ho	useho	old (HOF					_
Check only		Married filing jointly (even if only o	ne had incon	ne)									
one box.		Married filing separately (MFS)				☐ Qualifying s	surviv	ing spou	ıse (Q	SS)			
	If y	you checked the MFS box, enter the	name of you	ur spouse. If yo	u che	ecked the HOH	or QS	SS box, e	enter t	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ur dependent	:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a rev	vard, award, or	payr	ment for proper	ty or s	services)	; or (b) sell,			_
Assets	exch	nange, or otherwise dispose of a dig		a financial inter	rest ir	n a digital asset)? (Se	e instruc	ctions	.)	Y€	es 🗵 No	_
Standard	_	neone can claim: You as a de	•	Your spous		•							
Deduction		Spouse itemizes on a separate retur	n or you wer	e a dual-status	alien	<u> </u>							_
Age/Blindness	s You	: Were born before January 2, 1	959 🗌 Ar	e blind Sp	ouse	: Was born	n befo	re Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) Social security	У	(3) Relationship	p (4)	Check th	ne box	if quali	fies for ((see instructions	s):
If more	(1) F	irst name Last name		number		to you		Child to	ax cred	dit	Credit fo	or other depender	nts
than four													
dependents, see instructions	s ——												
and check	, —												_
here L													
Income	1a	Total amount from Form(s) W-2, b	•	,						1a		6,101	<u>.</u>
Attach Form(s)	b	Household employee wages not re	•							1b			_
W-2 here. Also attach Forms	C	Tip income not reported on line 1a								1c			_
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits		` ,	instru	,				1d 1e			_
1099-R if tax was withheld.	e	Employer-provided adoption benefits								1f			-
If you did not	f	Wages from Form 8919, line 6.	ents from For	III 6639, IIIIE 28						-			_
get a Form	g h	Other earned income (see instruct	 ione)							1g 1h		0 .	-
W-2, see instructions.	i	Nontaxable combat pay election (•	 ne)			Ϊ.			- 111			_
instructions.	Z	Add lines 1a through 1h		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1z		6,101	
Attach Sch. B		1	2a	· · · · i	b Т	axable interest				2b			_
if required.	3a		3a			ordinary dividen				3b			_
	4a		4a			axable amount				4b			_
Standard	5a		5a			axable amount				5b			_
Deduction for— Single or	6a		6a		b T	axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection meth	od, check here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if requ	uired. If not req	uired	, check here			. 🗆	7			
Married filing jointly or	8	Additional income from Schedule	1, line 10 .							8		-13 , 492.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This	is your total in	come	e				9		-7 , 391.	
\$27,700	10	Adjustments to income from Sche	dule 1, line 2	6						10			
Head of household,	11	Subtract line 10 from line 9. This is	s your adjust	ted gross inco	me					11		-7 , 391.	<u>. </u>
\$20,800 If you checked	12	Standard deduction or itemized	deductions	(from Schedule	e A)					12		13 , 850	<u>. </u>
any box under Standard	13	Qualified business income deduct	ion from Forr	m 8995 or Forn	า 899	5-A				13			
Deduction,	14									14	_	13,850.	
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loce on	tor O This is	Our 4	tavabla inaama	^			15	- 1	Ω	

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16	0.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	0.
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lir	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	If zero or less,	enter -0					. 22	0.
	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	0.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a		56	3.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							. 25d	563.
If you have a	26	2023 estimated tax paymen	ts and amount a	applied from 20)22 return				. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, 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 ref	undabl	credits		. 32	
	33	Add lines 25d, 26, and 32. T							. 33	563.
Refund	34	If line 33 is more than line 24							. 34	563.
	35a	Amount of line 34 you want	refunded to you	u . If Form 8888	3 is attached, che	ck here		. [35a	563.
Direct deposit?	b	Routing number 1 2 1				Check		Savino	as	
See instructions.	d	Account number 3 2 5				- 	Ĭ	•		
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24								
You Owe	•	For details on how to pay, g		•					. 37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		structions	•				Yes. C	omple	te below.	⋈ No
		signee's		Phone					entification	
	nar			no.				ber (PII		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		•								nt you an Identity
	101	ur signature		Date	Your occupation					IN, enter it here
Joint return?					INDEPENDEN	T COI	NTRACTO	1	see inst.)	
See instructions.	Spo	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spouse an
Keep a copy for your records.								- 1	dentity Prot see inst.)	ection PIN, enter it here
your rooordo.									see IIIst.)	
		one no. (510) 894–945		Email address	JALALAKBAR		MAIL.CO			0, 1, 1,
Paid		eparer's name	Preparer's signat		_	Date		PTIN		Check if:
Preparer		M PRIYA RAM SAGAR GUPTA	1	A RAM SAG	JAR GUPTA	04/0	8/2024	·	082703	Self-employed
Use Only		m's name GLOBAL TA			- 00055					(678) 965-9522
			Y CT E BRU	JNSWICK N	J 08816			F	irm's EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	est information.		BAA	REV 03	/07/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JALALUDDIN AKBAR MOHAMMAD

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

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

	Sequence No. 01
Your soc	ial security number
339-43	-5576

Par	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	-13,492.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		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		
h	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		
0	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:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter		, ,	10 400
	1040, 1040-SR, or 1040-NR, line 8		10	-13 , 492.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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	Alimony paid			19a	
b	Recipient's SSN				
С	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:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
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)	24h		-	
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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Sequence No. 09

	of proprietor						security number (SSN)
	ALUDDIN AKBAR MOHAM						-43-5576
Α	Principal business or profession		B Enter code from instructions				
	RIDESHARE SERVICES						8 5 3 0 0
С	Business name. If no separate	D Emp	loyer ID number (EIN) (see instr.)				
E	Business address (including su	uite or ro	oom no.) 38850 FA	RWEI	LL DR, Apt. 11B		
	City, town or post office, state			CA	9/536		
F	Accounting method: (1)	∢ Cash	(2) Accrual (3) 🗌 (Other (specify)		
G	Did you "materially participate	" in the	operation of this business	during	2023? If "No," see instructions for lin	mit on Ic	osses . X Yes No
Н			_				
I	Did you make any payments in	n 2023 tl	hat would require you to fil	e Form	n(s) 1099? See instructions		
J		e require	d Form(s) 1099?				🗌 Yes 🗌 No
Par	Income						
1					this income was reported to you on		
	-				1	1	35,348.
2							
3							35,348.
4	,	,					
5	Gross profit. Subtract line 4 f	rom line	3			5	35,348.
6	•		•		refund (see instructions)		
7		nd 6 .	<u> </u>		 	7	35,348.
Part		penses	for business use of yo	our ho			
8	Advertising	8		18	Office expense (see instructions) .	18	
9	Car and truck expenses			19	Pension and profit-sharing plans .	19	
	(see instructions)	9	26,200.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11		b	Other business property		10,800.
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III) .	22	
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	4,000.
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	2,400.
15	Insurance (other than health)	15	220.	25	Utilities	25	5,220.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)		
b	Other	16b		b	Energy efficient commercial bldgs		
17	Legal and professional services	17			deduction (attach Form 7205)		
28					3 through 27b	28	48,840.
29	. ,					29	-13,492.
30	•	•		e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me			(-)	. It is a second		
	Simplified method filers only						
	and (b) the part of your home						
			•	ter on I	ine 30	30	
31	Net profit or (loss). Subtract)		
	 If a profit, enter on both Sch checked the box on line 1, see 		• • •			31	-13,492.
	 If a loss, you must go to line 				J		
32	If you have a loss, check the b	ox that	describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the	e loss or	n both Schedule 1 (Form 1	1040), 1	line 3, and on Schedule		
	SE, line 2. (If you checked the	box on li	ine 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		All investment is at risk.
	Form 1041, line 3.					32b	_
	 If you checked 32b, you mu 	st attach	n Form 6198. Your loss ma	ay be lii	mited.		at risk.

BAA

Schedule C (Form 1040) 2023 Page **2**

Part	Cost of Goods Sold (see instructions)	,
33	Method(s) used to	
	value closing inventory: a \square Cost b \square Lower of cost or market c \square Other (atta	ch explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.	
43	When did you place your vehicle in service for business purposes? (month/day/year) 07/28/2020	
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your v	ehicle for:
а	Business 40,000 b Commuting (see instructions) c O	ther 2,000
45	Was your vehicle available for personal use during off-duty hours?	🔀 Yes 🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes 🔀 No
47a	Do you have evidence to support your deduction?	🗌 Yes 🔀 No
b	If "Yes," is the evidence written?	Yes No
Part	Other Expenses. List below business expenses not included on lines 8–26, line 2	27b, or line 30.
48	Total other expenses. Enter here and on line 27a	48

8962

Department of the Treasury

Internal Revenue Service Name shown on your return **Premium Tax Credit (PTC)**

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8962 for instructions and the latest information. Attachment

Your social security number

OMB No. 1545-0074

Sequence No. 73

JALALUDDIN AKBAR MOHAMMAD 339-43-5576 A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box **Annual and Monthly Contribution Amount** Part I Tax family size. Enter your tax family size. See instructions 2a Modified AGI. Enter your modified AGI. See instructions . . . 2a -7,391 b Enter the total of your dependents' modified AGI. See instructions 2b 3 Household income. Add the amounts on lines 2a and 2b. See instructions 3 0. Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the 4 appropriate box for the federal poverty table used. a \square Alaska b \square Hawaii c \boxtimes Other 48 states and DC 13,590. 4 5 Household income as a percentage of federal poverty line (see instructions) 0 % 6 7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions 0.0000 Annual contribution amount. Multiply line 3 by **b** Monthly contribution amount. Divide line 8a line 7. Round to nearest whole dollar amount by 12. Round to nearest whole dollar amount Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Part II Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions. Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10. 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23. Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 ■ No. Continue to lines 12–23. Compute and continue to line 24. your monthly PTC and continue to line 24. (b) Annual applicable (d) Annual maximum (a) Annual enrollment (c) Annual (e) Annual premium tax (f) Annual advance Annual SLCSP premium premium assistance premiums (Form(s) contribution amount credit allowed payment of PTC (Form(s) (Form(s) 1095-A, (subtract (c) from (b): if Calculation 1095-A, line 33C) 1095-A, line 33A) (line 8a) (smaller of (a) or (d)) line 33B) zero or less, enter -0-) 11 Annual Totals 5,793. 5,793. 5,793 5,793 5,805. 0. (c) Monthly (a) Monthly enrollment (b) Monthly applicable (d) Monthly maximum (f) Monthly advance contribution amount (e) Monthly premium tax payment of PTC (Form(s) premiums (Form(s) SLCSP premium Monthly premium assistance (amount from line 8b credit allowed Calculation 1095-A, lines 21-32, (Form(s) 1095-A, lines (subtract (c) from (b): if 1095-A, lines 21-32, or alternative marriage (smaller of (a) or (d)) column A) 21-32, column B) column C) zero or less, enter -0-) monthly calculation) 12 January 13 February March 14 15 April 16 May 17 June 18 July 19 August 20 September 21 October 22 November 23 December 24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here 5,793 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 5,793 25 26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, 26 Repayment of Excess Advance Payment of the Premium Tax Credit Part III Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here 27 27 28 28 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 29 (Form 1040), line 2 29

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Part	W Allocation of	f Policy Amoun	te						. ago <u> </u>	
	lete the following inform	ation for up to four p	oolicy an	nount allocations	s. See instruc	tion	s for allocation details			
	ation 1	<u> </u>								
30		Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start m				nonth	(d) Allocation stop month			
	Allocation percentag applied to monthly amounts	(e) Pre	mium Pe	ercentage	(f) S	SLCSP Percentage			dvance Payment of the PTC Percentage	
ΔΙΙος	ation 2									
31	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) S	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	(e) Pre	mium Pe	ercentage	(f) S	LCS	P Percentage	(g) A	dvance Payment of the PTC Percentage	
ΔΙΙος	ation 3									
32	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	(e) Pre	mium Pe	ercentage	(f) S	LCS	P Percentage	(g) A	dvance Payment of the PTC Percentage	
Alloc	ation 4									
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentag applied to monthly amounts	(e) Pre	(e) Premium Percentage		(f) SLCSP Percentage			(g) Advance Payment of the PTC Percentage		
34	Have you completed a	all policy amount allo	cations	2						
04	Yes. Multiply the	amounts on Form 1 nts from Forms 109	095-A b 5-A, if ar	by the allocation by, to compute a	combined to	otal f	or each month. Enter	the cor	ated policy amounts and non- nbined total for each month on 24.	
	No. See the instru	ctions to report add	itional p	olicy amount allo	cations.					
Part	V Alternative (Calculation for `	Year o	f Marriage						
	lete line(s) 35 and/or 36 mplete line(s) 35 and/or 3							election	, see the instructions for line 9.	
35	Alternative entries for your SSN	(a) Alternative fan	nily size	(b) Alternative contribution an		(c)	Alternative start mon	th	(d) Alternative stop month	
36	Alternative entries for your spouse's	(a) Alternative fan	nily size	(b) Alternative contribution am		(c)	Alternative start mon	th	(d) Alternative stop month	

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Additional Information From 2023 Federal Tax Return

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business Line 20b

Itemization Statement

Description	Amount
RENT	10,800.
Total	10,800.

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business

Line 24a Itemization Statement

Description	Amount
GAS BILL	4,000.
 Total	4,000.

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
ELECTRICITY BILL(\$200*12P.M)	2,400.
INTERNET BILL(\$135*12P.M)	1,620.
MOBILE BILL	1,200.
Total	5,220.