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.

Coold coourity number

Submission Identification Number (SID)

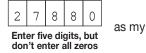
T.....

845-22-7880 pouse's social security number 725-78-6760 ear you are authorizing.)
725-78-6760 ear you are authorizing.)
ear you are authorizing.)
1 391,579
2 76,198
3 60,262
4
5 6,059
ep a copy of your return)

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

	1 441101120			ERO firm name		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	2



6 7 6 0

don't enter all zeros

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Date

Your signature 🕨

Spouse's PIN: check one box only

X | authorize GLOBAL TAXES LLC to enter or generate my PIN 8 ERO firm name Enter five digits, but

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► [
Practitioner PIN Method Returns Only—continue	bel	ow							
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	<u> </u>		0 all zer	 2 7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature		Date 🕨	
ERO Must Retain Thi Don't Submit This Form to th			
For Paperwork Reduction Act Notice, see your tax return instruction	ns. BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use On	ly—Do not v	write or sta	aple in this space.
For the year Jan	. 1-Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your se	ocial sec	curity number
VIVIAN			SAM	ISON						845		7880
-	oouse's	s first name and middle initial	Last r									security number
IRAM NAYAB ASLAM							72.5	78	6760			
		er and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
1153 DUN	IES A	AVE							-			ou, or your
City, town, or post office. If you have a foreign address, also com			mplete	spaces be	low.	Sta	te	ZIP co	ode			jointly, want \$3
MELBOURNE						FI		329	04			nd. Checking a not change
							x or refu	0				
											Yc	ou 🗌 Spouse
Filing Status	; [Single					Head of ho	buseh	old (HOH)	-		
Check only		Married filing jointly (even if only o	ne hac	d income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ent	er the ch	nild's na	me if the
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	Atar	ny time during 2023, did you: (a) rec	eive (a	s a rewar	d. award. or	navr	ment for proper	tv or	services): o	r (b) sell.		
Assets		ange, or otherwise dispose of a dig						-				es 🛛 No
Standard		eone can claim: You as a de					a dependent	, (,		
Deduction		Spouse itemizes on a separate retur	n or yo		-							
Age/Blindness	You:	Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents					Social security		(3) Relationshi	14	-		lifies for ((see instructions):
If more		irst name Last name			number		to you		Child tax	credit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instru	ctions)	•				. 16	a	477,530.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2	•				. 11	b	
W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)							. 10			
attach Forms W-2G and	d	Medicaid waiver payments not rep		`	, ,	nstru	ictions)	· ·		. 10		
1099-R if tax	е	Taxable dependent care benefits f				•		· ·		. 10	e	
was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8	3839, line 29	•		• •		. 1		
If you did not get a Form	g	5						• •		. 19		
W-2, see	h	Other earned income (see instruct				•		· ·		. 11	n	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)	•	1 i					177 520
		Add lines 1a through 1h	 		· · · ·							477,530.
Attach Sch. B if required.	2a	'	2a				axable interest					
	3a 40		3a 4a				ordinary divider		• • •			
Standard	4a 52		4a 5a				axable amount axable amount			· 41		
Deduction for –	5a 6a		5a 6a				axable amount			. 6		
 Single or Married filing 	C	If you elect to use the lump-sum e		mothod				• •	• • •		5	
separately, \$13,850	7	Capital gain or (loss). Attach Sche						• •			,	
 Married filing 	8	Additional income from Schedule			•			• •		. 8		-85,951.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		391,579.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 1		391,579.
\$20,800	12	Standard deduction or itemized	-		-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct					5-A			. 1	-	
Standard Deduction,	14									. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer						е.			_	363,879.

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 For	m(s): 1 🗌 881	4 2 4972	3	1	6 74,131.
Credits	17	Amount from Schedule 2, line 3				1	7
	18	Add lines 16 and 17				18	8 74,131.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812		1	9
	20	Amount from Schedule 3, line 8				2	0
	21	Add lines 19 and 20				2	1
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			2	2 74,131.
	23	Other taxes, including self-employment tax	k, from Schedul	e 2, line 21		2	3 2,067.
	24	Add lines 22 and 23. This is your total tax				2	
Payments	25	Federal income tax withheld from:					
•	а	Form(s) W-2			25a 60,	261.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c	1.	
	d	Add lines 25a through 25c				25	id 60,262.
If you have a	26	2023 estimated tax payments and amount				2	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 88			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15				877.	
	32	Add lines 27, 28, 29, and 31. These are yo				3	2 9,877.
	33	Add lines 25d, 26, and 32. These are your					
Refund	34	If line 33 is more than line 24, subtract line				3	
neiuna	35a	Amount of line 34 you want refunded to y					
Direct deposit?	b	Routing number X X X X X X X X				avings	
See instructions.	d	Account number X X X X X X X X				avingo	
	36	Amount of line 34 you want applied to you			36		
Amount		· · · · ·			00	_	
You Owe	37	Subtract line 33 from line 24. This is the ar For details on how to pay, go to <i>www.irs.g</i>				3	7 6,059.
	38	Estimated tax penalty (see instructions)	-		38	5	1 0,000.
Third Party		you want to allow another person to di					
Designee		tructions				mplete belov	w. 🗙 No
Designee		signee's	Phone			nal identificatio	
	nai	0	no.			er (PIN)	-
Sign		der penalties of perjury, I declare that I have examin					
Here	bel	ef, they are true, correct, and complete. Declaratio	n of preparer (othe	r than taxpayer) is ba	sed on all information		
	Yo	ur signature	Date	Your occupation			sent you an Identity n PIN, enter it here
laint nature 0				SOFTWARE E	ͷϭϫͷͼͼͻ	(see inst.)	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati		. ,	sent your spouse an
Keep a copy for	op	buse s signature. In a joint return, both must sign.	Date	opouse s occupati			rotection PIN, enter it here
your records.				IT PROJECT	MANAGER	(see inst.)	
	Ph	one no. (321) 591-7266	Email address	VSAMSON920	44@GMAIL.CON	1	
Daid	Pre	parer's name Preparer's sign	ature		Date	PTIN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	02/28/2024	20208270	3 Self-employed
Preparer	Fir	n's name GLOBAL TAXES LLC	Phone no	. (678) 965-9522			
Use Only	Fir	n's address 245 ROONEY CT E BF	UNSWICK N	J 08816		Firm's Ell	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/16/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 Sequence No. **01**

Your social security number

845-22-7880

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VIVIAN SAMSON & IRAM NAYAB ASLAM

Par	t 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	-85,951.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach S	chedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	()	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 . . 8d	()	
е	Income from Form 8853		_	
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay		_	
i	Prizes and awards		_	
j	Activity not engaged in for profit income		_	
k	Stock options		_	
I	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)		_	
n	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions)		- 1	
р	Section 461(I) excess business loss adjustment		- 1	
q	Taxable distributions from an ABLE account (see instructions) 8q		-	
r	Scholarship and fellowship grants not reported on Form W-2 8r		- 1	
S	Nontaxable amount of Medicaid waiver payments included on Form	1		
-	1040, line 1a or 1d	(4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
-	Wages earned while incarcerated 8u		-	
Z	Other income. List type and amount:			
~	Tatal athen income. Add lines 0a through 0a			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here 1040, 1040-SR, or 1040-NR, line 8	e and on Form	10	-85,951.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		· · · ·	le 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-l			-
	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		24a	-	
b	Deductible expenses related to income reported on line 8I from the			
		24b	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c	-	
d		24d	-	
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	-	
f		24f	-	
g	, , , , , , , , , , , , , , , , , , ,	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful			
		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		24j	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	DAIL		
-	Other adjustments list the send encounts	24k	-	
2		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income .		20	_
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	
			20 Schedule 1 (Form 1040) 202	
	BAA	REV 02/16/24 PRO		

SCHEDULE 2 (Form 1040)

Additional Taxes

OMB No. 1545-0074

20)2 23

Attach to	Form	1040,	104	0-SR, or	1040-	NR.	
			-				

Departr Internal		Attac	hment ence No. 02	
Name	e(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc		urity number
VIV	IAN SAMSON & IRAM NAYAB ASLAM	845-22	2-7880	
Pa	rt I Tax			
1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	7	3	
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 41375			
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 requ	uired.		
	If not required, check here		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	2,067.
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-ter insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residentia and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales over \$150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
		(cor	ntinued	l on page 2)

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

Schedule 2 (Form 1040) 2023

Part	I Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
C	Additional tax on HSA distributions. Attach Form 8889	17c		
	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		
	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
-	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
	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		
1	Tax on accumulation distribution of trusts	171		
	Excise tax on insider stock compensation from an expatriated corporation	17m		
	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
•	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		
	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.. BAA		21 Schedu	2,067. Ile 2 (Form 1040) 2023

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074 2023

Attachment Sequence No. 03

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

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

	s) shown on Form 1040, 1040-SR, or 1040-NR IAN SAMSON & IRAM NAYAB ASLAM			ocial se 22 - 78	ecurity number
	t I Nonrefundable Credits		I		
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		11. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
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	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
Т	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 10				
	1040-NR, line 20			8	

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

(continued on page 2)

Schedule 3 (Form 1040) 2023

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	9,877.
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			9,877.
	BAA REV	02/16/24 PRO	Schedule	3 (Form 1040) 2023

Form **2210**

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

OMB No. 1545-0140

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/Form2210 for instructions and the latest information.

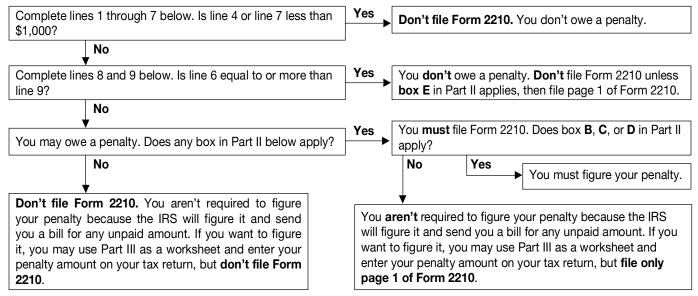
Attachment Sequence No. **06**

Name(s) shown on tax return

Identifying number 845-22-7880

VIVIAN SAMSON & IRAM NAYAB ASLAM

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2023 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	74,131.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net		,
2	Investment Income Tax (see instructions)	2	2,067.
3	Other payments and refundable credits (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you don't owe a penalty.		
	Don't file Form 2210.	4	76,198.
5	Multiply line 4 by 90% (0.90)		,
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	70,139.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210	7	6,059.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	26,549.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	26,549.
	Next: Is line 9 more than line 6?		· · · · ·

No. You don't owe a penalty. Don't file Form 2210 unless box E below applies.

- Yes. You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies.
 - If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.

• If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210.

- A 🗌 You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- **B** You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- **C** Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- **D** Vour penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- **E** X You filed or are filing a joint return for either 2022 or 2023, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

	nent of the freasury					041; partnerships must generally file	Form	1065.	Attachn		_
	Revenue Service	G	io to n	ww.irs.gov/ScheduleC for	r instru	ctions and the latest information.			Sequen		
	of proprietor								rity num	ber (S	SSN)
	IAN SAMSON						845	5-22-	7880		
Α	Principal business o	or professio	on, incl	uding product or service (se	e instr	uctions)	B En		from ins		ons
	SOFTWARE SEF							51	92	0 0	
С			busin	ess name, leave blank.						• •	(see instr.)
	ONEUNIT RCM	-		1005			9 3	32	0 2 2	2 3	5 2
E				room no.) 1295 PO							
	City, town or post o										
F	Accounting method					Other (specify)					
G					-	2023? If "No," see instructions for lin				Yes	No
H											
I						n(s) 1099? See instructions					X No
J		will you file	requir	red Form(s) 1099?			•		<u> </u>	Yes	No
Par											
1						this income was reported to you on					
•		-				1 L	1				
2							2				
3	Subtract line 2 from						3				
4	-										
5						· · · · · · · · · · · · · · · · · · ·					
6		•				refund (see instructions)					
7 Part				s for business use of ye		<u> </u>	7				
			8			•	40			5	200.
8	Advertising		ð		18	Office expense (see instructions).	18			J,	200.
9	Car and truck e	•		0 010	19	Pension and profit-sharing plans .	19	'			
10	(see instructions) .		9	8,018.	20	Rent or lease (see instructions):	00				
10	Commissions and for		10 11	5,456.	a b	Vehicles, machinery, and equipment				20	000
11	Contract labor (see ins			5,456.	b	Other business property					500.
12 13	Depletion Depreciation and see		12		21	Repairs and maintenance				۷,	500.
	expense deduction	on (not			22	Supplies (not included in Part III) . Taxes and licenses		-			
	included in Part	, ,	13		23	Travel and meals:	23	,			
	,		13		24 a	Travel	24			З	564.
14	Employee benefit p (other than on line 1	0	14		b	Deductible meals (see instructions)	24	-		-	162.
15	Insurance (other that		15		25		24				279.
16	Interest (see instruc		15		26	Wages (less employment credits)	26	-		<i></i>	275.
a	Mortgage (paid to ba		16a		27a	Other expenses (from line 48)	27	-		21	772.
b	Other		16b		1 .	,					112.
17	Legal and professiona		17		b	Energy efficient commercial bldgs deduction (attach Form 7205)					
28				business use of home. Add	lines	8 through 27b				85,	951.
29	Tentative profit or (l						29				951.
30	1 (,				nses elsewhere. Attach Form 8829					
50	unless using the sin				e expe	alses elsewhere. Attach i onn 0029					
	-			the total square footage of	(a) you	ır home:					
	and (b) the part of y	our home	used fo	or business:		. Use the Simplified					
				s to figure the amount to en			30				
31	Net profit or (loss).										
	 If a profit, enter or 	n both Sch	edule	1 (Form 1040), line 3, and out of the states and trusts,			31			-85,	951.
	• If a loss, you mus										
32	If you have a loss, c	heck the b	ox tha	t describes your investment	in this	activity. See instructions.					
	SE, line 2. (If you ch Form 1041, line 3.	necked the	box on	on both Schedule 1 (Form line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		s 🗌 So	investm ome inve risk.		
	IT VOLL CRECKED 32	D VOL MU	ST ATTA	TO FORM DIVE YOUR LOSS ME	av ne li	muea.		al			

REV 02/16/24 PRO

OMB No. 1545-0074 2023

Schedu	le C (Form 1040) 2023			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach exp	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		Yes	🗌 No
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	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	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 Form 4562.			
40	When did you place your vehicle in service for business purposes? (month/day/year) $07/14/2020$			
43			form	
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your			
а	Business <u>12,241</u> b Commuting (see instructions) <u>1,024</u> c (Other		3,396
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	No 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
_	If "Yes," is the evidence written?			No No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
BA	CK OFFICE OPERATION EXPENSES			13,000.
WE	BSITE DESIGNING EXPENSES			3,253.
IN	CORPORATION EXPENSES			754.
AC	COUNTING EXPENSES			1,265.
CA	SH EXPENSES			3,500.
48	Total other expenses. Enter here and on line 27a	48		21,772.

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment Sequence No. 71

Your social security number 845-22-7880

VIVI	AN SAMSON & IRAM NAYAB ASLAM		845-2	2-78	80
Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1 479	9,698.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4 47	9,698.		
5	Enter the following amount for your filing status:		,		
-	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5 25	0,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	229,698.
			-	•	229,090.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). E			7	2,067.
Part	Part II			1	2,007.
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
•	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10		10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.	.009). Enter h	ere and		
	go to Part III			13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	Compensa	tion		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
	(see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
		15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line				
17	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax			.,	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	0 11 (Eorm 1	040.88		
10	filers, see instructions), and go to Part V			18	0 0 6 7
Part				10	2,067.
	,				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form	10			
~~	W-2, enter the total of the amounts from box 6		6,957.		
20	Enter the amount from line 1	20 47	9,698.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	6,956.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addit withholding on Medicare wages			22	1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)	from Form W	/-2, box	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu-				
24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-S	S filers,	24	1
For Do	nonverte Deduction Act Nation and your toy return instructions			24	1. Form 8959 (2023)
FOR Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 02	/16/24 PRO		Form 0303 (2023)

8960 Form

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2

Attach to your tax return.

•	Inert of the Treasury Go to www.irs.gov/Form8960 for instructions and the late	est infor	rmation.		Att	achment quence No. 72
	shown on your tax return			Vour social		urity number or EIN
	IAN SAMSON & IRAM NAYAB ASLAM			845-22		•
Part				010 22	. , .	
r ar e	\Box Section 6013(h) election (see instructions)					
	\square Regulations section 1.1411-10(g) election (see in	nstructi	ions)			
1	Taxable interest (see instructions)			. 1		
2	Ordinary dividends (see instructions)					
3	Annuities (see instructions)				-	
- 4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or					
	businesses, etc. (see instructions)	4a	-85,9	951.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	85,9	951.		
С	Combine lines 4a and 4b	· · ·		. 40	C	0.
5a	Net gain or loss from disposition of property (see instructions)	5a		_		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b				
с	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c			. 50	d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			. 6	;	
7	Other modifications to investment income (see instructions)			. 7	,	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			. 8	3	0.
Part	II Investment Expenses Allocable to Investment Income and Modif	icatio	ns			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c			. 90	d	
10	Additional modifications (see instructions)				0	
	Total deductions and modifications. Add lines 9d and 10			. 11	1	
Part	II Tax Computation					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,	•				
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0	• •		. 12	2	0.
	Individuals:	1.1				
13	Modified adjusted gross income (see instructions)	13	391,5			
14	Threshold based on filing status (see instructions)	14	250,0			
15	Subtract line 14 from line 13. If zero or less, enter -0	15	141,5			
16	Enter the smaller of line 12 or line 15				6	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En					0
	on your tax return (see instructions)	• •		. 17	1	0.
40	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
с	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20	Enter the smaller of line 18c or line 19c	·		. 20	D	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.	038). E	Enter here	and		
	include on your tax return (see instructions)				1	
For Pa	perwork Reduction Act Notice, see your tax return instructions.					Form 8960 (2023)

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

BAA

Form 8960 (2023)

Additional Information From 2023 Federal Tax Return

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

Line 20b	Itemization Statement
Description	Amount
RENTAL EXPENSES	30,000.
Total	30,000.

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

Line 21	Itemization Statemer
Description	Amount
	2,500
	Total 2,500

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

Line 25

Itemization Statement

Description	Amount
INTERNET BILL	960.
PHONE BILL	1,200.
ELECTRICITY BILL	1,232.
WATER BILL	764.
GAS BILL	1,123.
Total	5,279.