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)

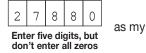
T.....

| 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.

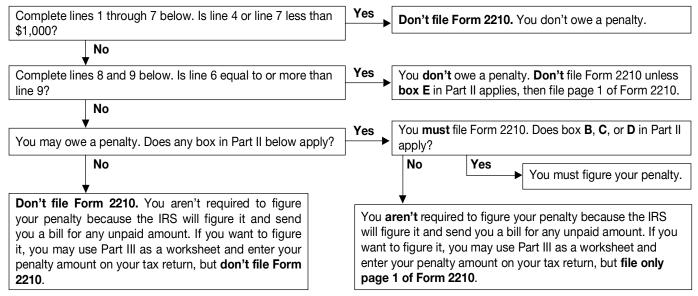
Attachment Sequence No. **06**

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. |