

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, ending _____

Your first name and middle initial _____ Last name _____ See separate instructions.

TONY THURMOND Your social security number _____

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

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status
 Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box.
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1 a Total amount from Form(s) W-2, box 1 (see instructions)	1a	203,758.
b Household employee wages not reported on Form(s) W-2	1b	
c Tip income not reported on line 1a (see instructions)	1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e Taxable dependent care benefits from Form 2441, line 26	1e	
f Employer-provided adoption benefits from Form 8839, line 29	1f	
g Wages from Form 8919, line 6	1g	
h Other earned income (see instructions)	1h	
i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h	1z	203,758.
2 a Tax-exempt interest	2a	
b Taxable interest	2b	
3 a Qualified dividends	3a	
b Ordinary dividends	3b	
4 a IRA distributions	4a	
b Taxable amount	4b	
5 a Pensions and annuities	5a	
b Taxable amount	5b	
6 a Social security benefits	6a	
b Taxable amount	6b	
c If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8 Additional income from Schedule 1, line 10	8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	203,758.
10 Adjustments to income from Schedule 1, line 26	10	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	203,758.
12 Standard deduction or itemized deductions (from Schedule A)	12	13,850.
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	13,850.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	189,908.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
 If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for —
 • Single or Married filing separately, \$13,850
 • Married filing jointly or Qualifying surviving spouse, \$27,700
 • Head of household, \$20,800
 • If you checked any box under **Standard Deduction**, see instructions.

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814		
	2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		
	17 Amount from Schedule 2, line 3	16	39,603.
	18 Add lines 16 and 17	17	
	19 Child tax credit or credit for other dependents from Schedule 8812	18	39,603.
	20 Amount from Schedule 3, line 8	19	
	21 Add lines 19 and 20	20	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	21	0.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	22	39,603.
	24 Add lines 22 and 23. This is your total tax	23	34.

Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	39,515.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	39,515.
	26 2023 estimated tax payments and amount applied from 2022 return	26	
	27 Earned income credit (EIC)	27	
	28 Additional child tax credit from Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Reserved for future use	30	
31 Amount from Schedule 3, line 15	31	886.	
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	886.	
33 Add lines 25d, 26, and 32. These are your total payments	33	40,401.	

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.	34	764.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	764.
	b Routing number		
	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
36 Amount of line 34 you want applied to your 2024 estimated tax	36		

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

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

Designee's name: **JENNY N JIA, CPA** Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: [REDACTED] Date: [REDACTED] Your occupation: **EDUCATOR** If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

Spouse's signature: [REDACTED] Date: [REDACTED] Spouse's occupation: [REDACTED] If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.): [REDACTED]

Phone no. [REDACTED] Email address: [REDACTED]

Paid Preparer Use Only

Preparer's name: **JENNY N JIA, CPA** Preparer's signature: **JENNY N JIA, CPA** Date: [REDACTED] PTIN: [REDACTED] Check if: Self-employed

Firm's name: **SK ACCOUNTANCY CORPORATION** Phone no. [REDACTED]

Firm's address: [REDACTED] Firm's EIN: [REDACTED]

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

2023

Attachment
Sequence No. **02**

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

TONY THURMOND

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251.....	1	0.
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.....	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.....	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
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 required. If not required, check here. <input type="checkbox"/>	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	34.
12	Net investment income tax. Attach Form 8960.....	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:		
		17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions.....	17b	
c	Additional tax on HSA distributions. Attach Form 8889.....	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.....	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853.....	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853..	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.....	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.....	17h	
i	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	
l	Tax on accumulation distribution of trusts.....	17l	
m	Excise tax on insider stock compensation from an expatriated corporation....	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866...	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.....	17o	
p	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	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.....		21

34.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

2023

Attachment
Sequence No. **03**

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

TONY THURMOND

Your social security number

Part 1 Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required.		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441.		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:			
a	General business credit. Attach Form 3800.	6a		
b	Credit for prior year minimum tax. Attach Form 8801.	6b		
c	Adoption credit. Attach Form 8839.	6c		
d	Credit for the elderly or disabled. Attach Schedule R.	6d		
e	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		
l	Amount on Form 8978, line 14. See instructions.	6l		
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 1040, 1040-SR, or 1040-NR, line 20.		8	0.

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Part 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	886.
12	Credit for federal tax on fuels. Attach Form 4136.		12	
13	Other payments or refundable credits:			
a	Form 2439.	13a		
b	Credit for repayment of amounts included in income from earlier years.	13b		
c	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-SR, or 1040-NR, line 31.		15	886.

Schedule 3 (Form 1040) 2023

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.

Your social security number

TONY THURMOND

Part I 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	203,758.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	203,758.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		3,758.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		34.

Part II Additional Medicare Tax on Self-Employment Income

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 \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	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 here and go to Part III.	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

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 \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	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 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V.	18		34.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,954.	
20	Enter the amount from line 1	20	203,758.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,954.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

**Net Investment Income Tax –
 Individuals, Estates, and Trusts**

Attach to your tax return.
 Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

TONY THURMOND

Your social security number or EIN

Part I Investment Income

- Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions).....		1	
2	Ordinary dividends (see instructions).....		2	
3	Annuities (see instructions).....		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions).....		4c	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions).....			
4c	Combine lines 4a and 4b.....			
5a	Net gain or loss from disposition of property (see instructions).....		5d	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions).....			
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions).....			
5d	Combine lines 5a through 5c.....			
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	

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions).....		9d	
9b	State, local, and foreign income tax (see instructions).....			
9c	Miscellaneous investment expenses (see instructions).....			
9d	Add lines 9a, 9b, and 9c.....			
10	Additional modifications (see instructions).....		10	
11	Total deductions and modifications. Add lines 9d and 10.....		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-.....		12	0.
Individuals:				
13	Modified adjusted gross income (see instructions).....	13	203,758.	
14	Threshold based on filing status (see instructions).....	14	200,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-.....	15	3,758.	
16	Enter the smaller of line 12 or line 15.....		16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions).....		17	
Estates and Trusts:				
18a	Net investment income (line 12 above).....	18a		
18b	Deductions for distributions of net investment income and charitable deductions (see instructions).....	18b		
18c	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		
19b	Highest tax bracket for estates and trusts for the year (see instructions).....	19b		
19c	Subtract line 19b from line 19a. If zero or less, enter -0-.....	19c		
20	Enter the smaller of line 18c or line 19c.....		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions).....		21	

2023

FEDERAL STATEMENTS

PAGE 1

TONY THURMOND

STATEMENT 1
FORM 1040
WAGE SCHEDULE

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>SDI</u>
STATE OF CALIFORNIA SAN FRANCISCO STUDY CENTER INC	189,470.	37,782.	9,932.	2,747.	15,279.	
BERKELEY FRIENDS CHURCH	4,288.	147.	266.	62.	45.	39.
GRAND TOTAL	<u>203,758.</u>	<u>39,515.</u>	<u>10,818.</u>	<u>2,954.</u>	<u>15,673.</u>	<u>39.</u>

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

Submission Identification Number (SID) ▶

Taxpayer's name

TONY THURMOND

Spouse's name

Social security number

Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income.....	1	203,758.
2	Total tax.....	2	39,637.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	3	39,515.
4	Amount you want refunded to you.....	4	764.
5	Amount you owe.....	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize SK ACCOUNTANCY CORPORATION to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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

Your signature ▶

Date ▶

Spouse's PIN: check one box only

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

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

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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. Don't enter all zeros

ERO's signature ▶ **JENNY N JIA, CPA**

Date ▶

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

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