Form **1040** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return **2024** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ______, ____, ending ______, ____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Leo S Zacky		[redacted]
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.
[redacted]
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
[redacted]
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
Check only one box.
☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
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:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
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	
2a	Tax-exempt interest	2a		2b (Taxable interest)	
3a	Qualified dividends	3a	37.	3b (Ordinary dividends)	38.
4a	IRA distributions	4a		4b (Taxable amount)	
5a	Pensions and annuities	5a		5b (Taxable amount)	
6a	Social security benefits	6a		6b (Taxable amount)	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
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	38.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	38.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0.

Attach Sch. B if required.

Standard Deduction for —
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits

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

Payments

25	Federal income tax withheld from:				
a	Form(s) W-2	25a			
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	
26	2024 estimated tax payments and amount applied from 2023 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			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	0.

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
b	Routing number	c Type: ☐ Checking ☐ Savings	
d	Account number		
36	Amount of line 34 you want **applied to your 2025 estimated tax**	36	

Direct deposit? See instructions.

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	0.
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 [redacted] Phone no. (800) 536-0734 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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		OTHER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
[redacted]	[redacted]		[redacted]	
Firm's name [redacted]			Phone no. [redacted]	
Firm's address [redacted]			Firm's EIN [redacted]	

[redacted] Leo S Zacky [redacted]

2/12/26

12:32PM

TRANSCRIPTS SHOW RECORDS OF UBER & DOORDASH AS INCOME, WHICH ARE FRAUDULANT. PLEASE SEE ATTACHED ID THEFT AFFIDAVIT.

Form **1040** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return **2024** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ________, ____, ending ________, ____ See separate instructions.

Your first name and middle initial | Last name | Your social security number

Leo S Zacky [redacted]

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.

[redacted]

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

[redacted]

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 Check only one box.
☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

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: ________

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): ________

Digital Assets At any time during 2024, 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here . . . ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
b	Household employee wages not reported on Form(s) W-2			1b	
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i	Nontaxable combat pay election (see instructions)	1i			
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2a	Tax-exempt interest	2a		b Taxable interest 2b	
3a	Qualified dividends	3a	37.	b Ordinary dividends 3b	38.
4a	IRA distributions	4a		b Taxable amount 4b	
5a	Pensions and annuities	5a		b Taxable amount 5b	
6a	Social security benefits	6a		b Taxable amount 6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
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	38.
10	Adjustments to income from Schedule 1, line 26			10	
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12	**Standard deduction or itemized deductions** (from Schedule A)			12	14,600.
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14	Add lines 12 and 13			14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0.

Attach Sch. B if required.

Standard Deduction for —
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- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
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16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your **total tax**	24	0.

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25	Federal income tax withheld from:				
a	Form(s) W-2	25a			
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	
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If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
b	Routing number ________ c Type: ☐ Checking ☐ Savings		
d	Account number ________		
36	Amount of line 34 you want **applied to your 2025 estimated tax** 36		

Direct deposit? See instructions.

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	0.
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 [redacted] 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	Date	Your occupation OTHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
[redacted]	[redacted]	2/12/26	[redacted]	☐ Self-employed
Firm's name [redacted]			Phone no. [redacted]	
Firm's address [redacted]			Firm's EIN [redacted]	

FDIA0112L 07/25/24

[redacted] Leo S Zacky [redacted]

2/12/26 12:32PM

TRANSCRIPTS SHOW RECORDS OF UBER & DOORDASH AS INCOME, WHICH ARE FRAUDULANT. PLEASE SEE ATTACHED ID THEFT AFFIDAVIT.

Form **14039** (September 2023)	Department of the Treasury - Internal Revenue Service **Identity Theft Affidavit**	OMB Number 1545-2139

This affidavit is for **victims** of identity theft. To avoid delays do not use this form if you have already filed a Form 14039 for this incident.

Form 14039 can also be completed online at https://apps.irs.gov/app/digital-mailroom/dmaf/f14039/.

The IRS process for assisting victims selecting **Section B, Box 1** below is explained at irs.gov/victimassistance.

Get an IP PIN: We encourage everyone to opt-in to the Identity Protection Personal Identification Number (IP PIN) program. If you don't have an IP PIN, you can get one by going to irs.gov/ippin. If unable to do so online, you may schedule an appointment at your closest Taxpayer Assistance Center by calling (844-545-5640). Or, if eligible, you may use IRS Form 15227 to apply for an IP PIN by mail or FAX, also available by going to irs.gov/ippin.

Section A - Check the following boxes in this section that apply to the specific situation you are reporting *(required for all filers)*

- [x] 1. I am submitting this Form 14039 for myself
- [ ] 2. I am submitting this Form 14039 in response to an IRS Notice or Letter received
  - Provide 'Notice' or 'Letter' number(s) on the **line to the right** __________
  - Check box 1 in **Section B** and see special mailing and faxing instructions on reverse side of this form.
- [ ] 3. I am submitting this Form 14039 on behalf of my dependent child or dependent relative *(include that person's information below in Section C and D)*
  - Complete **Sections A-F** of this form. Do not use this form if dependent's identity was misused by a parent or guardian in filing taxes, this is not identity theft.
- [ ] 4. I am submitting this Form 14039 on behalf of another person living or deceased *(other than my dependent child or dependent relative)*
  - Complete **Sections A- F** of this form.

Section B – How I Am Impacted *(required when reporting misuse of Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN))*

Check all boxes that apply to the person listed in **Section C** below. If the person in Section C has previously submitted a Form 14039 for the same incident, there's no need to submit another Form 14039.

- [x] 1. I know or suspect that someone used my information to fraudulently file a federal tax return
  - [ ] I/My dependent was fraudulently/incorrectly claimed as a dependent *(use that person's information for Section C & D)*
  - [ ] My SSN or ITIN was fraudulently used for employment purposes

Note: If you are a victim of identity theft but it does not involve your federal tax return, you should request an IP PIN to protect yourself. Get An Identity Protection PIN | Internal Revenue Service (irs.gov)

Provide an explanation of the identity theft issue, how it impacts your tax account, when you became aware of it and provide relevant dates. If needed, attach additional information and/or pages to this form

Fraudulent activity on my id/social security number. Someone in Massachusetts used my Social Security Number for Door Dash and Uber in 2024.

I have never worked for either company. I am a California Resident and I have NEVERE LIVED IN Massachusetts. In fact I'm running for Governor of California.

Section C – Name and Contact Information of Identity Theft Victim *(required)*

Victim's last name	First name	Middle initial	**Taxpayer Identification Number** *(provide 9-digit SSN or ITIN)*
[redacted]	[redacted]	[redacted]	[redacted]

Current mailing address *(apartment or suite number and street, or P.O. Box)* If deceased, provide last known address	Current city	State	ZIP code
1010 Moraga Dr.	[redacted]	[redacted]	[redacted] -
Address used on last filed tax return *(if different than 'Current')*	City *(on last tax return filed)*	State	ZIP code
			-

Telephone number with area code. The IRS may call you regarding this affidavit

Home phone number ________ Cell phone number [redacted]

Best time(s) to call: 10am - midnight

Language in which you would like to be contacted [x] English [ ] Spanish [ ] Other ________

Section D – Tax Account Information: Last tax return filed (year shown on the tax return) and Returns Impacted *(Do not complete Section D if you selected Box 2 in Section B above)*

- [ ] **I was not required to file a return or filed a return with no income information**

[redacted] on last filed tax return	**The last tax return filed** *(year shown on the tax return)*
	2020

What Tax Year(s) you believe were impacted by tax-related identity theft (example: 2020 is input for citing the 2020 tax return though filed the next year(s). (if not known, enter 'Unknown' below))

2024							

Submit this completed form to either the mailing address or the FAX number provided on the reverse side of this form.

Section E – Penalty of Perjury Statement and Signature *(required)*

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this Form 14039 is true, correct, complete, and made in good faith.

Signature of ta[redacted]entative, conservator, parent or guardian

Date signed
2/4/26

Section F – Representative, Conservator, Parent or Guardian Information *(required if completing Form 14039 on someone else's behalf)*

Check only **ONE** of the following five boxes next to the reason you are submitting this form

☐ **1. The taxpayer is deceased, and I am the surviving spouse**
- No attachments are required, including death certificate.

☐ **2. The taxpayer is deceased, and I am the court-appointed or certified personal representative**
- Attach a copy of the court certificate showing your appointment.

☐ **3. The taxpayer is deceased, and a court-appointed or certified personal representative has not been appointed**
- Attach copy of death certificate or formal notification from a government office informing next of kin of the decedent's death.
- Indicate your relationship to decedent: ☐ Child ☐ Parent/Legal Guardian ☐ Other ______

☐ **4. The taxpayer is unable to complete this form and I am the appointed conservator, or I have been authorized to act on behalf of the taxpayer per Form 2848, Power of Attorney and Declaration of Representative**
- Attach a copy of documentation showing your appointment as conservator or Power of Attorney authorization.
- If you have an IRS issued **Centralized Authorization File (CAF) number, enter the nine-digit number**:

☐ **5. The person listed above is my dependent child or my dependent relative**
By checking this box and signing below you are indicating that you are an authorized representative, as parent, guardian or legal guardian, to file a legal document on the dependent's behalf.
- Indicate your relationship to person ☐ Parent/Legal Guardian ☐ Power of Attorney
☐ Fiduciary per IRS Form 56, Notice of Fiduciary Relationship ☐ Other ______

Parent's/Representative's name

Last name	First name	Middle initial

Parent's/Representative's current mailing address *(city, town or post office, state, and ZIP code)*

Parent's/Representative's telephone number

Instructions for Submitting this Form

Submit this completed and signed form to the IRS via **Online, Mail** or **FAX** to specialized IRS processing areas dedicated to assist you. In **Section C** of this form, be sure to include the Social Security Number in the 'Taxpayer Identification Number' field.

Help us avoid delays:
- Do not use this form if you have already filed a Form 14039 for this incident.
- Choose one method of submitting this form either Online (preferred method), by Mail, or by FAX, not all methods.
- Provide clear and readable photocopies/images of any additional information you may choose to provide.
- Submit the original tax return to the IRS location where you normally file your tax return. Do not use the following address or fax number to file an original tax return.

Online (Preferred Method)

- https://apps.irs.gov/app/digital-mailroom/dmaf/f14039/

Submitting by FAX

- **Always include a cover sheet marked "Confidential".**
- **If you checked Box 2 in Section A of Form 14039 and are submitting this form in response to a notice or letter received from the IRS. If it provides a FAX number, you should send there.**
- If no **FAX** number is shown on the notice or letter, follow the mailing instructions on the notice or letter.
- For all others, FAX this form toll-free to:
  855-807-5720

Submitting by Mail

- **If you checked Box 2 in Section A in response to a notice or letter received from the IRS**, return this form and if possible, a copy of the notice or letter **to the address contained in the notice or letter.**
- **If you checked Box 1 or 2 in Section B of Form 14039 and are unable to file your tax return electronically because the SSN/ITIN of you, your spouse, or dependent was misused, attach this Form 14039 to the back of your paper tax return** and submit to the IRS location where you normally file your tax return.
- **All others should mail this form to:**
  Department of the Treasury
  Internal Revenue Service
  Fresno, CA 93888-0025

Privacy Act and Paperwork Reduction Notice

Our legal authority to request the information is 26 U.S.C. 6001. The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document
situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may
be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving
your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with
future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false
information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a
valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.
Generally, tax returns and return information are confidential, as required by section 6103. Public reporting burden for this collection of information is estimated to average 15 minutes per response,
including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have
comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax
Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing
instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information
subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.