

Department of the Treasury
Internal Revenue Service

▶ Don't send to the IRS. This isn't a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.**2016**

Submission Identification Number (SID) ▶

Taxpayer's name MOHAMMED A ABDEL WAHED	Social security number APPLIED
Spouse's name ALA M GHAZZAWI	Spouse's social security number 219-59-9279

Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	74,853.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	5,591.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	7,847.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,256.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Q-BOOKS & TAX SERVICES LLC to enter or generate my PIN

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 as my signature on my tax year 2016 electronically filed income tax return.

ERO firm name

Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. 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 Q-BOOKS & TAX SERVICES LLC to enter or generate my PIN

9	9	2	7	9
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 as my signature on my tax year 2016 electronically filed income tax return.

ERO firm name

Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. 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.

5	4	3	8	5	5	5	5	5	5	4
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return 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 ▶ 04/12/2017

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

Your first name and initial		Last name		OMB No. 1545-0074	
MOHAMMED A		ABDEL WAHED		Your social security number	
If a joint return, spouse's first name and initial		Last name		APP LI ED	
ALA M		GHAZZAWI		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.		219 59 9279	
5601 SEMINARY ROAD		1113N		▲ Make sure the SSN(s) above and on line 6c are correct.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		Foreign province/state/county		Foreign postal code	
FALLS CHURCH VA 22041				Presidential Election Campaign	
Foreign country name				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.	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing status

Check only one box.

1

☐ Single

2

☒ Married filing jointly (even if only one had income)

3

☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4

☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5

☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a

☒ Yourself.

If someone can claim you as a dependent, **do not** check box 6a.

b

☒ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

If more than six dependents, see instructions.

NOOR A ZAAREIR 695-07-3031 Daughter ☒

☐

☐

☐

☐

☐

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

d Total number of exemptions claimed.

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2.

74,853.

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

8a

Taxable interest. Attach Schedule B if required.

8a

b

Tax-exempt interest. **Do not** include on line 8a.

8b

9a

Ordinary dividends. Attach Schedule B if required.

9a

b

Qualified dividends (see instructions).

9b

10

Capital gain distributions (see instructions).

10

11a

IRA distributions.

11a

11b

Taxable amount (see instructions).

11b

12a

Pensions and annuities.

12a

12b

Taxable amount (see instructions).

12b

13

Unemployment compensation and Alaska Permanent Fund dividends.

13

14a

Social security benefits.

14a

14b

Taxable amount (see instructions).

14b

15

Add lines 7 through 14b (far right column). This is your **total income**. ▶

74,853.

Adjusted gross income

16

Educator expenses (see instructions).

16

17

IRA deduction (see instructions).

17

18

Student loan interest deduction (see instructions).

18

19

Tuition and fees. Attach Form 8917.

19

20

Add lines 16 through 19. These are your **total adjustments**.

20

21

Subtract line 20 from line 15. This is your **adjusted gross income**. ▶

74,853.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	74,853.
	23a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind } Total boxes checked <input type="checkbox"/> 23a		
	b	If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> 23b		
	24	Enter your standard deduction .	24	12,600.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	62,253.
	26	Exemptions. Multiply \$4,050 by the number on line 6d.	26	12,150.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	50,103.
	28	Tax , including any alternative minimum tax (see instructions).	28	6,591.
	29	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	30	Add lines 28 and 29.	30	6,591.
	31	Credit for child and dependent care expenses. Attach Form 2441.	31	
	32	Credit for the elderly or the disabled. Attach Schedule R.	32	
	33	Education credits from Form 8863, line 19.	33	
	34	Retirement savings contributions credit. Attach Form 8880.	34	
	35	Child tax credit. Attach Schedule 8812, if required.	35	1,000.
	36	Add lines 31 through 35. These are your total credits .	36	1,000.
	37	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	5,591.
	38	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	
	39	Add line 37 and line 38. This is your total tax .	39	5,591.
	40	Federal income tax withheld from Forms W-2 and 1099.	40	7,847.
	41	2016 estimated tax payments and amount applied from 2015 return.	41	
	42a	Earned income credit (EIC).	42a	
	b	Nontaxable combat pay election. 42b		
	43	Additional child tax credit. Attach Schedule 8812.	43	
	44	American opportunity credit from Form 8863, line 8.	44	
	45	Net premium tax credit. Attach Form 8962.	45	
	46	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments .	46	7,847.
	47	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid .	47	2,256.
	48a	Amount of line 47 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	48a	2,256.
	b	Routing number <input type="text" value="054000030"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text" value="5557073015"/>		
	49	Amount of line 47 you want applied to your 2017 estimated tax .	49	
Refund	50	Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	51	Estimated tax penalty (see instructions).	51	

Third party designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes . Complete the following. <input type="checkbox"/> No			
	Designee's name Mark Halabi	Phone no. (703) 731-2390	Personal identification number (PIN) 5 5 5 5 4	
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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation UNEMPLOYED	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation ACCOUNTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid preparer use only	Print/type preparer's name Mark Halabi	Preparer's signature Mark Halabi	Date 04/12/2017	Check <input checked="" type="checkbox"/> if self-employed PTIN P00970808
	Firm's name Q-BOOKS & TAX SERVICES LLC	Firm's EIN 26-4460626	Firm's address 2664 Glengyle Drive Vienna VA 22181	Phone no. (703) 731-2390

Paid Preparer's Due Diligence Checklist*Earned Income Credit (EIC), Child Tax Credit (CTC), and American Opportunity Tax Credit (AOTC)*► **To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.**► **Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.**

Taxpayer name(s) shown on return

MOHAMMED A ABDEL WAHED & ALA M GHAZZAWI

Taxpayer identification number

APPLIED

Enter preparer's name and PTIN

Mark Halabi

P00970808

Due Diligence Requirements

Please complete the appropriate column for all credits claimed on this return (check all that apply).	EIC	CTC/ACTC	AOTC
1 Did you complete the return based on information for tax year 2016 provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Did you satisfy the knowledge requirement? Answer "Yes" only if you can answer "Yes" to both 3a and 3b. To meet the knowledge requirement, did you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Interview the taxpayer, ask adequate questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Review adequate information to determine that the taxpayer is eligible to claim the credit(s) and in what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Did any information provided by the taxpayer, a third party, or reasonably known to you in connection with preparing the return appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you make reasonable inquiries to determine the correct or complete information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Did you satisfy the record retention requirement? To meet the record retention requirement, did you keep a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to your notes from the interview with the taxpayer, list those documents, if any, that you relied on. <u>SCHOOL RECORD</u> _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you complete the required recertification form(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If the taxpayer is reporting self-employment income, did you ask adequate questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see separate instructions.

REV 01/25/17 PRO

Form **8867** (2016)

Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to question 10.)

	EIC	CTC/ACTC	AOTC
9a Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules), and have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming CTC and/or additional CTC (If the return does not claim CTC or Additional CTC, go to question 11.)

10a Does the child reside with the taxpayer who is claiming the CTC/ACTC? (If "Yes," go to question 10c. If "No," answer question 10b.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Have you determined that the taxpayer has not released the claim to another person?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to *Credit Eligibility Certification*.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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► You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:

- A. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
- B. Submit Form 8867 in the manner required;
- C. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**Credit Eligibility Certification**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct and complete?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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MOHAMMED A ABDEL WAHED
ALA M GHAZZAWI
5601 SEMINARY ROAD APT 1113N
FALLS CHURCH VA 22041

SSN - You	ABDE	APPLIED	Vendor ID	1030	1030
SSN - Spouse	GHAZ	219599279			
Fed Adj Gross Income (FAGI)	1.	74853	Withholding (VA) - You	20A.	3767
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	74853	Estimated Payments	21.	
Age Deduction - You	4A.		2015 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Credit - Political Contributions	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	74853	Total Payments / Credits	28.	3767
Fed Itemized Deductions	10.		Tax You Owe	29.	
State / Local Income Tax	11.		Tax Overpayment	30.	226
Standard / Itemized Deductions	12.	6000	Overpayment Credited to Next Year	31.	
Exemptions	13.	2790	VAC - College Savings Plan	32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	8790	Addition to Tax, Penalty & Interest	34.	
VA Taxable Income	16.	66063	Sales and Use Tax	35.	00
Amount of Tax	17.	3541	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card		
VAGI - Spouse	18A.		Your Refund		226
Net Amount of Tax	19.	3541	Bank Routing #	C	054000030
			Bank Account #		5557073015



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Locality 059

Federal Head of Household

Name or Filing Status Change

DOB - You 02101975

Address Change

VA Driver's License ID - You C69658465

VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You 03282017

Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse 11191979

Amended

VA Driver's License ID - Spouse B69683408

NOL

VA Driver's License - Iss. Date - Spouse 11222016

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Refund - Direct Bank Deposit X

Spouse 1 65 & Over - Spouse

Dependents 1 Blind - You

Refund - Check

Total (A) 3 Blind - Spouse

Obtain Electronic 1099G

Total (B)

Office Use Only

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer MARK HALABI Date 041217

Phone - Preparer 7037312390

The Tax Department may discuss my/our return with my/our preparer. X

Preparer Information 7 P00970808

Q-BOOKS & TAX SERVICES LLC

File by May 1, 2017
Include Page 1, Page 2 and all
supporting 760CG documents.

2664 GLENGYLE DRIVE
VIENNA

VA 22181

Page 2 of 2

2016 Schedule INC/CG

APPLIED

Report all W-2s, 1099s & VK-1s with VA Withholding



MOHAMMED A ABDEL WAHED

ALA M GHAZZAWI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
APPLIED	W	3767.	530196603	0010689260	74853.

Total VA Withholding	SSN	VA Withholding
You	APPLIED	3767.
Spouse		

Total # of W-2s, 1099s & VK-1s	01
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To avoid delays - be sure to enter all information, including the Employer's FEIN.

**DO NOT SEND THIS VA-8879 TO THE VA DEPT OF TAXATION OR THE IRS.
 IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

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Your Name		B Your Social Security Number	
MOHAMMED A ABDEL WAHED		APPLIED	
Spouse's Name		A Spouse's Social Security Number	
ALA M GHAZZAWI		219-59-9279	
Part I Tax Return Information		A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)			74853.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			74853.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)			66063.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)			3541.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)			3767.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)			
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)			226.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (The Department) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to the Department. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only
☒ I authorize the ERO named below to enter my e-File PIN

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 as my signature on my 2016 e-filed Virginia individual income tax return.

Do not enter all zeros

Q-BOOKS & TAX SERVICES LLC

ERO Firm Name

☐ I will enter my e-File PIN as my signature on my 2016 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only
☒ I authorize the ERO named below to enter my e-File PIN

9	9	2	7	9
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 as my signature on my 2016 e-filed Virginia individual income tax return.

Do not enter all zeros

Q-BOOKS & TAX SERVICES LLC

ERO Firm Name

☐ I will enter my e-File PIN as my signature on my 2016 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

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.

5	4	3	8	5	5	5	5	5	5	4
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Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2016 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2016). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

 ERO's Signature _____ Date 04-12-17