



TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

KEYSTONE
collects property
taxes on your behalf

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of your taxes. Contact your local CPA.

Use this form to report your income.

Tax Year **2024**

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO / /				
TO / /				

If you moved during the tax year, file your return for each municipality. Use Part Four Resident Schedule on back for an alternate income and taxes for each return using PSD codes for each jurisdiction.

Dauphin County TCD
Susquehanna Township School District
Susquehanna Township



Zahir Hakim

P2 T29 B1 S25

7489

ZAHIR HAKIM

ACCOUNT #17804867

PRINT SPOUSE NAME HERE



DAYTIME PHONE NUMBER - - - - -	RESIDENT PSD CODE 220901	EXTENSION REQUEST FORM If you are a resident of a municipality that is not listed on this form, please check the appropriate box. ☐ AMENDED RETURN
The calculations reported in the first column MUST pertain to the name printed in the column regardless of which spouse appears first. (Combining income is NOT permitted) USE ONLY BLACK OR BLUE INK TO COMPLETE THIS FORM ☒ Single ☐ Married Filing jointly ☐ Married Filing Separately		Social Security # If you had NO EARNED INCOME check the reason why: ☐ disabled ☐ student ☐ deceased ☐ military ☐ homemaker ☐ retired ☐ unemployed
		Spouse's Social Security # If you had NO EARNED INCOME check the reason why: ☐ disabled ☐ student ☐ deceased ☐ military ☐ homemaker ☐ retired ☐ unemployed
1 Gross compensation as reported on W-2(s) (enclose W-2s)		0 00
2 Unreimbursed Employee Business Expenses (enclose PA Schedule UE)		00
3 Other Taxable Income (see instructions; enclose supporting documents)		00
4 Total Taxable Income (subtract Line 2 from Line 1 and add Line 3)		0 00
5 Net Profits (enclose PA Schedules) NON-TAXABLE S-CORP earnings check this box ☐ (enclose S-Corp Schedule)		00
6 Net Loss (enclose PA Schedules)		00
7 Total Taxable Net Profit (subtract Line 6 from Line 5; if less than zero, enter zero)		00
8 Total Taxable Income and Net Profit (add Line 4 and Line 7)		00
9 Tax Liability (Line 8 multiplied by 0.01)		0 00
10 Income Tax Withheld (may not equal W-2, see instructions)		660 32
11 Quarterly and Extension Payments/Credit From Previous Year		00
12 Credits ☐ Out-of-State ☐ Philadelphia and ☐ Act 172		00
13 PAYMENTS and CREDITS (add Lines 10, 11 and 12)		660 32
14 Refund, enter if \$2 or more, or select credit option in Line 15		660 32
15 Credit to Taxpayer/Spouse if \$2 or more, apply credit as follows: ☐ Credit to next year ☐ Credit to spouse		00
16 TAX BALANCE DUE (line 9 minus Line 13)		00
17 Penalty after Due Date (multiply Line 16 by ☐ x number of months late)		00
18 Interest after Due Date (multiply Line 16 by 0.00657 x number of months late)		00
19 TOTAL PAYMENT DUE (add Lines 16, 17 and 18)		00

(Under penalties of perjury, I/we declare that I/we have examined this information

including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

TAXPAYER'S SIGNATURE

Zahir Hakim

SPOUSE'S SIGNATURE (if filing jointly)

DATE (MM/DD/YYYY)

04/18/2025

PREPARED BY (NAME AND SIGNATURE)

PHONE NUMBER



Form **4852**
(Rev. September 2020)

Department of the Treasury
Internal Revenue Service

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 04

You must take the following steps before filing Form 4852

• Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.

• If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return Hakim Zahr		2 Your social security number -----	
3 Address -----			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2024</u> I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code MACK TRUCKS INC 8003 PIEDMONT TRIAD PKWY GREENSBORO NC 27409-9416		6 Employer's or payer's TIN (if known) 22-1582040	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation		f State income tax withheld	
b Social security wages		g Local income tax withheld	
c Medicare wages and tips		h Social security tax withheld	
d Social security tips		i Medicare tax withheld	
e Federal income tax withheld			
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined		h Local income tax withheld	
d Total distribution		i Employee contributions	
e Capital gain (included on line 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
Payer incorrectly characterized remuneration as "Wages" when no such "Wages" as defined at IRC section 3401(a) and 3121(a) and relevant tax law were received. All other amounts are correct and should be returned accordingly.

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

☒ CORRECTED (if checked)

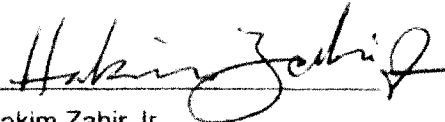
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Zillow, Inc. 1301 2nd Avenue Floor 38 Seattle, WA 98101 +12064707000		FILER'S TIN 20-2000033 PAYEE'S TIN XXXXX7-0000 1a Gross amount of payment card/third party network transactions \$ 0.00 1b Card Not Present transactions \$ 0.00 2 Merchant category code 6513 3 Number of payment transactions 0 4 Federal income tax withheld \$ 0.00		OMB No 1545-2205 Form 1099-K (Rev. March 2024) For calendar year 2024 Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.																																	
Check to indicate if FILER is a: Payment settlement entity (PSE) ☐ Electronic Payment Facilitator (EPF) ☒ Other third party ☐ Check to indicate transactions reported on: Payment card ☐ Third party network ☒		PAYEE'S name Hakim Zahir Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 98110 PSE'S name and telephone number Zillow Inc. +12064707000 Account number (see instructions) acct_1MB6PVPmhwCbGlyU		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">5a January</td> <td style="width: 50%;">5b February</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>5c March</td> <td>5d April</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>5e May</td> <td>5f June</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>5g July</td> <td>5h August</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>5i September</td> <td>5j October</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>5k November</td> <td>5l December</td> </tr> <tr> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="2">6 State</td> </tr> <tr> <td colspan="2">State identification no.</td> </tr> <tr> <td colspan="2">State income tax withheld</td> </tr> <tr> <td colspan="2">\$ 0.00</td> </tr> </table>		5a January	5b February	\$ 0.00	\$ 0.00	5c March	5d April	\$ 0.00	\$ 0.00	5e May	5f June	\$ 0.00	\$ 0.00	5g July	5h August	\$ 0.00	\$ 0.00	5i September	5j October	\$ 0.00	\$ 0.00	5k November	5l December	\$ 0.00	\$ 0.00	6 State		State identification no.		State income tax withheld		\$ 0.00	
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Form 1099-K (Rev. 3-2024) (Keep for your records) www.irs.gov/Form1099-K Department of the Treasury - Internal Revenue Service

This corrected 1099-K form is submitted to rebut a document known to have been submitted to the IRS by the party identified above as "FILER", erroneously alleging payment to the party identified above as "PAYEE" of "gains, profits or income" made in the course of conducting transactions with a "Trade or Business".

No Payments were received by "PAYEE" from "FILER" in connection with a "Trade or Business" or any federally connected taxable activity that would constitute income under relevant tax law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief it is true, correct, and complete.


 Hakim Zahir Jr

4/8/25
 Date

✓ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PayPal, Inc. 2211 N. First St. San Jose, CA 95131		FILER'S TIN 77-0510487	OMB No. 1545-2205 2024	Payment Card and Third Party Network Transactions
Check to indicate if FILER is a (an): Payment settlement entity (PSE) ☒		Form 1099-K		Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate transactions reported are: Electronic Payment (e-payment) ☐		1a Gross amount of payment card, third party network transactions \$ 0.00	2 Merchant category code (XXX)	
Payment Card ☐		1b Cash/Not Please transactions \$ 0.00	3 Number of payment transactions 0	
Third party network ☒		4 Federal income tax withheld \$ 0.00	5a January \$ 0.00	
PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Hakim Zahir ... PA 17110		5b February \$ 0.00	5c March \$ 0.00	
PSE'S name and telephone number PayPal, Inc.		5d April \$ 0.00	5e May \$ 0.00	5f June \$ 0.00
Account number (see instructions) 1516388874885295708 Tracking # 1571691671		5g July \$ 0.00	5h August \$ 0.00	5i September \$ 0.00
Form 1099-K (Rev. 1-2024) (Keep for your records)		5j October \$ 0.00	5k November \$ 0.00	5l December \$ 0.00
State PA		6 State	7 State identification no.	8 State income tax withheld \$ 0.00

Form 1099-K (Rev. 1-2024) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury Internal Revenue Service

This corrected 1099-K form is submitted to rebut a document known to have been submitted to the IRS by the party identified above as "FILER", erroneously alleging payment to the party identified above as "PAYEE" of "gains, profits or income" made in the course of conducting transactions with a "Trade or Business".

No Payments were received by "PAYEE" from "FILER" in connection with a "Trade or Business" or any federally connected taxable activity that would constitute income under relevant tax law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief it is true, correct, and complete.

Hakim Zahir Jr
 Hakim Zahir Jr

4/8/25
 Date

☒ **CORRECTED (if checked)**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone (to) Hamburg Housing Authority 351 Chestnut Street, 12th Floor Hamburg, PA 17101 (717) 232-6781		1 Rents \$ 0.00 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For Calendar Year 2024	Miscellaneous Information Copy B For Recipient
PAYER'S TIN 236002297	RECIPIENT'S TIN 203-70-7489	4 Federal income tax withheld \$ 5 Medical and health care payments \$		
RECIPIENT'S name HAKIM ZAHIR Street address (including apt. no.) - - - - - City or town, state or province, country, and ZIP or foreign postal code - - - - - PA 17101		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ 8 Crop insurance proceeds \$ 9 Fish purchased for resale \$	8 Substitute payments in lieu of dividends or interest \$ 10 Gross proceeds paid to an attorney \$ 12 Section 408A deferrals \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
13 FATCA filing requirement ☐		14 Excess golden parachute payments \$ 15 Nonqualified deferred compensation \$		
Account number (see instructions) s0023127		16 State tax withheld \$ 17 State/Payer's state no. \$	18 State income \$	

Form 1099-MISC (Rev. 1-2022) (Keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

This corrected 1099-MISC form is submitted to rebut a document known to have been submitted to the IRS by the party identified above as "PAYER", erroneously alleging payment to the party identified above as "RECIPIENT" of "gains, profits or income" made in the course of conducting transactions with a "Trade or Business".

No Payments were received by "RECIPIENT" from "PAYER" in connection with a "Trade or Business" or any federally connected taxable activity that would constitute income under relevant tax law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief it is true, correct, and complete.


 Hakim Zahir Jr.

4/8/25
 Date