

Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/15/2021**

2022 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.'** Write your social security number and "2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,890.

REV 02/05/22 PRO

1555

654-42-6925

@ASIM NAVEED CHEEMA
TEHRIM ZAHID
LOO HEPBURN RD APT LB
CLIFTON NJ 07012



Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2021**

2022 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.'** Write your social security number and "2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,890.

REV 02/05/22 PRO

1555

654-42-6925

@ASIM NAVEED CHEEMA
TEHRIM ZAHID
LOO HEPBURN RD APT LB
CLIFTON NJ 07012



Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2021**

2022 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.'** Write your social security number and "2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,890.

REV 02/05/22 PRO

1555

654-42-6925

@ASIM NAVEED CHEEMA
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LOO HEPBURN RD APT LB
CLIFTON NJ 07012



Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/18/2022**

2022 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.'** Write your social security number and "2022 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,890.

REV 02/05/22 PRO

1555

654-42-6925

@ASIM NAVEED CHEEMA
TEHRIM ZAHID
LOO HEPBURN RD APT LB
CLIFTON NJ 07012

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ssion Identification Number (SID)	
Taxpaye	er's name	Social security number
OAS	IM NAVEED CHEEMA	654-42-6925
Spouse'		Spouse's social security number
TEH	RIM ZAHID	897-42-1582
Part	Tax Return Information — Tax Year Ending December 31, 2	2021 (Enter year you are authorizing.)
Enter v	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	
2	Total tax	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	33,==
4	Amount you want refunded to you	
5	Amount you owe	
Part	II Taxpayer Declaration and Signature Authorization (Be sure your penalties of perjury, I declare that I have examined a copy of the income tax return (original	
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts original or amended) I am now authorizing. I consent to allow my intermediate service production or the IRS and to receive from the IRS (a) an acknowledgement of receipt or a delay in processing the return or refund, and (c) the date of any refund. If applicable, I at to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the finate to the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car as days prior to the payment (settlement) date. I also authorize the financial institutions in o receive confidential information necessary to answer inquiries and resolve issues relial identification number (PIN) below is my signature for the income tax return (original or nic Funds Withdrawal Consent.	ovider, transmitter, or electronic return originator (ERC reason for rejection of the transmission, (b) the reason the transmission, (c) the reason the transmission account indicated in the tax preparation software francial institution to debit the entry to this account. The to terminate the authorization. To revoke (cancel) ncellation requests must be received no later than the nvolved in the processing of the electronic payment plated to the payment. I further acknowledge that the
	yer's PIN: check one box only	
X		or generate my PIN 2 6 9 2 5 as m
	ERO firm name	Enter five digits, but don't enter all zeros
	signature on the income tax return (original or amended) I am now authorizing	g.
	I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.	
Your s	signature▶	Date ►
Spous	se's PIN: check one box only	
X		or generate my PIN 2 1 5 8 2 as m
	ERO firm name	Enter five digits, but don't enter all zeros
	signature on the income tax return (original or amended) I am now authorizing I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.	_g . nded) I am now authorizing. Check this box on
Spous	e's signature ▶	Date ►
	Practitioner PIN Method Returns Only—cont	
Part		
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	N. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file I	nat I am submitting this return in accordance with the
ERO's	signature ►	Date ▶

ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So Form 1040-V 2021 Page 2

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2021**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)► Use this voucher when making a payment with Form 1040.

Enter the amount 502. of your payment . .

Form 1040-V Payment Voucher

REV 02/05/22 PRO

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40543-7000

QASIM NAVEED CHEEMA TEHRIM ZAHID 100 HEPBURN RD 1B CLIFTON NJ 07012

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status	5 🗌 8	Single X Married filing jointly	Marri	ed filing separately (M	1FS)	☐ Head of	hous	sehold (HOH)	Qual	ifying wid	ow(er) (QW)
Check only one box.	•	u checked the MFS box, enter the name on is a child but not your dependent.		your spouse. If you c	heck	ced the HOH of	or QV	V box, enter the	child's	name if th	ie qualifying
Your first name	and mi	ddle initial L	ast na	ame				١	our so	cial securit	y number
QASIM N	AVEE	D C	CHE	EMA					654-4	42-692	5
If joint return, s	pouse's	s first name and middle initial	ast na	ame				S	Spouse's	s social sec	curity number
TEHRIM		2	ZAH	ID				8	897-4	42-158	2
Home address	(numbe	er and street). If you have a P.O. box, see ins	struct	ions.				Apt. no.	Preside	ntial Election	on Campaign
100 HEP	BURN	RD								ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also comp	lete	spaces below.	Sta	te	ZIP				itly, want \$3 Checking a
CLIFTON					N	J	07	7 0 1 0	_	ow will not	•
Foreign country	/ name			Foreign province/state/o	coun	ty	Fore			or refund. You	
At any time du	ring 20	021, did you receive, sell, exchange, or	oth	erwise dispose of any	fina	ancial interest	in an	y virtual currenc	cy?	Yes	⊠ No
Standard	Som	eone can claim:	nder	nt	e as	a dependent			7		
Deduction		Spouse itemizes on a separate return o	r yo	u were a dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 195	7 [Are blind Spo	use	: Was bo	rn be	efore January 2,	1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relations	nip	(4) 🗸 if qua	lifies for	(see instru	ctions):
If more	(1) F	irst name Last name		number		to you		Child tax cred	dit	Credit for oth	her dependents
than four	MUHAI	MMAD ALI QASIM CHEEMA		831-59-239	7	Son		×			
dependents, see instructions	IBR.	AHIM QASIM CHEEMA		713-88-517	4	Son		×			
and check											
here										[
	1	Wages, salaries, tips, etc. Attach For	m(s)	W-2					1	28	82,744.
Attach Sch. B if	2a	Tax-exempt interest 2a			bΤ	axable interes	t		2b		18.
required.	3a	Qualified dividends 3a			b C	rdinary divide	nds		3b		
	4a	IRA distributions 4a		· ·	b T	axable amour	nt .		4b		
	5a	Pensions and annuities 5a			b T	axable amour	nt .		5b		
Standard	6a	Social security benefits 6a	\perp		b T	axable amour	nt.		6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Schedu	e D i	if required. If not requ	ired	, check here		▶ □	7		
Married filing	8	Other income from Schedule 1, line	0						8		31,620.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, an	d 8. ⁻	This is your total inco	me			•	9	25	51,142.
Married filing	10	Adjustments to income from Schedu	le 1,	line 26					10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is ye	our a	djusted gross incon	ne			•	11	25	51,142.
widow(er), \$25,100	12a	Standard deduction or itemized de	duc	tions (from Schedule	A)	12	а	25,100			
Head of	b	Charitable contributions if you take the	e sta	ndard deduction (see	instr	ructions) 12	b	600			
household, \$18,800	С	Add lines 12a and 12b							120	; 2	25,700.
If you checked	13	Qualified business income deduction	fron	n Form 8995 or Form	899	5-A			13		
any box under Standard	14	Add lines 12c and 13							14		25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from	m lir	ne 11. If zero or less,	ente	r-0			15	22	25,442.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)

	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	42,148.
	17	Amount from Schedule 2, line 3					17	5,237.
	18	Add lines 16 and 17					18	47,385.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, line 8					20	1,600.
	21	Add lines 19 and 20					21	1,600.
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	45,785.
	23	Other taxes, including self-employment tax,					23	296.
	24	Add lines 22 and 23. This is your total tax					24	46,081.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 35	5,229.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c	0.		
	d	Add lines 25a through 25c					25d	35,229.
	26	2021 estimated tax payments and amount a					26	
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)		Nο	27a			
attach Sch. EIC.		Check here if you were born after Janu	ary 1, 1998,	and before				
		January 2, 2004, and you satisfy all the						
		taxpayers who are at least age 18, to claim t	1 1	structions				
	b	Nontaxable combat pay election						
	С	Prior year (2019) earned income		0 1 1 1 0010		050		
	28	Refundable child tax credit or additional child				3,250.	-	
	29	American opportunity credit from Form 8863			29		-	
	30	Recovery rebate credit. See instructions .			30	7 100	-	
	31	Amount from Schedule 3, line 15				7,100.	-	10 250
	32	Add lines 27a and 28 through 31. These are					32	10,350.
	33	Add lines 25d, 26, and 32. These are your to					33	45,579.
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	
Direct deposit?	35a	Amount of line 34 you want refunded to you Routing number X X X X X X X					35a	
See instructions.	►b ►d	Account number X X X X X X X X			-	Savings		
	36	Amount of line 34 you want applied to your :			36			
Amount	37	Amount you owe. Subtract line 33 from line				. ▶	37	502.
You Owe	38	Estimated tax penalty (see instructions) .			38		31	302.
Third Party Designee		you want to allow another person to disc tructions		n with the 185?		omplete b	elow.	X No
Boolgiloo	Des	signee's	Phone			onal identif		
	nar	ne ►	no. 🕨		num	ber (PIN)	•	
Sign		der penalties of perjury, I declare that I have examine						
Here		ef, they are true, correct, and complete. Declaration			ased on all informati			,
	You	ır signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				SOFTWARE I	ENGINEER		nst.)	
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for your records.	,						-	ection PIN, enter it here
your records.				SOFTWARE 1			nst.) ►	
		one no. (646)662-5680	Email address	QSASIMNAVEEDCH	EEMA1985@GMAIL.C			
Paid		parer's name Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/12/2022	P02082		Self-employed
Use Only		n's name ► GLOBAL TAXES LLC	·	a = 00000				678)965-9522
		n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/05/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
QASIM NAVEED CHEEMA & TEHRIM ZAHID

Your social security number
654-42-6925

Par	Additional income				
1	Taxable refunds, credits, or offsets of state and local income taxes	s		1	
2 a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)	_			
3	Business income or (loss). Attach Schedule C			3	-31,620.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, tr Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a			
b	Gambling income	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (()		
е	Taxable Health Savings Account distribution	8e			
f	Alaska Permanent Fund dividends	8f			
g	Jury duty pay	8g			
h	Prizes and awards	8h			
i	Activity not engaged in for profit income	8i			
j	Stock options	8j			
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k			
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81			
m	Section 951(a) inclusion (see instructions)	8m			
n	Section 951A(a) inclusion (see instructions)	8n			
0	Section 461(I) excess business loss adjustment	80			
р	Taxable distributions from an ABLE account (see instructions) .	8p			
Z	Other income. List type and amount ▶	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1				
	1040-NR, line 8			10	-31,620.

Schedule 1 (Form 1040) 2021 Page **2**

Par	t II Adjustments to Income			·
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	•	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions)			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

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

QASIM NAVEED CHEEMA & TEHRIM ZAHID

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

2021

Attachment
Sequence No. 02

Sequence No. **02**Your social security number
654-42-6925

Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	5,237.
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	5,237.
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
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	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	295.
12	Net investment income tax. Attach Form 8960	12	1.
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	
	(co	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2021

Schedule 2 (Form 1040) 2021 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:					
а	Recapture of other credits. List type, form number, and amount ▶	17a				
b	Recapture of federal mortgage subsidy. If you sold your home in	17b				
С	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				
е	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	17 g				
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	17 j				
k	Golden parachute payments	17k				
I	Tax on accumulation distribution of trusts	17 I				
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				
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0				
р	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						
•		17z		40		
8	Total additional taxes. Add lines 17a through 17z			18		-
9	Additional tax from Schedule 8812		· · · · ·	19		_
20 21	Section 965 net tax liability installment from Form 965-A Add lines 4, 7 through 16, 18, and 19. These are your total other	20 taxe	e Enter hore			
_	and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	296	
						-

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR QASIM NAVEED CHEEMA & TEHRIM ZAHID

Your social security number 654-42-6925

Par	t I 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	1,600.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800 6a		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor 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	-	
1	Amount on Form 8978, line 14. See instructions 61	-	
Z	Other nonrefundable credits. List type and amount ▶		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,600.

Schedule 3 (Form 1040) 2021

Schedule 3 (Form 1040) 2021 Page **2**

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 Excess social security and tier 1 RRTA tax withheld 11 11 7,100. 12 Credit for federal tax on fuels, Attach Form 4136 . . . 12 13 Other payments or refundable credits: **a** Form 2439 13a **b** Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 13b c Health coverage tax credit from Form 8885 13c d Credit for repayment of amounts included in income from earlier 13d e Reserved for future use 13e **f** Deferred amount of net 965 tax liability (see instructions) . . 13f g Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 **13g** h Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 13h **z** Other payments or refundable credits. List type and amount ▶ 13z 14 Total other payments or refundable credits. Add lines 13a through 13z 14 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, 15 15 7,100.

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SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Attachment

Department of the Treasury

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

	* *		. 10-11	, partiterships must generally me		
	of proprietor					ial security number (SSN)
~	IM NAVEED CHEEMA	n including product or conde- (-)	o inst	uctions)		4-42-6925
Α	·	n, including product or service (se	e instr	uctions)	B E	nter code from instructions
	SOFTWARE SERVICES	husinaan nama Jasus blank				► 5 1 9 1 0 0
С	Business name. If no separate l				D E	mployer ID number (EIN) (see instr.)
	CHEEMA SOFTWARE SEE			DD 3+ 1D	Щ	
E		uite or room no.) ► 100 HEPI				
_	City, town or post office, state,					
F	Accounting method: (1)			Other (specify)		
G 				2021? If "No," see instructions for I		
H						
'.				n(s) 1099? See instructions		
J Pari	Income	required Form(s) 1099?				∐ Yes ∐ No
1				f this income was reported to you ording	1	
2					2	
2 3					3	_
4					4	
5		om line 3			5	
6		Il and state gasoline or fuel tax cre			6	
7	_	_			7	
Part	Expenses. Enter expen	nses for business use of you	ır hon	ne only on line 30.		
8	Advertising	8	18	Office expense (see instructions)	. 18	8
9	Car and truck expenses (see	4	19	Pension and profit-sharing plans		
3	instructions)	9 3,360.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10	a	Vehicles, machinery, and equipmen	20	a
11	Contract labor (see instructions)	11	b	Other business property		
12	Depletion	12	21	Repairs and maintenance		
13	Depreciation and section 179		22	Supplies (not included in Part III)		2
	expense deduction (not		23	Taxes and licenses		3
	included in Part III) (see instructions)	13	24	Travel and meals:		
14	Employee benefit programs		а	Travel	24	a
• •	(other than on line 19) .	14	b	Deductible meals (see		
15	Insurance (other than health)	15	1 ~	instructions)	24	b 2,400.
16	Interest (see instructions):		25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	26	6
b	Other	16b	27a	Other expenses (from line 48) .	. 27	a
17	Legal and professional services	17	b	Reserved for future use	27	b
28	Total expenses before expens	ses for business use of home. Add	d lines	8 through 27a	28	31,620.
29	Tentative profit or (loss). Subtra	act line 28 from line 7			. 29	9 -31,620.
30	Expenses for business use of	your home. Do not report thes	е ехре	enses elsewhere. Attach Form 8829)	
	unless using the simplified met	hod. See instructions.				
	Simplified method filers only:	Enter the total square footage of	(a) yo	ur home:	_	
	and (b) the part of your home u	sed for business:		. Use the Simplified		
		uctions to figure the amount to en	ter on	line 30	. 30)
31	Net profit or (loss). Subtract li	ne 30 from line 29.		,		
	• If a profit, enter on both Sche	edule 1 (Form 1040), line 3, and o	on Sch	nedule SE, line 2. (If you		
	checked the box on line 1, see	instructions). Estates and trusts,	enter o	on Form 1041, line 3.	31	-31,620.
	• If a loss, you must go to line			J		
32	If you have a loss, check the bo	ox that describes your investment	t in this	s activity. See instructions.		
	• If you checked 32a, enter the	e loss on both Schedule 1 (Form	1040),	line 3, and on Schedule		
	, , ,	oox on line 1, see the line 31 instruc	ctions.)	Estates and trusts, enter on		All investment is at risk.
	Form 1041, line 3.				32	!b ☐ Some investment is not

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

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at risk.

Schedule C (Form 1040) 2021 Page **2**

Part	Cost of Goods Sold (see instructions)
00	Mathaelfe) was all to
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36	Purchases less cost of items withdrawn for personal use
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.
43	When did you place your vehicle in service for business purposes? (month/day/year) See Additional Vehicle Information ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
а	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours?
46	Do you (or your spouse) have another vehicle available for personal use?
47a	Do you have evidence to support your deduction?
	If "Yes," is the evidence written?
Part	V Other Expenses. List below business expenses not included on lines 8–26 or line 30.
48	Total other expenses. Enter here and on line 27a

2441

Child and Dependent Care Expenses

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form2441 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **21**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return
OASIM NAVEED CHEEMA & TEHRIM ZAHID

Your social security number 654-42-6925

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box B For 2021, your credit for child and dependent care expenses is refundable if you, or your spouse if married filing jointly, had a principal place of abode in the United States for more than half of 2021. If you meet these requirements, check this box . . . Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box (d) Check here if the care provider is your (c) Identifying number (a) Care provider's (b) Address (e) Amount paid (number, street, apt. no., city, state, and ZIP code) (SSN or EIN) household employee. (see instructions) (see instructions) 391 BROAD ST 22-3775075 THE LITTLE CLIFTON SCHOOL CLIFTON NJ 07013 9,475. Did you receive Complete only Part II below. dependent care benefits? Complete Part III on page 2 next. Yes -Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2021 but didn't pay them until 2022, or if you prepaid in 2021 for care to be provided in 2022, don't include these expenses in column (c) of line 2 for 2021. See the instructions. Credit for Child and Dependent Care Expenses Part II Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check (c) Qualified expenses you (a) Qualifying person's name (b) Qualifying person's social incurred and paid in 2021 for the person listed in column (a) security number First IBRAHIM QASIM CHEEMA 713-88-5174 9,475. Add the amounts in column (c) of line 2. **Don't** enter more than \$8,000 if you had one qualifying 3 person or \$16,000 if you had two or more persons. If you completed Part III, enter the amount 3 8,000. 4 225,698. 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 25,426. Enter the **smallest** of line 3, 4, or 5 6 6 8,000. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . | 7 7 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. • If line 7 is \$125,000 or less, enter .50 on line 8. • If line 7 is over \$125,000 and no more than \$438,000, see the instructions for line 8 for the amount to enter. • If line 7 is over \$438,000, don't complete line 8. Enter zero on line 9a. You may be able to claim a credit on line 9b. X .20 9a 1,600 If you paid 2020 expenses in 2021, complete Worksheet A in the instructions. Enter the amount 9b Add lines 9a and 9b and enter the result. If you checked the box on line B above, this is your 10 refundable credit for child and dependent care expenses; enter the amount from this line on Schedule 3 (Form 1040), line 13g, and don't complete line 11. If you didn't check the box on line 10 1,600. Nonrefundable credit for child and dependent care expenses. If you didn't check the box on 11 line B above, your credit is nonrefundable and limited by the amount of your tax; see the instructions to figure the portion of line 10 that you can claim and enter that amount here and on Schedule 3 (Form 1040), line 2 11 1,600.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

► Attach to Form 1040, 1040-SR, or 1040-NR.

1040-SR 1040-NR 8812 ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number 654-42-6925

		54-42	-6925
Part	·		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	251,142.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	251,142.
4a	Number of qualifying children under age 18 with the required social security number 4a		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b		
c	Subtract line 4b from line 4a		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age		
Ü	18 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residen	t l	
	alien. Also, do not include anyone you included on line 4a.		
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
9	Enter the amount shown below for your filing status.		1,000.
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9	400,000.
10	Subtract line 9 from line 3.		100,0001
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,000.
13	Check all the boxes that apply to you (or your spouse if married filing jointly).		1,000.
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United State.		
	for more than half of 2021		
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021		
Part			
	on: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.		
14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	4,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	4,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received		
•	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the		
	instructions before entering an amount on this line. If you didn't receive any advance child tax credit payment		
	for 2021, enter -0	14f	750.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse i		
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	3,250.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line		
_	19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 o	1	2 250
	your Form 1040, 1040-SR, or 1040-NR	14i	3,250.

Schedule 8812 (Form 1040) 2021 Page **2**

Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	on: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	2. Line 4a is more than zero.	
	3. Line 12 is more than line 15a.	
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0	15e
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	
	Form 1040, 1040-SR, or 1040-NR	15h
Part		
Cautio	on: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
Cautio	on: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	x credit.
16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b	Number of qualifying children under 18 with the required social security number: x \$1,400.	
	Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,200 or more?	
	No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	
Part		
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	
23	Add lines 21 and 22	
24	1040 and	
27	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.	
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the larger of line 20 or line 25	26
	Next, enter the smaller of line 17 or line 26 on line 27.	
Part	II-C Additional Child Tax Credit	
27	Enter this amount on line 15c	27

Schedule 8812 (Form 1040) 2021

Part	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the		
	additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you		
	received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint	30	
	return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your	30	
	spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32		31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status.	32	
33	• Married filing jointly or Qualifying widow(er)—\$60,000		
	• Head of household—\$50,000		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
		33	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or	36	
37	more, enter 1.000	37	
	Multiply line 32 by \$2,000	38	
38			
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter	40	
	this amount on Schedule 2 (Form 1040), line 19	40	

REV 02/05/22 PRO

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Schedule 8812 (Form 1040) 2021

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment Sequence No. 70

Taxpayer identification number

OMB No. 1545-0074

QASI	M NAVEED CHEEMA & TEHRIM ZAHID	654-42-	6925		
Enter pre	parer's name and PTIN				
		P020827	03		
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return a benefit(s) claimed (check all that apply). \square EIC \square CTC/ACTC/C		e the rela		arts I–V HOH
	Did you complete the return based on information for the applicable tax year provided by the or reasonably obtained by you? (See instructions if relying on prior year earned income.)	e taxpayer	Yes	No	N/A
	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/A worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or worksheet(s) that provides the same information, and all related forms and schedules for eclaimed?	812 (Form your own			
	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's res				
	determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	porises to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or status and to figure the amount(s) of any credit(s)	HOH filing	×		
	Did any information provided by the taxpayer or a third party for use in preparing the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? answer questions 4a and 4b. If "No," go to question 5.)	(If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information	ation? .			
	Did you contemporaneously document your inquiries? (Documentation should include the you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	impact the			
	Did you satisfy the record retention requirement? To meet the record retention requirement, keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a capplicable worksheet(s), a record of how, when, and from whom the information used to pre 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provious taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status of the amount(s) of the credit(s)	opy of any pare Form ded by the or to figure			
	the amount(s) of the credit(s)				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligib credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return return is selected for audit?	if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year		X		
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		<u> </u>		
а	Did you complete the required recertification Form 8862?				
	If the taxpayer is reporting self-employment income, did you ask questions to prepare a concorrect Schedule C (Form 1040)?	nplete and	×		
For Par	perwork Reduction Act Notice, see separate instructions. REV 02/05/22 PRO	-	Form 886	7 (Rev.	12-2021)

orm 88	67 (Rev. 12-2021)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
L	and does not have a qualifying child, go to question 10.)			
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	· · · · · · · · · · · · · · · · · · ·	claim C	CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part l			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	k year	Yes	No
Part \	and provided more than half of the cost of keeping up a home for the year for a qualifying person? I Eligibility Certification			
	► You will have complied with all due diligence requirements for claiming the applicable credit(s) are	nd/or H	OH filii	na
	status on the return of the taxpayer identified above if you:			J
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the application obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the taxpet determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

Form **8959**

Department of the Treasury Internal Revenue Service

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, 1040-PR, or 1040-SS.

Attach to Form 1040-3h, 1040-hh, 1040-Fh, or 1040-35.

2021 Attachment Sequence No. 71

OMB No. 1545-0074

Name(s) shown on return

QASIM NAVEED CHEEMA & TEHRIM ZAHID

► Go to www.irs.gov/Form8959 for instructions and the latest information.

654-42-6925

Your social security number

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5	-	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
•	Single, Head of household, or Qualifying widow(er) \$200,000 5 250,000.		20 544
6	Subtract line 5 from line 4. If zero or less, enter -0	6	32,744.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to	7	295.
Part	Part II		2,55.
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
O	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)		
9	Enter the following amount for your filing status:	•	
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
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	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)	-	
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying widow(er) \$200,000		
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).	4-	
Dort	Enter here and go to Part IV	17	
Part		1	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18	295.
Part		10	295.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
10	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
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-PR or		
	1040-SS filers, see instructions)	24	0.

BAA

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service (99) ► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2021

Attachment
Sequence No. 72

Name(s) shown on your tax return Your social security number or EIN OASIM NAVEED CHEEMA & TEHRIM ZAHID 654-42-6925 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 18. 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c **5a** Net gain or loss from disposition of property (see instructions) 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.... 8 18. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) Miscellaneous investment expenses (see instructions) . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 18. Individuals: Modified adjusted gross income (see instructions) 13 251,142. 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 1,142. 16 16 18. 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 1. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b c Subtract line 19b from line 19a. If zero or less, enter -0- 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

BAA

Premium Tax Credit (PTC)

► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. **73**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name shown on your return

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

O 70 CI	TM NINITED		DIIDIM PAIIID		654					
	SIM NAVEED CHEEMA & TEHRIM ZAHID 654-42-6925 If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week be-									
A.	check the box	x. See instructions .					-	▶□		
B.	You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box									
Part	Annı	ual and Monthly	Contribution An	nount						
1	Tax family s	ize. Enter your tax fa	mily size. See instruct	ions			1	4		
2a	Modified AG	I. Enter your modifie	ed AGI. See instruction	ns	2a	251,142.				
b	Enter the tot	tal of your depender	nts' modified AGI. See	instructions	2b					
3	Household i	ncome. Add the amo	ounts on lines 2a and 2	2b. See instructions .			3	251,142.		
4				ount from Table 1-1, 1			4	26,200.		
5	Household in	ncome as a percenta	ge of federal poverty li	ne (see instructions) .			5	401 %		
6	Reserved fo	r future use								
7	Applicable fi	gure. Using your line	5 percentage, locate y	our "applicable figure"	on the table in the insti	ructions	7	0.0850		
8a	Annual contrib	ution amount. Multiply li	ne 3 by	b Mont	hly contribution amour	nt. Divide line 8a				
	line 7. Round t	o nearest whole dollar a	mount 8a	21,347. by 12	2. Round to nearest who	ole dollar amount	8b	1,779.		
Part	II Prem	nium Tax Credit	Claim and Reco	nciliation of Adva	ance Payment of	Premium Tax	Cre	dit		
9				er or do you want to us		_				
	Yes. Skip	to Part IV, Allocation o	of Policy Amounts, or Part	V, Alternative Calculation	for Year of Marriage.	No. Continue to	line 1	10.		
10			•	1 or must complete line		_				
			ompute your annual P	TC. Then skip lines 12	2–23			es 12-23. Compute		
	and con	tinue to line 24.				your monthly P1	Can	d continue to line 24.		
	Annual	(a) Annual enrollment	(b) Annual applicable SLCSP premium	(c) Annual	(d) Annual maximum premium assistance	(e) Annual premium		(f) Annual advance		
	lculation	premiums (Form(s) 1095-A, line 33A)	(Form(s) 1095-A,	contribution amount (line 8a)	(subtract (c) from (b); if	credit allowed (smaller of (a) or (c		payment of PTC (Form(s) 1095-A, line 33C)		
		1035-A, lille 35A)	line 33B)	(IIII & Oa)	zero or less, enter -0-)	(Sitialier of (a) of (c	1))	1000 71, 11110 000)		
11	Annual Totals						_			
	Monthly Ilculation	premiums (Form(s) SLCSP premium (amount from line 8b (subtractive marriage) (subtractive marriage)		(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium credit allowed (smaller of (a) or (d	F	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)			
10	lonon.	1,564.	1,409.	1,779.	0.	0		700.		
12	January	1,938.	1,746.	1,779.	0.	0		1,049.		
13 14	February March	1,938.	1,746.	1,779.	0.	0		1,049.		
15		1,938.	1,746.	1,779.	0.	0	-	1,049.		
16	April May	1,938.	1,746.	1,779.	0.	0	-+	1,390.		
17	June	1,000.	1,710.	1,110.	0.	0	•	1,300.		
18	July									
19	August						_			
20	September									
21	October									
22	November									
23	December									
24		ım tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e) 1	through 23(e) and ente	r the total here	24	0.		
25	•			. ,	• ,,		25	5,237.		
26										
Part				nent of the Premi						
27				n line 24, subtract line 2		e difference here	27	5,237.		
28		limitation (see instru	•				28			
29		·	•	er the smaller of line 2						
	(Form 1040), line 2							5,237.		

BA

Form 89	962 (2021)						Page 2	2
Part		Policy Amount	ts				1 490 -	-
	ete the following informa			s. See instruction	ns for allocation details			-
Alloca	ation 1							_
30	(a) Policy Number (Fo	rm 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentage applied to monthly amounts	(e) Prei	nium Percentage	(f) SLC	SP Percentage	(g) Advance Payment of the PTC Percentage		
Alloca	ation 2							-
31	(a) Policy Number (Fo	rm 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start n	nonth	(d) Allocation stop month	
	Allocation percentage applied to monthly amounts	(e) Prei	nium Percentage	(f) SLC	SP Percentage	(g) A	dvance Payment of the PTC Percentage	
Allaaa	-ti 0							_
32	ation 3 (a) Policy Number (Fo	rm 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start n	nonth	(d) Allocation stop month	_
	Allocation percentage applied to monthly amounts		emium Percentage (f) SLC		SP Percentage	(g) A	Advance Payment of the PTC Percentage	
• • •								_
	ation 4	1005 A 1' 0'	(b) 00N of other land		(A) Aller Mercelonia		A.D. Allered Constant and the	_
33	(a) Policy Number (Fo	rm 1095-A, line 2)	(b) SSN of other taxpa	ayer	(c) Allocation start n	nontn	(d) Allocation stop month	
	Allocation percentage applied to monthly amounts	(e) Prei	mium Percentage (f) SLCSP Percentage			(g) Advance Payment of the PTC Percentage		
								_
34	allocated policy amoun	amounts on Form 1 ats from Forms 1095	095-A by the allocation	combined total	for each month. Enter	the con	ated policy amounts and non nbined total for each month or 24.	
	No. See the instruc	ctions to report addi	tional policy amount allo	cations.				
Part	V Alternative C	alculation for	ear of Marriage					-
Compl		to elect the alternati	ve calculation for year o	-		election,	see the instructions for line 9).
35	Alternative entries		ily size (b) Alternative	monthly (c)	Alternative start mon	th ((d) Alternative stop month	-

(b) Alternative monthly

REV 02/05/22 PR

contribution amount

for your SSN

36

Alternative entries

for your spouse's SSN

(a) Alternative family size

(d) Alternative stop month

Form **8962** (2021)

(c) Alternative start month

Additional information from your 2021 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount			
RENT(12M*2155PM)			25,860.	
Total			25,860.	

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Additional Vehicle Info

Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?		Evidence to Support Dedn?
04/01/2019	2,500	5,500	No	Yes	No
06/01/2021	3,500	12,500	No	Yes	No

DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN Your name QASIM NAVEED CHEEMA 654-42-6925 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN TEHRIM ZAHID 897-42-1582 Part I Tax Return Information (whole dollars only) 164,736. Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 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 tax year ending December 31, 2021, 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 (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB 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 acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ■ lauthorize GLOBAL TAXES LLC to enter my PIN ERO firm name Do not enter all zeros as my signature on my 2021 e-filed California individual income tax return. I will enter my PIN as my signature on my 2021 e-filed California individual 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/RDP's PIN: check one box only □ I authorize GLOBAL TAXES LLC **ERO firm name** Do not enter all zeros as my signature on my 2021 e-filed California individual income tax return. I will enter my PIN as my signature on my 2021 e-filed California individual 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/RDP's signature > __ Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

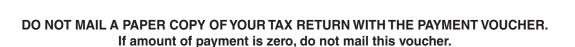
confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I

ERO's signature

Do not enter all zeros

Voucher at bottom of page.



WHERE TO FILE:

Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 18, 2022.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.

Go to **ftb.ca.gov/pay** for more information. **Do not mail this voucher if you use Web Pay.**

__ _ _ DETACH HERE __ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER __ _ _ _ DETACH HERE __ _ _ CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR
2021

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM

3582 (e-file)

654-42-6925 CHEE 897-42-1582 21

QASIMNAVEED CHEEMA TEHRIM ZAHID

100 HEPBURN RD APT 1B

CLIFTON NJ 07012

Amount of Payment 746.

TAXABLE YEAR

2021

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

AP1

ATTACH FEDERAL RETURN

654-42-6925 CHEE 897-42-1582 21 PBA 519100

QASIMNAVEED CHEEMA TEHRIM ZAHID

100 HEPBURN RD APT 1B

CLIFTON NJ 07012

10-07-1985 11-18-1986

		If your California filing status is different fr	om your federal filing status, check the box here
	1	Single	4 Head of household (with qualifying person). See instructions.
Status	2	Married/RDP filing jointly. See inst.	5 Qualifying widow(er). Enter year spouse/RDP died.
	3	Married/RDP filing separately. Enter	See instructions. spouse's/RDP's SSN or ITIN above and full name here
	6	If someone can claim you (or your spouse	RDP) as a dependent, check the box here. See inst
•	For	line 7, line 8, line 9, and line 10: Multiply the	number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only
	7	Personal: If you checked box 1, 3, or 4 aborhecked box 2 or 5, enter 2. If you checked	ve, enter 1 in the box. If you
	8	Blind: If you (or your spouse/RDP) are vis	ally impaired, enter 1;
	9	if both are visually impaired, enter $2\ldots$ Senior: If you (or your spouse/RDP) are 6.	or older, enter 1;
2	10	if both are 65 or older, enter 2. See instruction Dependents: Do not include yourself or you	ur spouse/RDP.
		Dependent 1	Dependent 2 Dependent 3
אַכּוּ			
•		Last Name CHEEMA	
		SSN. See instructions. 831592397	
		Dependent's relationship to you SON	● SON
	Total	dependent exemptions	• 10 2 X \$400 = • \$ 800

You	ır nar	ne: CHEEMA Your SSN or ITIN: 654-42-69		
	11	Exemption amount: Add line 7 through line 10	• 11 \$	1058
	12	Total California wages from your federal Form(s) W-2, box 16	. 00	
Total Taxable Income	13 14 15 16	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11	13141516	251142 .00 .00 251142 .00 .00
	17 18 19	Adjusted gross income from all sources. Combine line 15 and line 16 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions. Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0	1718919	251142 .00 9606 .00 241536 .00
	31	Tax. Check the box if from:		
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1	31	16467 .00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	158435
CA Taxable Income	36	CA Tax Rate. Divide line 31 by line 19		
xable I	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	10805
CA Ta	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions	39	694 .00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	40	10111 .00
	41	Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A	• 41	
	42	Add line 40 and line 41	● 42	10111 .00
lits	50 51	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	• 50	. 00
Special Credits	52 53 54	Credit for dependent parent. See instructions • 52 Credit for senior head of household. See instructions • 53 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions • 54	.00	
	55	Credit amount. See instructions	• 55	.00

175

3132214

REV 02/07/22 PRO

Side 2 Form 540NR 2021

You	r nar	ne:	CHEEMA		Your SSN (or ITIN:	654-	-42-69			ı	
nued	58	Enter	credit name			code •		and amount.	•	58		00
	59	Enter	credit name			code •		and amount.	•	59		. 00
Special Credits continued	60	To cla	aim more thar	n two credits. See i	nstructions				•	60		. 00
dits	61			nter's Credit. See ir						61		00
al Cre												
peci	62			e 55 through 61. T								00
	63	Subt	ract line 62 fro	om line 42. If less t	than zero, enter -0-				<u>•</u>	63	10111	<u>.</u> 00
	71	Alter	native Minimu	ım Tax. Attach Sch	edule P (540NR).					71		00
S	72			vices Tax. See instr	,					72		00
Other Taxes										\		. 00
Othe	73			edit recapture. See								
	74			remium Assistance						74		00
	75	Add	line 63, line 71	1, line 72, line 73, a	and line 74. This is	your tota	I tax		•	75	10111	<u>.</u> 00
	81	Califo	ornia income t	tax withheld. See ir	nstructions				•	81	9365	00
	82	2021	CA estimated	I tax and other pay	ments. See instruc	ctions			•	82		. 00
	83	With	holding (Form	ı 592-B and/or 593). See instructions				•	83		. 00
ents	84	Exce	ss SDI (or VPI	DI) withheld. See i	nstructions				•	84		00
Payments	85	Earne	ed Income Tax	Credit (EITC)					•	85		00
	86			redit (YCTC). See i						86		00
				, ,								
	87			stance Subsidy (PA					_	87	9365	00
	88	Add	line 81 throug	h line 87. These ar	e your total payme	ents. See i	nstructio	ns	•	88	9365	<u>00</u>
Penalty	91	See i	nstructions. N	usehold had full-ye Medicare Part A or k the box, see inst	C coverage is qual	erage, che ifying heal	ck the bo th care c	ox. overage	•	×		
ISB		Indiv	idual Shared I	Responsibility (ISF	Penalty. See inst	ructions .		• 91			_ 00	
	92			dividual Shared Res						00	9365	
Overpaid Tax/Tax Due	93	Indiv	idual Shared I	om line 88 Responsibility Pena	alty Balance. If line	91 is mo	re than li	ne 88,		92		00
Tax/				om line 91								_ 00
rpaic	101	Over	paid tax. If line	e 92 is more than I	ine 75, subtract lin	ie 75 from	line 92.		•	101		00
Ove	102	Amo	unt of line 101	1 you want applied	to your 2022 estin	nated tax				102		. 00

our nan	ne:	СНЕЕМА	Your SSN or ITIN:	654-42-69			
103	Over	rpaid tax available this year.	Subtract line 102 from line 101 .		103		. 00
104	Tax o	due. If line 92 is less than lir	ne 75, subtract line 92 from line 7	5 •	104	746	. 00
					<u>Code</u>	<u>Amount</u>	
	Calif	ornia Seniors Special Fund.	See instructions		400		_00
	Alzhe	eimer's Disease and Related	Dementia Voluntary Tax Contribu	ution Fund •	401		_00
	Rare	and Endangered Species P	reservation Voluntary Tax Contrib	ution Program •	403		_00
	Calif	ornia Breast Cancer Researd	ch Voluntary Tax Contribution Fun	nd	405		_00
	Calif	ornia Firefighters' Memorial	Voluntary Tax Contribution Fund		406		_00
	Eme	rgency Food for Families Vo	luntary Tax Contribution Fund		407		_00
	Calif	ornia Peace Officer Memoria	al Foundation Voluntary Tax Conti	ribution Fund	408		.00
	Calif	ornia Sea Otter Voluntary Ta	x Contribution Fund		410		.00
	Calif	ornia Cancer Research Volu	ntary Tax Contribution Fund	·····•	413		.00
suo	Scho	ool Supplies for Homeless C	hildren Voluntary Tax Contributio	n Fund	422		.00
Contributions	State	e Parks Protection Fund/Par	ks Pass Purchase	•	423		.00
So	Prote	ect Our Coast and Oceans V	oluntary Tax Contribution Fund		424		.00
	Keep	Arts in Schools Voluntary	Tax Contribution Fund	•	425		.00
	Prev	ention of Animal Homelessi	ness and Cruelty Voluntary Tax Co	ontribution Fund	431		_00
	Calif	ornia Senior Citizen Advoca	cy Voluntary Tax Contribution Fur	nd	438		_00
	Nativ	ve California Wildlife Rehabi	litation Voluntary Tax Contribution	n Fund	439		_00
	Rape	e Kit Backlog Voluntary Tax	Contribution Fund		440		_00
	Scho	ools Not Prisons Voluntary 1	Tax Contribution Fund		443		. 00

Side 4 Form 540NR 2021

175

Suicide Prevention Voluntary Tax Contribution Fund

California Community and Neighborhood Tree Voluntary Tax Contribution Fund •

120 Add code 400 through code 446. This is your total contribution **120**

Mental Health Crisis Prevention Voluntary Tax Contribution Fund..... • 445

3134214

REV 02/07/22 PRO

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You	r nan	ne:	CHEEMA		Your SSN or ITIN:	654-42-69						
Amount You Owe	121	Mail		BOARD, PO BO	and line 120. See instru X 942867, SACRAMEN re information.					746		
Interest and Penalties		Und	rest, late return penal erpayment of estimat		ment penalties	F attached	Γ			.00		
	124	Tota	l amount due. See in:	structions. Enclos	se, but do not staple, ar	ny payment	124	4		746 _00		
	125	REF	UND OR NO AMOUN	T DUE. Subtract	line 120 from line 103.	See instructions.	_ [. 00		
Deposit	Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 125 Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit of see instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:											
Refund and Direct Deposit			Routing number	Savings	Account number 125) is authorized for d				Direct de	posit amount		
	ORTA	•	Routing number	● Type Checking Savings	Account number				Direct de	posit amount		
to loc	ate FT er per	B 113 naltie	1 EN-SP, Franchise Tax E	Board Privacy Notice that I have exam	ne. Go to ftb.ca.gov/privacy on Collection. To request the ined this tax return, inco.e.	nis notice by mail, call 80	0.338.0505 and ente	er form co	ode 948 wh	en instructed.		
Your	signat	ure			Date	Spous	se's/RDP's signatur	e (if a joiı	nt tax returr	n, both must sign)		
Your email address. Enter only one email address.							Preferre	d phone number				
Si	gn									6466625680		
	ere		ge)									
	unlaw		SYAM PRIYA RAM SAGAR GUPTA TALLAM									
spou	rge a ise's/		Firm's name (or yours, if self-employed) GLOBAL TAXES LLC							PTIN		
RDP signa	's ature.				P02082703							
Joint	n?		Firm's address 2530 PEBI		• Firm's FEIN 301017196							
(See instr	uctior	ns)	Do you want to all	ow another perso	n to discuss this tax ret	urn with us? See inst	ructions	•	Yes	× No		
			Print Third Party Des	ignee's Name					Telephone I	Number		

175 3135214

REV 02/07/22 PRO Form 540NR 2021 **Side 5**

TAXABLE YEAR

SCHEDULE

California Adjustments — **Nonresidents or Part-Year Residents**

CA (540NR

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN QASIM NAVEED CHEEMA & TEHRIM ZAHID 654426925 Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021. **During 2021:** 1 My California (CA) Residency (Check one) a Myself:

Nonresident

Part-Year Resident

Resident **b** Spouse: Nonresident Part-Year Resident Yourself 2 a I was domiciled in (enter two letter code, see instructions) ΝJ 3 I became a CA resident (enter state of prior residence and date (mm/dd/vvvv) of move) . . . • 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). • NJ 0 5/0 1/2 0 2 1 I was a CA nonresident the entire year (enter state of residence)...... ΝJ 1 2 1 ⑥ **Before 2021:** I was a CA resident for the period of Part II Income Adjustment Schedule C n E Section A — Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** (taxable amounts from See instructions See instructions **Using CA Law** (income earned or from federal Form 1040 or 1040-SR vour federal tax return) (difference between (difference between As If You Were a received as a CA CA & federal law) CA & federal law) **CA Resident** resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 Wages, salaries, tips, etc. See instructions 282,744. \odot 282,744. 164,736. before making an entry in col. B or $C.\dots$ 1 2 Taxable interest. a 🗨 _ lacksquare \odot (ullet)18. 18. 0. 3 Ordinary dividends. See instructions. a 🖲 4 IRA distributions. See instructions. a 💿 \odot lacksquarelacksquare5 Pensions and annuities. See (**•**) instructions. a (•) 5b (• 6 Social security benefits. a 🕑 _ ledot7 Capital gain or (loss). See instructions ... 7 \odot lacksquarelacksquareSection B — Additional Income from federal Schedule 1 (Form 1040) 1 Taxable refunds, credits, or offsets of state and local income taxes..... \odot 2a Alimony received. See instructions...... 3 Business income or (loss). See instructions. . 3 -31,620. \odot -31,620. \odot 4 Other gains or (losses) • lacksquarelacksquare5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 \odot \odot lacktriangle \odot (**•**) **6** Farm income or (loss) 6 \odot 7 Unemployment compensation 7

REV 02/07/22 PRO

				A	В	C	D	E
Section B — Additional Income Continued			Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
8	_	er income: Federal net operating loss	8a	•		•	•	•
	b	Gambling income	8b	•	•		•	•
	C	Cancellation of debt	8c	•		•	0	•
			8d	•		•	•	•
	е	Taxable Health Savings Account distribution	8e					
		Alaska Permanent Fund dividends	8f	•			0	•
	g	Jury duty pay	8g	•			0	•
	h	Prizes and awards	8h	•			•	•
	i .	Activity not engaged in for profit income	8i	•			•	•
	j	Stock options	8j	•			•	•
	ı	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	••			••	••
		USOC prize money	81	•	•			
		IRC Section 951(a) inclusion		•	0			
	0	IRC Section 951A(a) inclusion IRC Section 461(I) excess business loss adjustment	8n 8o	•		•	•	•
		Taxable distributions from an ABLE account	8 p	•			•	•
	Z	Other income. List type and amount.						
	•		8z	•	•	•	•	•
9	a	Total other income. Add lines 8a through 8z	9a	•	•	•	•	•
	b1	Disaster loss deduction from form FTB 3805V	9b1		lacksquare			
	b2	NOL deduction from form FTB 3805V	9b2		•		•	•
	b3		9b3		•		•	•
		-	9b4	•	•		•	•
10	line line (as	al. Combine Section A, line 1 through 7, and Section B, line 1 through 7, line 9a and line 9b1 through line 9b4 applicable) in each column. instructions. Go to Section C		251,142.	•	•	251,142.	164,736.

		A	В	C	D	E
Sec	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	Educator expenses11	•	lacktriangle			
12	Certain business expenses of reservists, performing artists, and fee-basis government officials		•	•		
12	Health savings account deduction		<u>•</u> •			
	Moving expenses. Attach form FTB 3913. See instructions		<u> </u>	•	•	
15	Deductible part of self-employment tax.					•
	See instructions		<u> </u>		0	•
	qualified plans	•			0	O
	Self-employed health insurance deduction. See instructions		•		•	•
	Penalty on early withdrawal of savings 18	•			O	•
	n Alimony paid. b Enter recipient's:					
	SSN •	•		•		•
		•	•	0	•	•
21	Student loan interest deduction	•		•	•	•
22	Reserved for future use					
23	Archer MSA deduction 23	•			•	•
24	Other adjustments: a Jury duty pay	•			•	•
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	•	•	•	•	•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 81 24c	•	•			
	d Reforestation amortization and expenses	•	•		•	•
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	•			•	•
	f Contributions to IRC Section 501(c)(18)(D) pension plans. 24f		•	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans 24g		<u> </u>	•	•	•
	h Attorney fees and court costs for actions involving certain unlawful				•	
	discrimination claims		•			
	j Housing deduction from federal Form 2555	-	<u> </u>			
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	-	<u> </u>			
	z Other adjustments. List type and amount.					
	● 24z		•		•	

al other adjustments to Income Continued al other adjustments. Add lines 24a ough 24z	Il itemize for California . O-SR, line 11 . O an line 1, enter 0	(difference between CA & federal law) 9,316.1 251,142.2 18,836.3	2 3 4 0 15,29	Us As C (subtraction to the col. of the co	b tal Amounts ing CA Law iff You Were a A Resident ract col. B from A; add col. C the result) 251,142. Subtractions See instructions	(incom receiv resident earned from 0 as a n	E Amounts le earned or ed as a CA t and income or received CA sources onresident) 64,736. ditions e instructions
d line 11 through line 23 and line 25 in ch column, A through E	251,142. Ictions Il itemize for California . O-SR, line 11 . • an line 1, enter 0	9,316.1 251,142.2 18,836.3 	A Federal Amounts (from federal Sche (Form 1040))	dule A B	Subtractions See instructions	● 1 C Ad	ditions e instructions
ch column, A through E	251,142. Ictions Il itemize for California. O-SR, line 11 an line 1, enter 0 (es	9,316.1 251,142.2 18,836.3 	A Federal Amounts (from federal Sche (Form 1040)) 1	dule A B	Subtractions See instructions	C Ad Se	ditions e instructions
al. Subtract line 26 from line 10 in each umn, A through E. See instructions 27 III Adjustments to Federal Itemized Dedicate box if you did NOT itemize for federal but with all and Dental Expenses See instructions. Redical and local expenses See instructions. Redical and local from federal Form 1040 or 1	251,142. Ictions Il itemize for California. O-SR, line 11 an line 1, enter 0 (es	9,316.1 251,142.2 18,836.3 	A Federal Amounts (from federal Sche (Form 1040)) 1	dule A B	Subtractions See instructions	C Ad Se	ditions e instructions
the box if you did NOT itemize for federal but with all and Dental Expenses See instructions. The edical and local federal Form 1040 or 1040	Il itemize for California . O-SR, line 11 . O an line 1, enter 0	9,316. 1 251,142. 2 18,836. 3 	from federal Sche (Form 1040)) 1 2 3 4 • 1 5 6 • 1 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	0.	See instructions	U Se	e instructions
edical and dental expenses	o-SR, line 11	251,142. 2 18,836. 3	2 3 4 0 15,29	99.	15,299.	•	0.
nter amount from federal Form 1040 or 1040 ultiply line 2 by 7.5% (0.075)	o-SR, line 11	251,142. 2 18,836. 3	2 3 4 0 15,29	99.	15,299.	•	0.
ultiply line 2 by 7.5% (0.075)	an line 1, enter 0	18 , 836 . 3	3	99.	15,299.	•	0.
Abtract line 3 from line 1. If line 3 is more the You Paid Tate and local income tax or general sales tax atte and local real estate taxes	an line 1, enter 0 des if married filing separa		15,29 10 10	99.	15,299.	•	0.
You Paid tate and local income tax or general sales tax tate and local real estate taxes	res		15,29 h • •	99.	15,299.		0.
tate and local income tax or general sales tax tate and local real estate taxes	if married filing separa	51			15,299.		
tate and local real estate taxes	if married filing separa	51			15,299.		
tate and local personal property taxes dd line 5a through line 5c	if married filing separa			99.			
dd line 5a through line 5cter the smaller of line 5d or \$10,000 (\$5,000 nter the amount from line 5a, column B in line	if married filing separa	tely) in column A		99.			
nter the smaller of line 5d or \$10,000 (\$5,000 ater the amount from line 5a, column B in line	if married filing separa	tely) in column A	15,29	99.			
nter the amount from line 5a, column B in line							
	56 column B						
			10.00		15 000		F 200
nter the difference from line 5d and line 5e, co			P -	00.	15,299.	-	5,299.
ther taxes. List type dd line 5e and line 6			6		15,299.	<u> </u>	5,299.
t You Paid			10,00		13,299.		
ome mortgage interest and points reported t	a you on fodoral Form	1000				•	
ome mortgage interest and points reported to you o			_			<u> </u>	
oints not reported to you on federal Form 10						•	
ortgage insurance premiums				•			
dd line 8a through line 8d				•		(a)	
vestment interest			9 •	•		•	
						T -	
•			1 60	00.0			
						-	
ty and Theft Losses			.,0				
	fied disaster losses).						
		15	5 💿			•	
			-10				
CONTRACT DOGUSTIONS			6 (0)	(•)		(e)	
			- 1 🔾	$\overline{}$			
			10,60	0.00	15,299.	(●)	5,299.
	Charity Its by cash or check	Charity Its by cash or check	Charity Its by cash or check	fts by cash or check	Charity Ifts by cash or check	Charity fts by cash or check	Charity fts by cash or check

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type O.		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	② 25 	0.
26	Total Itemized Deductions. Add line 18 and line 25.	• 26	600.
27	Other adjustments. See instructions. Specify.	<u>©</u> 27	
28	Combine line 26 and line 27.	• 28	600.
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$212,288 Head of household \$318,437 Married/RDP filing jointly or qualifying widow(er) \$424,581 No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29		600.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions		
	Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606		9,606.
	rt IV California Taxable Income		
	California AGI. Enter your California AGI from Part II, line 27, column E		164,736.
	Enter your deductions from line 30	9,606.	
3	Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0	6559	
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3		6,301.
	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than	· O · -	<u>-</u>
	zero, enter -0-		158,435.

REV 02/07/22 PRO

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single X Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame of	ed filing separately your spouse. If yo		_			_		
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securit	y number
QASIM NA	AVEE	D	CHE	EMA					654-	42-692	5
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse'	s social sec	curity number
TEHRIM			ZAH	ID					897-	42-158	2
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Preside	ntial Election	on Campaign
100 HEPE	BURN	RD						1B		nere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	pplete spaces below. State ZIP c			code	spouse if filing jointly, want \$3 to go to this fund. Checking a			
CLIFTON				NJ 07			012	0	ow will not	0	
Foreign country name				Foreign province/state/county Forei			ign postal code	your tax or refund. You Spous			
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of	any fina	ancial interest i	in an	y virtual currer	ıcy?	Yes	⊠ No
Standard Deduction	_	eone can claim:	•			a dependent					
Age/Blindness	You:	Were born before January 2, 1	957 [Are blind	Spouse	: Was bor	rn be	fore January 2	, 1957	☐ Is bl	ind
Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies									alifies fo	r (see instru	ctions):
If more	(1) F	irst name Last name		number		to you		Child tax cr	edit	Credit for otl	her dependents
than four dependents,	MUHAI	MMAD ALI QASIM CHEEMA		831-59-23		Son		X			
see instructions	IBR.	AHIM QASIM CHEEMA		713-88-53	L74	Son		×			
and check											
here ▶											
Attach	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					1		82,744.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable interest	t		2b		18
required.	<u>3a</u>	Qualified dividends	3a		b C	Ordinary divide	nds		3b	_	
	4a	IRA distributions	4a		b T	axable amoun	t.		4b	_	
	5a	Pensions and annuities	5a		b T	axable amoun	t.		5b		
Standard Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t.	<u>.</u>	6b		
Single or	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not re	equired	, check here		▶ ∟			
Married filing separately,	8	Other income from Schedule 1, lin	e 10						8		31,620.
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	Γhis is your total i	ncome			🕨	9	25	51,142.
Married filing jointly or	10	Adjustments to income from Sche	dule 1,	line 26					10		
Qualifying	11_	Subtract line 10 from line 9. This is	your a	djusted gross inc	come		4	🕨	11	2!	51,142.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Sched	ule A)	12	а	25,100).		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (s	ee instr	ructions) 121	b	600).		
household, \$18,800	С	Add lines 12a and 12b							120	2	<u> 25,700.</u>
If you checked any box under	13	Qualified business income deduct	on fron	n Form 8995 or Fo	rm 899	05-A			13		
Standard	14	Add lines 12c and 13							14		<u> 25,700.</u>
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or les	ss, ente	er -0			15	22	25,442.

	16	Tax (see instructions). Check if any from Form	(s): 1 8814	4 2 🗌 4972	3 🗌			16	42,148.
	17	Amount from Schedule 2, line 3						17	5,237.
	18	Add lines 16 and 17						18	47,385.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	e 8812			19	
	20	Amount from Schedule 3, line 8						20	1,600.
	21	Add lines 19 and 20						21	1,600.
	22	Subtract line 21 from line 18. If zero or less,	enter -0					22	45,785.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21 .				23	296.
	24	Add lines 22 and 23. This is your total tax					. ▶	24	46,081.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	35	,229.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c		0.		
	d	Add lines 25a through 25c						25d	35,229.
If you have a	26	2021 estimated tax payments and amount a	pplied from 20					26	
qualifying child,	27a	Earned income credit (EIC)		No	27a				
attach Sch. EIC.		Check here if you were born after Janu January 2, 2004, and you satisfy all the taxpayers who are at least age 18, to claim to	e other required the EIC. See ins	rements for					
	b	Nontaxable combat pay election							
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child			28	3	,250.		
	29	American opportunity credit from Form 8863	*		29			-	
	30	Recovery rebate credit. See instructions .			30			-	
	31	Amount from Schedule 3, line 15			31		,100.		
	32	Add lines 27a and 28 through 31. These are						32	10,350.
	33	Add lines 25d, 26, and 32. These are your to					. ▶	33	45,579.
Refund	34	If line 33 is more than line 24, subtract line 24			-	=	 ▶ □	34	
	35a	Amount of line 34 you want refunded to you	35a						
Direct deposit? See instructions.	►b	Routing number X X X X X X X X							
	▶ d	Account number X X X X X X X X			i -	X			
	36	Amount of line 34 you want applied to your			36				
Amount	37	Amount you owe. Subtract line 33 from line			1	tructions	. ▶	37	502.
You Owe	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee	ins	you want to allow another person to disc tructions				Yes. Co	mplete b		X No
		me	no.				er (PIN)		
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration of							
Here	You	ur signature	Date	Your occupation			1		nt you an Identity N, enter it here
Joint return?				SOFTWARE 1	ENGI	NEER	(see i	nst.) 🕨	
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.	,			SOFTWARE 1	CNTC T	VILLD	I	nst.) ▶	ection Pily, enter it here
	————	one no. (646)662-5680	Email address	QSASIMNAVEEDCH			м		
		eparer's name Preparer's signat	l .	ZOMOTLINA A PEDICU	Date	JOWGHATH.CO	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מווסיים יימו.ד.מאי		12/2022	P02082	7772	Self-employed
Preparer			MADAG IIIAI	OOFIA IADDAM	UZ/.	14/4044			678)965-9522
Use Only								e no. (s EIN ▶	<u> </u>
Co to warming =			ii CaiiiiiIII		DE:	0/05/00 55 5	Leimin	S LIIN P	
GO IO WWW.Irs.go	JV/FOIN	n1040 for instructions and the latest information.		BAA	REV 0	2/05/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
QASIM NAVEED CHEEMA & TEHRIM ZAHID

Your social security number
654-42-6925

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	-		
3	Business income or (loss). Attach Schedule C		3	-31,620.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, treschedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	-	
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n	_	
0	Section 461(I) excess business loss adjustment	80	_	
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-31,620.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106		_	12	
13	Health savings account deduction. Attach Form 8889			 13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903		 14	
15	Deductible part of self-employment tax. Attach Schedule SE			 15	
16	Self-employed SEP, SIMPLE, and qualified plans			 16	
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			 19a	
b	Recipient's SSN	_ _			
С	Date of original divorce or separation agreement (see instructions)				
20	IRA deduction			 20	
21	Student loan interest deduction			 21	
22	Reserved for future use			 22	
23	Archer MSA deduction			 23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
Z	Other adjustments. List type and amount ▶	24z			
25	Total other adjustments. Add lines 24a through 24z			 25	
26	Add lines 11 through 23 and 25. These are your adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin			26	

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

2021

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR QASIM NAVEED CHEEMA & TEHRIM ZAHID

Your social security number 654-42-6925

Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	5,237.
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	5,237.
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
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	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	295.
12	Net investment income tax. Attach Form 8960	12	1.
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	
	(cc	ontinu	ued on page 2)

Schedule 2 (Form 1040) 2021 Page **2**

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount ▶	17a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
С	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		
е	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		
- 1	Tax on accumulation distribution of trusts	17I		
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		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	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	Additional tax from Schedule 8812		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	296.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

orm 1040)

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

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment

Attachment Sequence No. 03

Your social security number

QASIM NAVEED CHEEMA & TEHRIM ZAHID 654-42-6925 Part I **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 1,600. 3 3 4 4 5 Residential energy credits. Attach Form 5695 5 Other nonrefundable credits: 6 a General business credit. Attach Form 3800 6a 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 Alternative motor vehicle credit. Attach Form 8910 6e Qualified plug-in motor vehicle credit. Attach Form 8936 . . . 6f f Mortgage interest credit. Attach Form 8396 6g h District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6i k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions 61 z Other nonrefundable credits. List type and amount ▶ 6z 7 7 Total other nonrefundable credits. Add lines 6a through 6z Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . 8 1,600.

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REV 02/05/22 PRO

Schedule 3 (Form 1040) 2021 Page **2**

Par	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	7,100.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	7,100.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment Sequence No. 09

	IM NAVEED CHEEMA							-6925	inei (JOIN)
A A	Principal business or profession	on inc	luding product or service (se	e instri	ictions)			de from in	etructi	ons
^	SOFTWARE SERVICES	J. 1, 11 IU	lading product of service (se	U 1113111	300013)	ء ا		5 1		
С	Business name. If no separate	huein	ess name leave blank			р г		· ID numbe		
•	CHEEMA SOFTWARE SE						npioyer	Humbe	er (⊏IIN) 	(see instr.)
				TIDN	PD Ant 1R		-:			
_	Business address (including s City, town or post office, state	uite oi	ZIP code CLIFTON,							
F	_	cas Cas			24h (: f -)					
		_			2021? If "No," see instructions for	mit or		-	Voc	
G H									_	
n I					n(s) 1099? See instructions					X No
<u>'</u>									Yes	□ No
Pari		- requi	<u>rea r orrings) 1099: </u>	· ·			• •	· · L	163	
1 2	Gross receipts or sales. See in	emplo	yee" box on that form was c	hecked	this income was reported to you or	1 2				
3						_				
4										
5										
6					refund (see instructions)					
7						7	_			
Part	II Expenses. Enter expe	enses	for business use of you	r hom	ne only on line 30.					
8	Advertising	8	,	18	Office expense (see instructions)	18	8			
9	Car and truck expenses (see			19	Pension and profit-sharing plans		9			
·	instructions)	9	3,360.	20	Rent or lease (see instructions):					
10	Commissions and fees .	10	,	а	Vehicles, machinery, and equipmen	20	a			
11	Contract labor (see instructions)	11		b	Other business property				25	,860.
12	Depletion	12		21	Repairs and maintenance		1			
13	Depreciation and section 179			22	Supplies (not included in Part III)		2			
	expense deduction (not			23	Taxes and licenses	2	3			
	included in Part III) (see instructions)	13		24	Travel and meals:					
14	Employee benefit programs			а	Travel	24	а			
	(other than on line 19) .	14		b	Deductible meals (see					
15	Insurance (other than health)	15			instructions)	24	b		2	,400.
16	Interest (see instructions):			25	Utilities	2	5			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	20	6			
b	Other	16b		27a	Other expenses (from line 48) .	27	a			
17	Legal and professional services	17		b	Reserved for future use	27	b			
28	Total expenses before expen	ses fo	r business use of home. Add	l lines 8	3 through 27a ▶	28	В		31	,620.
29	Tentative profit or (loss). Subti	ract lin	e 28 from line 7			29	9		-31	,620.
30	unless using the simplified me Simplified method filers only	ethod. /: Ente	See instructions. r the total square footage of							
	and (b) the part of your home				. Use the Simplified					
	Method Worksheet in the instr		•	ter on l	ine 30	30	<u> </u>			
31	Net profit or (loss). Subtract				1					
	 If a profit, enter on both Sch checked the box on line 1, see 	e instru				3	1		-31	,620.
	• If a loss, you must go to line				J					
32	If you have a loss, check the b	oox tha	at describes your investment	in this	activity. See instructions.					
	• If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		2b 🗌 S	All investr Some investrat risk.		

BAA

Schedule C (Form 1040) 2021 Page **2**

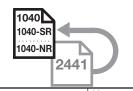
Part	Cost of Goods Sold (see instructions)					
33	Method(s) used to					
	value closing inventory: a Cost b Lower of cost or market c Other (atta		plana	tion)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation		. [Yes	□ N	О
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35				
36	Purchases less cost of items withdrawn for personal use	36				
37	Cost of labor. Do not include any amounts paid to yourself	37				
38	Materials and supplies	38				
39	Other costs	39				
40	Add lines 35 through 39	40				
41	Inventory at end of year	41				
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42				
Part		trucl				
	FORM 4302. See Additi	0001	170h	ialo T	oforma+ i	lon
43	When did you place your vehicle in service for business purposes? (month/day/year)			icie i	IIOIIIIau	LOII
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	/ehicle	e for:			
а	Business b Commuting (see instructions) c C	Other				
45	Was your vehicle available for personal use during off-duty hours?			_ Yes	□ N	0
46	Do you (or your spouse) have another vehicle available for personal use?			☐ Yes	□ N	0
47a	Do you have evidence to support your deduction?			_ Yes	□ N	o
b	If "Yes," is the evidence written?			☐ Yes	□ N	О
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30				
48	Total other expenses. Enter here and on line 27a	48	1			

Form **2441**

Child and Dependent Care Expenses

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form2441 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **21**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

OASIM NAVEED CHEEMA & TEHRIM ZAHID

Your social security number 654-42-6925

Q _D	IN INPARED CHERING	A OF TEITH THITD				0.04	T 0 0 2	
		or child and dependent of structions under "Married						
		child and dependent cathe United States for me						
Part	Persons or O	rganizations Who Pore than three care pr	rovided the Care –	You must co	omplete this pa	ırt.		
1	(a) Care provider's name		(b) Address apt. no., city, state, and ZIP of		(c) Identifying number (SSN or EIN)	(d) Chec care prov household	k here if the vider is your d employee.	
THE L	ITTLE CLIFTON SCHOOL	391 BROAD ST CLIFTON NJ 0701	3		22-3775075	[9,475.
					-	[
					-	[
	dep	Did you receive endent care benefits?	No ————————————————————————————————————		mplete only Part mplete Part III on			
(Form	1040). If you incurred 2, don't include these	rovided in your home, you care expenses in 2021 expenses in column (controlled and Dependent	but didn't pay them of them of the but of th	until 2022, or	if you prepaid in			
2		ur qualifying person(s) .	<u> </u>	three qualify	ing persons, see	the inst	tructions	and check
		Qualifying person's name	Last		ng person's social rity number	incurr	ed and paid	xpenses you d in 2021 for the in column (a)
IBRA	AHIM QASIM	CHEEMA		713-	88-5174	po.		9,475.
3		column (c) of line 2. Do						
	person or \$16,000 if from line 31	you had two or more p	persons. If you comple	ted Part III, e	enter the amount	3		8,000.
4		come. See instructions				4		225,698.
5		y, enter your spouse's e						
		the instructions); all oth				5		25,426.
6 7	Enter the smallest of	r line 3, 4, or 5 . . m Form 1040, 1040-SR,	or 1040-NR line 11		251,142.	6		8,000.
8		ecimal amount shown be						
	• If line 7 is \$125,000	or less, enter .50 on lin	e 8.					
	 If line 7 is over \$125 amount to enter. 	5,000 and no more than	\$438,000, see the inst	ructions for li	ne 8 for the			
	• If line 7 is over \$438 claim a credit on lin	8,000, don't complete li ne 9b	ne 8. Enter zero on line	9a. You may	be able to	8		X .20
9a		decimal amount on line	8			9a		1,600.
b		enses in 2021, complet		nstructions. E	Enter the amount			
40	from line 13 of the wo	orksheet here. Otherwis	e, go to line 10			9b		
10	refundable credit fo Schedule 3 (Form 10-	and enter the result. If or child and dependent 40), line 13g, and don't	care expenses; ente complete line 11. If yo	the amount u didn't chec	from this line on k the box on line			
11		1				10		1,600.
••	line B above, your	credit is nonrefundable the portion of line 10 th	and limited by the	amount of yo	our tax; see the			1 600

REV 02/05/22 PRO

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

► Attach to Form 1040, 1040-SR, or 1040-NR.

1040-SF 1040-NR 8812 ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return Your social security number OASIM NAVEED CHEEMA & TEHRIM ZAHID 654-42-6925 Child Tax Credit and Credit for Other Dependents Part I-A 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR. 1 251,142. Enter the amounts from lines 45 and 50 of your Form 2555 b 2h 0. c Enter the amount from line 15 of your Form 4563 2c 2d 0. d 3 3 251,142. Number of qualifying children under age 18 with the required social security number 4a 4a Number of children included on line 4a who were under age 6 at the end of 2021. 1 c 1. 4,000. 5 If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0-. 5 6 Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a. 7 7 8 8 4,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 10 • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. 12 12 4,000. 13 Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 🗌 Part I-B Filers Who Check a Box on Line 13 Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C. 14a 0. 14b 4,000. If line 14a is zero, enter -0-; otherwise, enter the amount from the **Credit Limit Worksheet A** . . . 14c c 0._ 14d 0. Add lines 14b and 14d . 14e 4,000. Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments 14f 750. Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III 14g 3,250. Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 14h Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of 3,250.

Schedule 8812 (Form 1040) 2021

Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	on: If you checked a box on line 13, do not complete Part I-C.	
15a	Enter the amount from the Credit Limit Worksheet A	15a
b	Enter the smaller of line 12 or line 15a	15b
	Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.	
	1. You are not filing Form 2555.	
	2. Line 4a is more than zero.	
	3. Line 12 is more than line 15a.	
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	15c
d	Add lines 15b and 15c	15d
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0	15e
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	131
g	dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	151
Dort	Form 1040, 1040-SR, or 1040-NR	15h
Part		
	on: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. on: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	v anadit
	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
16a		10a
b	Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.	100
17	Enter the smaller of line 16a or line 16b	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,200 or more?	
	No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	
23	Add lines 21 and 22	
24	1040 and	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.	
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the larger of line 20 or line 25	26
-	Next enter the smaller of line 17 or line 26 on line 27	
Part	II-C Additional Child Tay Credit	
27	Enter this amount on line 15c	27

Page 3 Schedule 8812 (Form 1040) 2021

Part	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the		
	additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint		
	return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to		
	line 33	32	
33	Enter the amount shown below for your filing status.		
	• Married filing jointly or Qualifying widow(er)—\$60,000		
	• Head of household—\$50,000		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or		
	more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	

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REV 02/05/22 PRO

Schedule 8812 (Form 1040) 2021

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

QASIM NAVEED CHEEMA & TEHRIM ZAHID

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 70

Taxpayer identification number

654-42-6925

Enter pre	eparer's name and PTIN				
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P0208270)3		
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return a benefit(s) claimed (check all that apply).		e the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by the or reasonably obtained by you? (See instructions if relying on prior year earned income.)	ne taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC//worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or worksheet(s) that provides the same information, and all related forms and schedules for claimed?	8812 (Form your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must the following.	do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's redetermine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	sponses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent's provided by the taxpayer of the supplier of	? (If "Yes,"			
	answer questions 4a and 4b. If " No ," go to question 5.)			×	
a b	Did you contemporaneously document your inquiries? (Documentation should include the you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	e questions impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a capplicable worksheet(s), a record of how, when, and from whom the information used to pre 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provi taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status the amount(s) of the credit(s)	t, you must copy of any epare Form ded by the or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligible credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return return is selected for audit?	n if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous yea		X		
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a con-	mplete and			_ _
	correct Schedule C (Form 1040)?		×		
or Pa	perwork Reduction Act Notice, see separate instructions. REV 02/05/22 PRO		Form 88 6	o / (Rev.	12-2021)

orm 88	867 (Rev. 12-2021)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; andD. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).		•	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			,
	▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	· t	Yes	No
	·			

Department of the Treasury Internal Revenue Service

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, 1040-PR, or 1040-SS,

▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. **71**

Name(s) shown on return

Your social security number 654-42-6925 QASIM NAVEED CHEEMA & TEHRIM ZAHID Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one 282,744. Form W-2, enter the total of the amounts from box 5 1 2 2 3 3 4 4 282,744. 5 Enter the following amount for your filing status: \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 250,000. 6 32,744. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 295. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 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 15 Enter the following amount for your filing status: \$125.000 Single, Head of household, or Qualifying widow(er) \$200,000 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR 18 295. Part V Withholding Reconciliation 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 4,100. 20 20 282,744. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 0. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 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-PR or

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Form **8960**

Department of the Treasury

Internal Revenue Service (99)

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.

2021
Attachment
Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN OASIM NAVEED CHEEMA & TEHRIM ZAHID 654-42-6925 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 18. 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 Other modifications to investment income (see instructions) 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 18. Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 11 Total deductions and modifications. Add lines 9d and 10 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 18. Individuals: Modified adjusted gross income (see instructions) 13 251,142. 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 1,142. 16 16 18. 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 1. **Estates and Trusts:** Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

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Premium Tax Credit (PTC)

► Attach to Form 1040, 1040-SR, or 1040-NR.

Your social security number

Department of the Treasury Internal Revenue Service Name shown on your return

 \blacktriangleright Go to www.irs.gov/Form8962 for instructions and the latest information.

Attachment Sequence No. **73**

OMB No. 1545-0074

QAS	SIM NAVEED CHEEMA & TEHRIM ZAHID 654-42-6925								
A.	If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions								
B.	You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box								
Par	Part I Annual and Monthly Contribution Amount								
1	Tax family s	ize. Enter your tax fa	mily size. See instructi	ions			1	4	
2a	Modified AG	al. Enter your modifie	ed AGI. See instruction	ns	2a	251,142.			
b	Enter the tot	tal of your dependen	ts' modified AGI. See	instructions	2b				
3	Household i	ncome. Add the amo	ounts on lines 2a and 2	2b. See instructions .			3	251,142.	
4				ount from Table 1-1, 1		ructions. Check the r 48 states and DC	4	26,200.	
5	Household in	ncome as a percenta	ge of federal poverty li	ne (see instructions) .			5	401 %	
6									
7	Applicable fi	gure. Using your line	5 percentage, locate ye	our "applicable figure"	on the table in the ir	structions	7	0.0850	
8a		ution amount. Multiply lin	, i i		•	ount. Divide line 8a		1 550	
David		o nearest whole dollar ar			Round to nearest v		8b	1,779.	
Par				nciliation of Adva					
9				er or do you want to us V, Alternative Calculation			_		
10			•	or must complete line	-	No. Continue to	ine i	10.	
10			•	TC. Then skip lines 12	•	No. Continue	to line	es 12-23. Compute	
		tinue to line 24.	mpato your armaar r		0			d continue to line 24.	
	Annual Calculation (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) (c) Annual contribution amount (line 8a) (d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) (e) Annual premium (e) Annual premium (size allowed (smaller of (a) or (c) annual contribution amount (line 8a))				payment of PTC (Form(s				
11	Annual Totals								
	Monthly premiums (Form(s) SLCSP premium (amount from line 8b premium assistance credit allowed		credit allowed	þ	(f) Monthly advance sayment of PTC (Form(s) 1095-A, lines 21–32, column C)				
12	January	1,564.	1,409.	1,779.	0 .	. C	١.	700.	
13	February	1,938.	1,746.	1,779.	0 .	. C	١.	1,049.	
14	March	1,938.	1,746.	1,779.	0 .	. C	١.	1,049.	
15	April	1,938.	1,746.	1,779.	0 .		١.	1,049.	
16	May	1,938.	1,746.	1,779.	0 .	. C	١.	1,390.	
17	June								
18	July								
19	August								
20 21	September October								
22	November						+		
23	December								
24		ım tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e)	hrough 23(e) and e	nter the total here	24	0.	
25				11(f) or add lines 12(f)			25	5,237.	
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26			
Part				nent of the Premi				F 00F	
27			ŭ	n line 24, subtract line 2			27	5,237.	
28		limitation (see instruc	,				28		
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2				29	5,237.			

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Form 8962 (2021) Page 2 **Allocation of Policy Amounts** Part IV Complete the following information for up to four policy amount allocations. See instructions for allocation details. Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 2 (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 3 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month 32 (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month Allocation percentage (g) Advance Payment of the PTC (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Have you completed all policy amount allocations? LYes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24. No. See the instructions to report additional policy amount allocations. Part V Alternative Calculation for Year of Marriage Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V. (a) Alternative family size (b) Alternative monthly (c) Alternative start month (d) Alternative stop month 35 Alternative entries contribution amount for your SSN

(b) Alternative monthly

contribution amount

(a) Alternative family size

Alternative entries

for your spouse's

SSN

36

Alternative start month

(d) Alternative stop month

Additional information from your 2021 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount
RENT(12M*2155PM)	25,860.
Total	25,860.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Additional Vehicle Info

Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?
04/01/2019	2,500	5,500	No	Yes	No
06/01/2021	3,500	12,500	No	Yes	No