

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name BASHEER SYED | Social security number 312-57-0751 |
| Spouse's name MAHARNIGAR CHOWDHURY | Spouse's social security number 640-13-5491 |

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

| | | |
|--|----------|----------|
| 1 Adjusted gross income | 1 | 242,722. |
| 2 Total tax | 2 | 40,127. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 22,529. |
| 4 Amount you want refunded to you | 4 | |
| 5 Amount you owe | 5 | 9,210. |

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 0 | 7 | 5 | 1 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Your signature ▶ Basheer Syed Date ▶ 03/28/2022

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 5 | 4 | 9 | 1 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ Maharnigar Chowdhury Date ▶ 03/28/2022

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Form fields for personal information: Your first name and middle initial (BASHEER), Last name (SYED), Your social security number (312-57-0751), Spouse's social security number (640-13-5491), Home address (4805 N O CONNOR RD), City (IRVING), State (TX), ZIP code (75062).

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [X] Yes [] No

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

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table for Dependents with columns: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent ZOHAN A SYED.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation (242,722).

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
BASHEER SYED & MAHARNIGAR CHOWDHURY

Your social security number
312-57-0751

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 |
| 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: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | 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 | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount ▶ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | 7 |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | | 8 |

(continued on 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 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | 6,494. |
| 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 years | 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 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | 6,494. |

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

BASHEER SYED & MAHARNIGAR CHOWDHURY

Your social security number

312-57-0751

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 40,235. | 34,929. | 20. | 5,326. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | 0. | 8,500. | | -8,500. |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -3,174. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | |
|---|-----------|------------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | -3,174. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (3,000.) |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **BASHEER SYED & MAHARNIGAR CHOWDHURY**
Social security number or taxpayer identification number: **312-57-0751**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | SHAKEEB HUSSAIN - bad debt statement attached | 02/17/21 | 12/05/21 | 0. | 8,500. | | | -8,500. |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 0. | 8,500. | | | -8,500. |

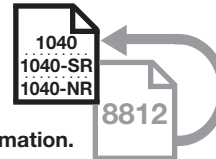
Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

BASHEER SYED & MAHARNIGAR CHOWDHURY

Your social security number

312-57-0751

Part I-A Child Tax Credit and Credit for Other Dependents

| | | | | |
|--|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 242,722. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 242,722. | |
| 4a | Number of qualifying children under age 18 with the required social security number | 4a | 1. | |
| b | Number of children included on line 4a who were under age 6 at the end of 2021 | 4b | 1. | |
| c | Subtract line 4b from line 4a | 4c | 0. | |
| 5 | If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0- | 5 | 2,000. | |
| 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 | 6 | 0. | |
| 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 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | 2,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • 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 | 2,000. | |
| 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 for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/> | | | |

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 | Enter the smaller of line 7 or line 12 | 14a | 0. |
| b | Subtract line 14a from line 12 | 14b | 2,000. |
| 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 | 2,000. |
| 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 payments for 2021, enter -0- 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. | 14f | 0. |
| g | Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III | 14g | 2,000. |
| 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 of your Form 1040, 1040-SR, or 1040-NR | 14i | 2,000. |

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

BAA

REV 03/19/22 PRO

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: 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 | |
| | 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. | | |
| 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 II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax 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) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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 | 21 | |
| 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 | 23 | |
| 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. } | 24 | |
| 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 | |
|-----------|---|-----------|--|

Part III 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 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. | 30 | |
| 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. <ul style="list-style-type: none"> • 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 | |

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 name(s) shown on return BASHEER SYED & MAHARNIGAR CHOWDHURY | Taxpayer identification number 312-57-0751 |
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 | |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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 eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - 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 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Nonbusiness Bad Debt
Explanation Statement**

2021

Name(s)

BASHEER SYED & MAHARNIGAR CHOWDHURY

Social Security Number

312-57-0751

Form/Line: Form 8949

Line 1

Explanation of: Nonbusiness Bad Debt

Description of debt: LOAN TO SHAKEEB HUSSAIN

Amount: \$8,500

Date debt became due: 09/05/2021

Name of debtor: SHAKEEB HUSSAIN

Relationship to debtor: RELATIVE

Efforts to collect:

REACHED SEVERAL TIMES TO COLLECT THE DEBT FROM SHAKEEB HUSSAIN

Why decided debt was worthless:

SHAKEEB HUSSAIN DECLARED THAT HE IS INSOLVENT

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values: BASHEER SYED, 312-57-0751; MAHARNIGAR CHOWDHURY, 640-13-5491.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 21,500. Line 2: Amount You Owe 110. Line 3: Refund or No Amount Due.

Part II 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.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 7 0 7 5 1 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.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 3 5 4 9 1 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.

Spouse's/RDP's signature Date

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.

Table with 11 cells containing digits: 5, 8, 7, 2, 7, 8, 6, 1, 9, 8, 9.

Do not enter all zeros

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.

ERO's signature Date 03/29/2022

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.
If amount of payment is zero, do not mail this voucher.

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

CALIFORNIA FORM

2021

**Payment Voucher for
Individual e-filed Returns**

3582 (e-file)

312-57-0751 SYED 640-13-5491 21
BASHEER SYED
MAHARNIGAR CHOWDHURY

4805 N O CONNOR RD APT 218
IRVING TX 75062

Amount of Payment 110.

California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

312-57-0751 SYED 640-13-5491
BASHEER SYED
MAHARNIGAR CHOWDHURY

21

4805 N O CONNOR RD APT 218
IRVING TX 75062

03-25-1993 12-13-1994

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter 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 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● 7 X \$129 = ● \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 X \$129 = ● \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ● 9 X \$129 = ● \$

Exemptions

10 **Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|---------------------------------|-----------------------|-----------------------|
| First Name | <input type="radio"/> ZOHAN A | <input type="radio"/> | <input type="radio"/> |
| Last Name | <input type="radio"/> SYED | <input type="radio"/> | <input type="radio"/> |
| SSN. See instructions. | <input type="radio"/> 822029117 | <input type="radio"/> | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> SON | <input type="radio"/> | <input type="radio"/> |

Total dependent exemptions ● 10 X \$400 = ● \$

Your name: SYED Your SSN or ITIN: 312-57-0751

11 Exemption amount: Add line 7 through line 10 11 \$ 658

Table with 3 columns: Line number, Description, and Amount. Rows 12-19 under 'Total Taxable Income' section.

Table with 3 columns: Line number, Description, and Amount. Rows 31-42 under 'CA Taxable Income' section.

Table with 3 columns: Line number, Description, and Amount. Rows 50-55 under 'Special Credits' section.

Your name: Your SSN or ITIN:

| | | | | | | |
|----------------------------------|----|--|---|----|-----------------------------------|-----|
| Special Credits continued | 58 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | ● | 58 | <input type="text"/> | .00 |
| | 59 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | ● | 59 | <input type="text"/> | .00 |
| | 60 | To claim more than two credits. See instructions | ● | 60 | <input type="text"/> | .00 |
| | 61 | Nonrefundable Renter's Credit. See instructions | ● | 61 | <input type="text"/> | .00 |
| | 62 | Add line 50 and line 55 through 61. These are your total credits | ⊙ | 62 | <input type="text"/> | .00 |
| | 63 | Subtract line 62 from line 42. If less than zero, enter -0- | ⊙ | 63 | <input type="text" value="1332"/> | .00 |

| | | | | | | |
|--------------------|----|--|---|----|-----------------------------------|-----|
| Other Taxes | 71 | Alternative Minimum Tax. Attach Schedule P (540NR) | ● | 71 | <input type="text"/> | .00 |
| | 72 | Mental Health Services Tax. See instructions | ● | 72 | <input type="text"/> | .00 |
| | 73 | Other taxes and credit recapture. See instructions | ● | 73 | <input type="text"/> | .00 |
| | 74 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions | ● | 74 | <input type="text"/> | .00 |
| | 75 | Add line 63, line 71, line 72, line 73, and line 74. This is your total tax | ● | 75 | <input type="text" value="1332"/> | .00 |

| | | | | | | |
|-----------------|----|--|---|----|-----------------------------------|-----|
| Payments | 81 | California income tax withheld. See instructions | ● | 81 | <input type="text" value="1222"/> | .00 |
| | 82 | 2021 CA estimated tax and other payments. See instructions | ● | 82 | <input type="text"/> | .00 |
| | 83 | Withholding (Form 592-B and/or 593). See instructions | ● | 83 | <input type="text"/> | .00 |
| | 84 | Excess SDI (or VPD) withheld. See instructions | ● | 84 | <input type="text"/> | .00 |
| | 85 | Earned Income Tax Credit (EITC) | ● | 85 | <input type="text"/> | .00 |
| | 86 | Young Child Tax Credit (YCTC). See instructions | ● | 86 | <input type="text"/> | .00 |
| | 87 | Net Premium Assistance Subsidy (PAS). See instructions | ● | 87 | <input type="text"/> | .00 |
| | 88 | Add line 81 through line 87. These are your total payments. See instructions | ⊙ | 88 | <input type="text" value="1222"/> | .00 |

| | | | | |
|--------------------|----|---|---|------------------------------------|
| ISR Penalty | 91 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. | ● | <input type="checkbox"/> |
| | 91 | Individual Shared Responsibility (ISR) Penalty. See instructions | ● | <input type="text" value="0"/> .00 |

| | | | | | | |
|-----------------------------|-----|--|---|-----|-----------------------------------|-----|
| Overpaid Tax/Tax Due | 92 | Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. | ⊙ | 92 | <input type="text" value="1222"/> | .00 |
| | 93 | Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. | ⊙ | 93 | <input type="text"/> | .00 |
| | 101 | Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. | ⊙ | 101 | <input type="text"/> | .00 |
| | 102 | Amount of line 101 you want applied to your 2022 estimated tax | ● | 102 | <input type="text"/> | .00 |

Your name: Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

| Contributions | | <u>Code</u> | <u>Amount</u> | |
|---------------|---|--------------|----------------------|-----|
| | California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> | .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> | .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> | .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> | .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> | .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> | .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> | .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> | .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> | .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | <input type="text"/> | .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> | .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> | .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> | .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <input type="text"/> | .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> | .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> | .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> | .00 |
| | Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | <input type="text"/> | .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> | .00 |
| | Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> | .00 |
| | California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | <input type="text"/> | .00 |
| | 120 Add code 400 through code 446. This is your total contribution | ● 120 | <input type="text"/> | .00 |

Your name: SYED Your SSN or ITIN: 312-57-0751

Amount You Owe 121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 121 110 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00 123 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 123 .00 124 Total amount due. See instructions. Enclose, but do not staple, any payment 124 110 .00

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 .00

Refund and Direct Deposit 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 slip. 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:

Type Routing number Checking Savings Account number 126 Direct deposit amount .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Type Routing number Checking Savings Account number 127 Direct deposit amount .00

IMPORTANT: Attach a copy of your complete federal return. Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address. Preferred phone number 8727776227

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN 301017196

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Table with 2 columns: Name(s) as shown on tax return (BASHEER SYED & MAHARNIGAR CHOWDHURY) and SSN or ITIN (312570751)

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: [X] Nonresident [] Part-Year Resident [] Resident
b Spouse: [X] Nonresident [] Part-Year Resident [] Resident

Table with 2 columns: Yourself and Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table with 5 columns: Section A - Income, A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows include wages, interest, dividends, IRA distributions, pensions, social security, capital gain, and other income.

| Section B — Additional Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|---|---|---|--|--|---|
| 8 | Other income: | | | | | |
| a | Federal net operating loss 8a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Gambling income 8b | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| c | Cancellation of debt 8c | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d | Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e | Taxable Health Savings Account distribution 8e | <input type="radio"/> | <input type="radio"/> | | | |
| f | Alaska Permanent Fund dividends . . . 8f | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| g | Jury duty pay 8g | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| h | Prizes and awards 8h | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| i | Activity not engaged in for profit income 8i | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| j | Stock options 8j | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 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 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| l | Olympic and Paralympic medals and USOC prize money 8l | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| m | IRC Section 951(a) inclusion 8m | <input type="radio"/> | <input type="radio"/> | | | |
| n | IRC Section 951A(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | | | |
| o | IRC Section 461(l) excess business loss adjustment 8o | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p | Taxable distributions from an ABLE account 8p | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| z | Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a | Total other income. Add lines 8a through 8z 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 | Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 | NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 | NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b4 | Student loan discharged due to closure of a for-profit school 9b4 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 | Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C 10 | <input checked="" type="radio"/> 242,722. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 242,722. | <input checked="" type="radio"/> 21,500. |

| Section C — Adjustments to Income from federal Schedule 1 (Form 1040) | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|---|--|--|---|---|--|
| 11 Educator expenses 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Health savings account deduction 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans 16 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions 17 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 18 Penalty on early withdrawal of savings . . . 18 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 19a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ 19a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 20 IRA deduction 20 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 22 Reserved for future use 22 | | | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 24 Other adjustments: | | | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| d Reforestation amortization and expenses 24d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 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 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Section C — Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|--|---|---|--|--|---|
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | | | | |
| 26 | Add line 11 through line 23 and line 25 in each column, A through E | 26 | | | | |
| 27 | Total. Subtract line 26 from line 10 in each column, A through E. See instructions. | 27 | 242,722. | | 242,722. | 21,500. |

Part III Adjustments to Federal Itemized Deductions
 Check the box if you did NOT itemize for federal but will itemize for California

| | | |
|--|---|--|
| A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|---|--|

Medical and Dental Expenses See instructions.

| | | | | | |
|---|---|---|----------|--|--|
| 1 | Medical and dental expenses | 1 | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 | 2 | 242,722. | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 18,204. | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | 4 | | | |

Taxes You Paid

| | | | | | |
|----|---|----|--------|--------|----|
| 5a | State and local income tax or general sales taxes | 5a | 1,527. | 1,527. | |
| 5b | State and local real estate taxes | 5b | | | |
| 5c | State and local personal property taxes | 5c | | | |
| 5d | Add line 5a through line 5c. | 5d | 1,527. | | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C | 5e | 1,527. | 1,527. | 0. |
| 6 | Other taxes. List type <input checked="" type="radio"/> | 6 | | | |
| 7 | Add line 5e and line 6. | 7 | 1,527. | 1,527. | 0. |

Interest You Paid

| | | | | | |
|----|--|----|--|--|--|
| 8a | Home mortgage interest and points reported to you on federal Form 1098 | 8a | | | |
| 8b | Home mortgage interest not reported to you on federal Form 1098 | 8b | | | |
| 8c | Points not reported to you on federal Form 1098 | 8c | | | |
| 8d | Mortgage insurance premiums | 8d | | | |
| 8e | Add line 8a through line 8d. | 8e | | | |
| 9 | Investment interest | 9 | | | |
| 10 | Add line 8e and line 9. | 10 | | | |

Gifts to Charity

| | | | | | |
|----|---------------------------------------|----|------|--|--|
| 11 | Gifts by cash or check | 11 | 600. | | |
| 12 | Other than by cash or check | 12 | | | |
| 13 | Carryover from prior year | 13 | | | |
| 14 | Add line 11 through line 13 | 14 | 600. | | |

Casualty and Theft Losses

| | | | | | |
|----|--|----|--|--|--|
| 15 | Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions | 15 | | | |
|----|--|----|--|--|--|

Other Itemized Deductions

| | | | | | |
|----|---|----|--------|--------|----|
| 16 | Other—from list in federal instructions | 16 | | | |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C | 17 | 2,127. | 1,527. | 0. |

| | | | | | |
|----|--|----|--|--|------|
| 18 | Total. Combine line 17 column A less column B plus column C | 18 | | | 600. |
|----|--|----|--|--|------|

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. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 242,722.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

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 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,803
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,606 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 27, column E 1

2 Enter your deductions from line 30 2

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- 3

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 4

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2021

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

| | |
|---|----------------------------|
| Name(s) as shown on your California tax return BASHEER SYED & MAHARNIGAR CHOWDHURY | SSN or ITIN 312-57-0751 |
|---|----------------------------|

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

| | First Name | Initial | SSN | Date of Birth (mm/dd/yyyy) | Modified AGI |
|-----------|---|------------------------------------|--|---|---|
| 1 | <input checked="" type="radio"/> BASHEER | <input checked="" type="radio"/> | <input checked="" type="radio"/> 312-57-0751 | <input checked="" type="radio"/> 03/25/1993 | <input checked="" type="radio"/> 242,722. |
| | Last Name <input checked="" type="radio"/> SYED | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 2 | <input checked="" type="radio"/> MAHARNIGAR | <input checked="" type="radio"/> | <input checked="" type="radio"/> 640-13-5491 | <input checked="" type="radio"/> 12/13/1994 | <input checked="" type="radio"/> 0. |
| | Last Name <input checked="" type="radio"/> CHOWDHURY | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 3 | <input checked="" type="radio"/> ZOHAN | <input checked="" type="radio"/> A | <input checked="" type="radio"/> 822-02-9117 | <input checked="" type="radio"/> 02/10/2021 | <input checked="" type="radio"/> 0. |
| | Last Name <input checked="" type="radio"/> SYED | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 5 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 8 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 9 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 10 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |
| 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> | | ECN 1 <input checked="" type="radio"/> | ECN 2 <input checked="" type="radio"/> | ECN 3 <input checked="" type="radio"/> |

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

| | | (a) Full-year | (b) Jan | (c) Feb | (d) Mar | (e) Apr | (f) May | (g) June | (h) July | (i) Aug | (j) Sept | (k) Oct | (l) Nov | (m) Dec |
|----|---|------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1 | First Name <input checked="" type="radio"/> BASHEER | <input checked="" type="radio"/> E | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Initial <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> SYED | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 | First Name <input checked="" type="radio"/> MAHARNIGAR | <input checked="" type="radio"/> E | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Initial <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> CHOWDHURY | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 | First Name <input checked="" type="radio"/> ZOHAN | <input checked="" type="radio"/> E | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Initial <input checked="" type="radio"/> A | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | Last Name <input checked="" type="radio"/> SYED | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
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Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions ● 1. _____ 0.