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<br>Check only<br>one box.  | If yo   | Single X Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent | ame of y  | ed filing separately (Nour spouse. If you c | , —                 |             | •                      | , —         | , ,   | ` , ` ,         |  |
|--|---------|--|-----------|---|---------------------|-------------|------------------------|-------------|---|-----------------|--|
| Your first name and middle initial Last n  |         |  |           | st name                                     |                     |             |                        |             | Your social security number                                       |                 |  |
| FAREEZUDDIN I MOH  |         |  |           | OHAMMAD                                     |                     |             |                        |             | ***-**-5829   |                 |  |
| If joint return, s   | pouse's | first name and middle initial  | Last nar  | st name                                     |                     |             |                        |             | Spouse's social security number                                   |                 |  |
| FNU SAN  |         |  |           | ANA AMREEN                                  |                     |             |                        | ***-**-6417 |   |                 |  |
| Home address (number and street). If you have a P.O. box, see instruct   |         |  |           | uctions.                                    |                     |             | Apt. no. Pres          |             | residential Election Campaign                                     |                 |  |
| 743 FRANKLIN ST  |         |  |           |   |                     |             |                        |             | Check here if you, or your  |                 |  |
| City, town, or post office. If you have a foreign address, also complete s   |         |  |           | spaces below. State                         |                     | ZIP         |                        |             | spouse if filing jointly, want \$3 to go to this fund. Checking a |                 |  |
| WESTBURY   |         |  |           | NY  |                     | 11          | L590                   | _           | box below will not change   |                 |  |
| Foreign country name   |         |  |           | Foreign province/state/county               |                     |             | Foreign postal code yo |             | your tax or refund.  You Spouse                                   |                 |  |
| At any time du   | ring 20 | 021, did you receive, sell, exchange,  | , or othe | rwise dispose of any                        | / financial inte    | erest in ar | ny virtual cui         | rency?      | Yes   | ⊠ No            |  |
| Standard<br>Deduction  | _       | eone can claim:  | •         |   |                     | dent        |                        | 5           |   |                 |  |
| Age/Blindness  | You:    | ☐ Were born before January 2, 1  | 957       | Are blind Spo                               | ouse: Wa            | s born be   | efore Januar           | v 2. 1957   | ' ∏ ls b  | lind            |  |
| Dependents   |         |  |           | (2) Social security                         |                     | tionship    |                        |             | for (see instru   | uctions):       |  |
| If more  |         | rst name Last name   |           | number to you  ***-**-3419 Son              |                     |             | Child tax credit       |             |   | ther dependents |  |
| than four  | ARI     | IAAN S MOHAMMAD  |           |   |                     |             |                        |             |   | X               |  |
| dependents,  | ANA     | M SIDDIQUA   |           | ***-**-812                                  | 7 Daugh             | ter         | ×                      | [           |   |                 |  |
| see instructions and check   | s —     |  |           |   |                     |             |                        |             |   |                 |  |
| here ▶ □   |         |  |           |   |                     |             |                        |             |   |                 |  |
| Attach<br>Sch. B if<br>required.   | _1_     | Wages, salaries, tips, etc. Attach F   | orm(s) V  | V-2   |                     |             |                        |             | 1   | 89,903.         |  |
|  | 2a      | Tax-exempt interest  | 2a        |   | <b>b</b> Taxable in | terest      |                        | . 2         | 2b  |                 |  |
|  | 3a      | Qualified dividends  | 3a        | 3.  | <b>b</b> Ordinary o | lividends   |                        | . 3         | 3b  | 3.              |  |
|  | 4a      | IRA distributions  | 4a        |   | <b>b</b> Taxable ar | mount .     |                        | . 4         | lb  |                 |  |
|  | 5a      | Pensions and annuities   | 5a        | *   | <b>b</b> Taxable ar | mount .     |                        | . 5         | 5b  |                 |  |
| Standard Deduction for—  • Single or Married filing separately, \$12,550  • Married filing jointly or Qualifying widow(er), \$25,100 | 6a      |  | 6a 🖣      |   | <b>b</b> Taxable ar |             |                        | . 6         | 6b  |                 |  |
|  | 7       | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □               |           |   |                     |             |                        |             |   | -1,465.         |  |
|  | 8       | Other income from Schedule 1, line 10  |           |   |                     |             |                        |             |   | -7,748.         |  |
|  | 9       | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶                        |           |   |                     |             |                        |             | 9   | 80,693.         |  |
|  | 10      | Adjustments to income from Schedule 1, line 26   |           |   |                     |             |                        |             | 10  |                 |  |
|  | 11_     | Subtract line 10 from line 9. This is  |           |   |                     |             |                        | ▶ 1         | 11  | 80,693.         |  |
|  | 12a     | Standard deduction or itemized   | deducti   | ons (from Schedule                          | A)                  | 12a         | 25,1                   | .00.        |   |                 |  |
| • Head of household, \$18,800  | b       | Charitable contributions if you take   | the stan  | dard deduction (see                         | instructions)       | 12b         | 6                      | 00.         |   |                 |  |
|  | С       | Add lines 12a and 12b  | nd 12b    |   |                     |             |                        |             |   | 25,700.         |  |
| • If you checked<br>any box under<br>Standard<br>Deduction,<br>see instructions.   | 13      | Qualified business income deduction from Form 8995 or Form 8995-A                                    |           |   |                     |             |                        |             |   |                 |  |
|  | 14      | Add lines 12c and 13   |           |   |                     |             |                        |             |   | 25,700.         |  |
|  | 15      | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0                             |           |   |                     |             |                        |             | 15  | 54,993.         |  |

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

Form **1040** (2021)

| Form 1040 (2021                                  | 1)      |  |                                       | Page <b>2</b>                          |  |
|--|---------|--|---------------------------------------|--|--|
|  | 16      | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3   | 16                                    | 6,199.                                 |  |
|  | 17      | Amount from Schedule 2, line 3   | 17                                    |  |  |
|  | 18      | Add lines 16 and 17  | 18                                    | 6,199.                                 |  |
|  | 19      | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | 19                                    | 500.                                   |  |
|  | 20      | Amount from Schedule 3, line 8   | 20                                    |  |  |
|  | 21      | Add lines 19 and 20  | 21                                    | 500.                                   |  |
|  | 22      | Subtract line 21 from line 18. If zero or less, enter -0   | 22                                    | 5,699.                                 |  |
|  | 23      | Other taxes, including self-employment tax, from Schedule 2, line 21   | 23                                    | 0.                                     |  |
|  | 24      | Add lines 22 and 23. This is your total tax  | 24                                    | 5,699.                                 |  |
|  | 25      | Federal income tax withheld from:  |                                       |  |  |
|  | а       | Form(s) W-2  |                                       |  |  |
|  | b       | Form(s) 1099   |                                       |  |  |
|  | С       | Other forms (see instructions)   |                                       |  |  |
| If you have a qualifying child, attach Sch. EIC. | d       | Add lines 25a through 25c  | 25d                                   | 12,840.                                |  |
|  | 26      | 2021 estimated tax payments and amount applied from 2020 return  | 26                                    |  |  |
|  | 27a     | Earned income credit (EIC)   |                                       |  |  |
|  |         | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ □  |                                       |  |  |
|  | b       | Nontaxable combat pay election   |                                       |  |  |
|  | С       | Prior year (2019) earned income  |                                       |  |  |
|  | 28      | Refundable child tax credit or additional child tax credit from Schedule 8812  American opportunity credit from Form 8863, line 8  | _                                     |  |  |
|  | 29      |  |                                       |  |  |
|  | 30      | Recovery rebate credit. See instructions   |                                       |  |  |
|  | 31      | -  | 1 000                                 |  |  |
|  | 32      | Add lines 27a and 28 through 31. These are your total other payments and refundable credits  |                                       | 1,800.                                 |  |
|  | 33      | Add lines 25d, 26, and 32. These are your total payments   |                                       | 14,640.                                |  |
| Refund   | 34      | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | . —                                   | 8,941.                                 |  |
| Direct deposit?                                  | 35a     | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □ Routing number   *   *   *   *   *   0   0   2   1   ▶ c Type: ▼ Checking □ Savings  | 35a                                   | 8,941.                                 |  |
| Direct deposit?<br>See instructions.             | ▶b      | Routing number ★ ★ ★ ★ ★ ★ 0 0 0 2 1   | 3                                     |  |  |
|  | ► d     |  |                                       |  |  |
| Amount<br>You Owe                                | 36      | Amount of line 34 you want applied to your 2022 estimated tax > 36   |                                       |  |  |
|  | 37      | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .   | 37                                    |  |  |
|  | 38      | Estimated tax penalty (see instructions)   |                                       |  |  |
| Third Party<br>Designee                          | ins     | you want to allow another person to discuss this return with the IRS? See structions   |                                       | X No                                   |  |
|  | nar     | ne ▶ no. ▶ number (PIN)  | ) ▶                                   |  |  |
| Sign<br>Here                                     |         | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh | ich prepare                           | er has any knowledge.                  |  |
| 11010  | Yo      |  |                                       | nt you an Identity<br>N, enter it here |  |
| l-i-t0   |         |  | ee inst.)                             | IN, enter it here                      |  |
| Joint return?<br>See instructions.               | Sp      | CONSTRUCTION ENGINEER  |                                       | nt your spouse an                      |  |
| Keep a copy for                                  |         | Ide  | dentity Protection PIN, enter it here |  |  |
| your records.                                    |         | HOUSE WIFE (Se   | ee inst.) 🕨                           |  |  |
|  |         | one no. (724)713-0124 Email address MFAREEZUDDIN@GMAIL.COM   |                                       |  |  |
| Paid   |         | eparer's name Preparer's signature Date PTIN   |                                       | Check if:                              |  |
| Preparer<br>Use Only                             | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2022 ****   | *2703                                 | Self-employed                          |  |
|  |         |  | one no. (                             | 678)965-9522                           |  |
|  | Fir     | m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Fir  | rm's EIN 🕨                            |  |  |
| Go to www.irs.go                                 | ov/Forn | n1040 for instructions and the latest information.  BAA  REV 02/17/22 PRO  |                                       | Form <b>1040</b> (2021)                |  |