Form **9325** (January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file</i> . 489-77-6358	
Гахрауе	r name FNU SHAIK MOHAMMED ANWAR & RESHMI SHAIK	
Гахрауе	r address (optional)	
1111 н	IDDEN RIDGE APT 3038	
IRVING	, TX 75038	
1. X	Your federal income tax return for2022	was filed electronically with the Austin
	Submission Processing Center. The electronic filing	services were provided byGLOBAL TAXES LLC
2. 🗶		ng a Personal Identification Number (PIN) as your electronic tronic Return Originator (ERO) to enter or generate a PIN is 222496202302406z28z5
3.	Your return was accepted on	Allow 4 to 6 weeks for the processing of your return.
		tion on your return may be reduced or disallowed due to a
4.	Your electronic funds withdrawal payment request v	vas accepted for processing.
5.	Your electronic funds withdrawal payment request vax" section.	vas not accepted for processing. Refer to the "If You Owe
6.		on of Time to File U.S. Individual Income Tax Return, was bmission ID assigned to your extension

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

BAA REV 03/22/23 PRO Form **9325** (Rev. 1-2017)

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Catalog Number 12901K BAA www.irs.gov REV 03/22/23 PRO Form **9325** (Rev. 1-2017)

AMENDMENT TAX RETURN TAX YEAR 2022

Department of the Treasury-Internal Revenue Service

5 1040-X

Amended U.S. Individual Income Tax Return

▶ Use this revision to amend 2019 or later tax returns.

OMB No. 1545-0074

(Rev. July 2021) ▶ Go to www.irs.gov/Form1040X for instructions and the latest information. This return is for calendar year (enter year) 2022 or fiscal year (enter month and year ended) Your first name and middle initial Last name Your social security number 489-77-6358 FNU SHAIK MOHAMMED ANWAR If joint return, spouse's first name and middle initial Last name Spouse's social security number RESHMI SHAIK APPLIED FOR Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number 1111 HIDDEN RIDGE 3038 (814)384-5763City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. IRVING TX 75038 Foreign country name Foreign postal code Foreign province/state/county Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date. ☐ Qualifying widow(er) (QW) 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 Enter on lines 1 through 23, columns A through C, the amounts for the return A. Original amount B. Net change -C. Correct reported or as amount of increase year entered above. previously adjusted or (decrease)amount Use Part III on page 2 to explain any changes. (see instructions) explain in Part III **Income and Deductions** Adjusted gross income. If a net operating loss (NOL) carryback is 1 84,427. 84,427. 2 Itemized deductions or standard deduction 2 12,950. 12,950. 25,900. 3 Subtract line 2 from line 1 3 58,527. 71,477. -12,950.4a Reserved for future use . . . 4a Qualified business income deduction . 4b 0. 5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, 71,477. -12,950.58,527. Tax Liability Tax. Enter method(s) used to figure tax (see instructions): 11,342. 6,612. 6 -4,730.7 Nonrefundable credits. If a general business credit carryback is 7 0. 0. 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-8 11,342. -4,730. 6,612. 9 Reserved for future use 9 10 Other taxes 10 0. 0. 0. Total tax. Add lines 8 and 10 11 11 11,342. -4,730.6,612. **Payments** 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 12 13,803. 0. 13,803. 13 Estimated tax payments, including amount applied from prior year's return 13 0. 0. 14 0. 0. 15 Refundable credits from: Schedule 8812 Form(s) 2439 4136 ☐ 8885 ☐ 8962 or ☐ other (specify):____ 15 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 17 Total payments. Add lines 12 through 15, column C, and line 16 17 13,803. **Refund or Amount You Owe** 18 2,461. 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17. (If less than zero, see instructions.) 19 11,342. 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference 20 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return 21 4,730. 22 4,730. Amount of line 21 you want **refunded to you** 23 Amount of line 21 you want applied to your (enter year): estimated tax

Form **1040-X** (Rev. 7-2021)

BAA

Page 2 Form 1040-X (Rev. 7-2021)

Part I	Dependents									
This would in	s part to change any inf clude a change in the r rmation for the return y	umber of depende	ents.			A. Original roof dependence reported of previously as	lents or as	B. Net change — amount of increase or (decrease)	Э	C. Correct number
24 Reserv	ved for future use				24	. ,				
	dependent children who			•	25		0	0		
	dependent children wh	•		or						
separa					26		0	0		
•	dependents			•	27		0	0	_	
	ved for future use			•			U	U		
				•	28					
				:	29					
	LL dependents (childre	n and others) claim	ned on this amended i	eturi	n.					
Dependents	(see instructions):		(h) Coolel coouwity		(a) Da	منامه معانم	(d)	✓ if qualifies for	(see	instructions):
f more			(b) Social security number			elationship o you		hild tax credit		dit for other
han four _	(a) First name	Last name	Humber		U	o you	~	illia tax oreait	de	ependents
dependents,										
see –										
nstructions – and check								П		
nere ▶ □										$\overline{\Box}$
Part II F	Presidential Election	Campaign Fun	d (for the return ves	ır on	ntarac	d at the to	n of i	nage 1)		
Sign Here	and statements, and to the	I declare that I have file best of my knowledge	m for your records. d an original return, and that and belief, this amended ret he preparer has any knowle	urn is dge.					oarer (other than
								HOME MAKE	3	
	Spouse's signature.	If a joint return, both m	ust sign.		Date			HOME MAKEI		
Paid	Spouse's signature. Print/Type preparer's name		ust sign. eparer's signature		Date	Date			tion	PTIN
Paid Preparer		e Pr					16/20	Spouse's occupa	tion if F	

Use Only

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



OMB No. 1545-007

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

Filing Status	5 🗌 5	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household	(HOH)	Qua	lifying su		
Check only	lf vo	u checked the MFS box, enter the n	ama of v	cur analisa If vali	obook	ad tha UOU a	OCC hav	ontor th		use (QS		
one box.	-	on is a child but not your dependent	-	our spouse. II you	CHECK	ed the non of	QSS DOX,	enter ti	ie criiia s	s name ii	trie qualityiriç	
Your first name			Last na	mo					Vour co	oial socu	rity number	
	anu mi	udie Iliitiai			7. 3. 7. 7. 7	ND.			Your social security number			
FNU		first representations and social all a finition		K MOHAMMED	ANWA	AK			489-77-6358 Spouse's social security number			
	pouse s	s first name and middle initial	Last nai						1 .		-	
RESHMI	(m	ward street) If you have a D.O. have and	SHAI				A		1	IED F		
		er and street). If you have a P.O. box, see	Instruction	ons.			Apt. r		ł		ction Campaig ou, or your	
1111 HID					01-	1 -	303	8		,	ointly, want \$3	
	OST OTTI	ce. If you have a foreign address, also co	implete s	paces below.	Sta		ZIP code		to go to	this fund	d. Checking a	
IRVING					T>		75038		-1		ot change	
Foreign country	/ name			Foreign province/stat	e/count	iy .	Foreign pos	stal code	your ta	x or refun Υοι		
										YOU	u Spous	
Digital		ny time during 2022, did you: (a) rec	•				•	, ,	. ,		\sqrt	
Assets		ange, gift, or otherwise dispose of a					asset)? (S	ee instri	uctions.)	Yes	s 🗵 No	
Standard	_	eone can claim: You as a de				•						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	is alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse	: Was bo	n before J	anuary	2, 1958	☐ Is	blind	
Dependents	s (see	instructions):		(2) Social secur	ritv	(3) Relationsh	(4) Ch	eck the b	ox if qual	ifies for (se	ee instructions)	
If more		(1) First name Last name		number		to you	1	Child tax cre		Credit for	other dependent	
than four												
dependents,												
see instructions and check	S											
here \square								$\overline{\Box}$			$\overline{\Box}$	
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a		92,910.	
Income	b	Household employee wages not re	,	,					. 1k			
Attach Form(s)	c									;		
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10			
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							. 16			
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							. 11			
was withheld.	g								. 10			
If you did not get a Form	9 h	Other earned income (see instruct							. 1h		0.	
W-2, see	 i	Nontaxable combat pay election (,						. "			
instructions.	,	Add lines 1a through 1h	5CC 1115U	uctions)		!!			. 12		92,910.	
Attack Cale D			20		 ьт	axable interes			. 12		<u> </u>	
Attach Sch. B if required.	2a	'	2a 3a			axable interes Ordinary divide						
	3a					axable amoun						
Name daniel	4a	_	4a									
Standard Deduction for —	5a		5a			axable amoun axable amoun				_		
Single or	6a	,	6a				ι		. 6k)		
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)							╡┞╻			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or	8	Other income from Schedule 1, lin							. 8	_	<u>-8,483.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									84,427.	
\$25,900	10	Adjustments to income from Sche							. 10			
Head of household,	11	Subtract line 10 from line 9. This is	-	-					. 11		84,427.	
\$19,400	12	Standard deduction or itemized							. 12	_	25,900.	
If you checked any box under	13	Qualified business income deduct							. 13			
Standard	14	Add lines 12 and 13							. 14		25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								5	58,527.	

Form 1040 (2022	2)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗍 4972 3 🗍	16		6,62	12.
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18		6,63	12.
	19	Child tax credit or credit for other dependents from Schedule 8812	19			
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21			
	22	Subtract line 21 from line 18. If zero or less, enter -0	22		6,62	12.
	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		6,62	12.
ayments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	1	13,80	J3.
you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
ialifying child,	27	Earned income credit (EIC)				
tach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8				
	30	Reserved for future use	4			
	31	Amount from Schedule 3, line 15				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32			
	33	Add lines 25d, 26, and 32. These are your total payments	33	1	13,80	
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		7,19	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		7,19	<u>91.</u>
irect deposit?	b	Routing number 0 4 3 3 0 0 7 3 8 c Type: X Checking Savings				
ee instructions.	d	Account number 6 0 1 0 8 3 3 0 6 2				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
mount ou Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)				
hird Party esignee	ins	you want to allow another person to discuss this return with the IRS? See structions		X No		
	De: nar	signee's Phone Personal identif ne no. number (PIN)	ication			\top

Sign		es of perjury, I declare to true, correct, and com									
Here	Your signature			Date	Your or	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					SOFT	TWARE D	EVELOPER	(see inst.)			
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.			Date	Spouse	e's occupation	on	Identity Pro	If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.					HOME	E MAKER	(see inst.)				
	Phone no.	Phone no. (814) 384-5763			ANWA	AR.EF42	@GMAIL.COM	N			
Deid	Preparer's nar	ne	Preparer's signat	ture	ure		Date	PTIN	Check if:		
Proporor	SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	04/16/2023	P02082703	Self-em	ployed	
Preparer	C:	CT OD AT MA	VDO TTO					Dhanana	/ (70 \ O C E	0.500	

Firm's name

Firm's address

Use Only

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Phone no. (678) 965-9522

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
FNU SHAIK MOHAMMED ANWAR & RESHMI SHAIK
489-77-6358

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-8,483.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· · · · · · · · · · · · · · · · · · ·	8a ()		
b	5	8b		
С	<u> </u>	8c		
d	<u> </u>	8d ()		
е	<u> </u>	8e		
f	Income from Form 8889	8f		
g	F	8g		
h	, , , ,	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	0		
_	, ·	8m		
n	, , , , , , , , , , , , , , , , , , , ,	8n 8o		
0	·	8p		
р	· · · · · · · · · · · · · · · · · · ·	8q		
q r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	OI		
3	· ·	8s ()		
t	_)		
	a nongovernmental section 457 plan	8t		
u	· · · · · · · · · · · · · · · · · · ·	8u		
z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,		10	-8,483.

Schedule 1 (Form 1040) 2022 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	F	24i	-	
j	<u> </u>	24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	na_		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2022

Attachment Sequence No. 13

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

FNU SHAIK MOHAMMED ANWAR & RESHMI SHAIK

Your social security number 489-77-6358

Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you	to file F	Form(s) 1	099? S	See ins	structions .		. 🗌 Ye	s 🛛 No	
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No	
1a	Physical address of each property (street, city, state, ZIP									
Α	H.NO:12-344/1 PLOT NO:36 BANDLAGUDA, NA	AGOLE	HYDER	BAD,	TELA	NGANA IN	50007	4		
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r				Fa	ir Rental Days	Personal Use Days		QJV	
Α	personal use days. Check the QJ	JV box	only	Α		365		0		
В	if you meet the requirements to fi			В					i i	
C	qualified joint venture. See instru	ictions.		C					i i	
	of Property:				I					
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	lties		Self-Rental Other (desc				
						Propert	ies:			
Inco	me:			Α		В			С	
3	Rents received	3		5	80.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6		2	60.					
7	Cleaning and maintenance	7		9	73.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,3	67					
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5	07.					
13	Other interest	13								
14	Repairs	14		2,1	27					
	Supplies	15		2,6						
15	• •			۷,0	70.					
16	Taxes	16		1 (10					
17	Utilities	17		1,6	48.					
18	Depreciation expense or depletion	18								
19	Other (list)	19			60					
20	Total expenses. Add lines 5 through 19	20		9,0	63.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must			0 4	0.0					
	file Form 6198	21		-8,4	03.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,48		()	()	
23a	Total of all amounts reported on line 3 for all rental proper				23a		580.			
b	Total of all amounts reported on line 4 for all royalty prope				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	9	,063.			
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	otal losses he	re 25	(8,483.)	
26	Total rental real estate and royalty income or (loss).								,	
-	here. If Parts II. III. IV. and line 40 on page 2 do not a									

26

-8,483.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form W-7 (Rev. August 2019) Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien FNU SHAIK MOHAMMED ANWAR f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Middle name Last name Name RESHMI SHAIK (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1111 HIDDEN RIDGE Apt 3038 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75038 IRVING USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) **Birth** Male 04/19/1999 Information TNDTA X Female 6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other TNDTA Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States Exp. date: 05/30/2032 No.: W1066216 (MM/DD/YYYY): Issued by: INDIA 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Signature Date (month / day / year) Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code