IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

ERO must obtain and retain completed Form 8879.

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

Submission Identification Number (SID)	222496202302406z28z5
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Taxpayer's name		Social security num	ber
FNU SHAIK MOHAMMED ANWAR		489-77-635	8
Spouse's name		Spouse's social sec	urity number
RESHMI SHAIK		APPLIED FO	DR
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are au	Ithorizing.)
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	84,427.
2 Total tax		2	6,612.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,803.
4 Amount you want refunded to you		4	7,191.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and k	keep a copy of	your return)

Under penalties of periury. 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	
		ERO firm name		

Ent	er fiv I't er	/e dig nter a	gits, all ze	but	as
7	6	3	5	8	

Enter five digits, but don't enter all zeros

my

as mv

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

I will enter my PIN as my signature on the income tax return (original or 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.

Date

Your signature

X

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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

I will enter my PIN as my signature on the income tax return (original or 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 E	Date 🕨					 		
Practitioner PIN Method Returns Only—continu	e bel	ow						
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	1	 	 	3	 9 8	9	

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											
For Paperwork Reduction Act Notice, see your tax retu	Form 8879 (Rev. 01-2021)										

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	
Taxpaye	name FNU SHAIK MOHAMMED ANWAR & RESHMI SHAIK	
	address (optional)	
	IDDEN RIDGE APT 3038	
IRVING,	. TX 75038	
1. 🗙	Your federal income tax return for 2022	
	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.
	The Earned Income Credit or a dependent's exemp child's name and social security number mismatch.	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 v Tax" section.	vas not accepted for processing. Refer to the "If You Owe
6.		n 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.

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.**

You have requested a refund check mailed to your home address. For the latest information on the status of you refund go to www.irs.gov and select the 'Where's My Refund?' link under Refunds. The IRS does not guarantee a specific date that a refund will be mailed to a taxpayer's home address. E 1040-X

(Rev. July 2021)

AMENDMENT TAX RETURN TAX YEAR 2022

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

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

► Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) or fiscal year (enter month and year ended) 2022 Your first name and middle initial Last name Your social security number FNU SHAIK MOHAMMED ANWAR 489-77-6358 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 3038 1111 HIDDEN RIDGE (814) 384-5763 City, 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 province/state/county Foreign postal code 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. X Married filing jointly Married filing separately (MFS) Single Head of household (HOH) 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 > A. Original amount B. Net change -Enter on lines 1 through 23, columns A through C, the amounts for the return 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** 1 Adjusted gross income. If a net operating loss (NOL) carryback is 1 84,427. 0. 84,427. 12,950 2 Itemized deductions or standard deduction 2 . . 12,950. 25,900. 3 Subtract line 2 from line 1 3 71,477. -12,950 58,527. 4a Reserved for future use . . 4a b Qualified business income deduction . 4b 0. 0. 5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, -12,950. 5 71,477. 58,527. Tax Liability 6 Tax. Enter method(s) used to figure tax (see instructions): 6 11,342. 6,612. Table -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. 11 Total tax. Add lines 8 and 10 11 -4,730. 11,342. 6,612. **Payments** 12 Federal income tax withheld and excess social security and tier 1 RRTA 12 13,803. 0. 13,803. 0. 13 Estimated tax payments, including amount applied from prior year's return 13 0. 14 14 0. 0. Refundable credits from: Schedule 8812 Form(s) 2439 4136 15 □ 8885 □ 8962 or □ other (specify):_____ 8863 15 0. 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 0. 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 22 4,730. 23 Amount of line 21 you want **applied to your (enter year):** estimated tax 23

Complete and sign this form on page 2.

Part	Dependents									-	
Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.								A. Original numbe of dependents reported or as previously adjusted	B. Net change – amount of increase	C. Correct number	
24	Reserved for future use							24			
25	Your dependent children who lived with you							25	C	0	
26	Your dependent children who didn't live with yo	ou due	e to	div	orc	e	or				
	separation							26	0	0	
27	Other dependents							27	C	0	
28	Reserved for future use							28			
29	Reserved for future use							29			
30	30 List ALL dependents (children and others) claimed on this amended return.										
Dono	adonte (coo instructions):								10	I) / if qualifies for (coo instructions):

Dependents	s (see instructions):				(d) ✓ if qualifies fo	r (see instructions):
If more than four	(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents
dependents,						
see instructions						
and check						
here 🕨 🗌						

Presidential Election Campaign Fund (for the return year entered at the top of page 1) Part II

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules. ATTACHED LETTER OF EXPLANATION.

Cian	Remember to keep a copy of this Under penalties of perjury, I declare that I have and statements, and to the best of my knowled taxpayer) is based on all information about whi	e filed an original return, and that I ha	s true, correct,					
Sign Here	Your signature		Date	Yo)FTWARE DE'	VELOPER		
	Spouse's signature. If a joint return, bot	h must sign.	Date		HOME MAKER			
Paid	Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUE	TA TALLAM	Date 04/05/2023	Check if if self-employed	PTIN P02082703		
Preparer Use Only	Firm's name ► GLOBAL TAXES I Firm's address ► 245 ROONEY CT	Firm's EIN ► 84 Phone no. (67	- <u>3171965</u> 78)965-9522					
					- 104			

For forms and publications, visit www.irs.gov/Forms.

REV 03/22/23 PRO

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

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		urn 20 2	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependen	ame of y						spo	lifying surviving use (QSS) aname if the qualifying
Your first name	and mi	iddle initial	Last nar	ne					Your so	cial security number
FNU			SHAI	K MOHAMMED A	ANW	AR			489-	77-6358
If joint return, sp	ouse's	s first name and middle initial	Last nar	ne					Spouse	s social security number
RESHMI			SHAI	K					APPL	IED FOR
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ntial Election Campaigr
1111 HID	DEN	RIDGE					3	3038	Check	nere if you, or your
-		ce. If you have a foreign address, also co	omplete sp	baces below.	Sta	ite	ZIP c	ode	•	if filing jointly, want \$3
IRVING					T	K	750	38	•	o this fund. Checking a ow will not change
Foreign country	name		F	oreign province/state/	′coun	ty	Foreig	in postal code		<pre>c or refund. You Spouse</pre>
Digital		ny time during 2022, did you: (a) rec								
Assets	exch	ange, gift, or otherwise dispose of a	-				asset)	? (See instru	ctions.)	🗌 Yes 🛛 No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retu	•							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	(see	instructions):		(2) Social security	/	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
If more	(1) Fi	irst name Last name		number		to you		Child tax ci	redit	Credit for other dependents
than four										
dependents, see instructions										
and check										
here										
Income	1a	Total amount from Form(s) W-2, b		,						
Attach Form(a)	b	Household employee wages not r	•	.,					. <u>1b</u>	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a							. 10	
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)			. 10	
W-2G and 1099-R if tax	е	Taxable dependent care benefits			• •				. 1e	
was withheld.	f	Employer-provided adoption bene					· ·		. <u>1</u> f	
If you did not	g	Wages from Form 8919, line 6 .					· ·		. <u>1</u> g	
get a Form W-2, see	h	Other earned income (see instruct	,			1	···		. <u>1</u> h	0.
instructions.	i	Nontaxable combat pay election (see instri	uctions)	• •	1 i				00.010
	<u>z</u>	S I	1	· · · · ·					. 1z	
Attach Sch. B	2a		2a			axable interest				
if required.	<u>3a</u>	Qualified dividends	3a			Ordinary divider				
	4a	IRA distributions	4a			axable amount				
Standard Deduction for –	5a		5a			axable amount				
Single or	6a	Social security benefits	6a			axable amount	i	· · · ·	. 6b	
Married filing separately,	_c	If you elect to use the lump-sum e			`	,	· ·	L		
\$12,950	7	Capital gain or (loss). Attach Sche					· ·	L		
 Married filing jointly or 	8	Other income from Schedule 1, lin					· ·		. 8	-8,483.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•			· ·		. 9	84,427.
\$25,900	10	Adjustments to income from Sche					· ·		. 10	
Head of household,	11	Subtract line 10 from line 9. This is	•				• •		. 11	
\$19,400	12	Standard deduction or itemized					• •		. 12	
 If you checked any box under 	13	Qualified business income deduct			1 899	ъ-А	• •		. 13	
Standard Deduction,	14	Add lines 12 and 13							. 14	
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -U This is y	our /	taxable incom	e.		. 15	58,527.

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

Form **1040** (2022)

Credits 17 Amount from Schedule 2, line 3 17 17 18 Add lines 16 and 17	Form 1040 (2022	2)								Page 2
Credits 17 Anount from Schedule 2, line 3 17 17 18 Add lines 16 and 17 16 6, 612 19 Child ta credit for other dependents from Schedule 8812 19 19 19 10 <	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	·	. 16	6,612.
If you have a construction of the rest of the dependents from Schedule 8812 Image: transmission of the set of the	Credits	17	Amount from Schedule 2, lir	ne3					. 17	
20 Amount from Schedule 3, line 8 20 21 Add lines 19 and 20 22 23 Subtract line 21 from line 18. If zero or less, enter -0. 22 6, 612 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, 612 Payments 25 Federal income tax withheld from: 256 a form(s) W-2. 256 256 256 30 Add lines 25a through 25c 256 256 2022 estimated tax payments and amount applied from 2021 return 26 13,803 2022 estimated tax payments and amount applied from 2021 return 28 29 21 Additional lind tax credit from Schedule 812 28 29 23 Additional lind tax credit from Schedule 812 28 30 13,803 24 Additional sche 3, line 15 31 32 34d lines 27,28,29, and 31. These are your total ther payments and refundable credits 32 32 34d lines 27, 28, 29, and 31. These are your total payments 33 13, 803 13, 803 </th <td></td> <td>18</td> <td>Add lines 16 and 17</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 18</td> <td>6,612.</td>		18	Add lines 16 and 17						. 18	6,612.
21 Add lines 19 and 20. 21 22 Subtract line 21 from line 18. If zero or less, enter -0. 22 6, 612 23 Other taxes, including gelf-employment tax, from Schedule 2, line 21 23 0 24 Add lines 22 and 23. This is your total tax 24 6, 612 24 Add lines 22 and 23. This is your total tax 24 6, 612 25 Federal income tax withheld from: 25 13, 803. 250 Other forms (see instructions) 25 25 26 2022 estimated tax poyments and amount applied from 2021 return 27 28 28 2022 estimated tax poyments and amount applied from 2021 return 27 28 28 2007 estimated tax poyments and remover solution for most Schedule 8812 28 30 32 24 Add lines 27, 28, 29, and 31. These are your total other payments and efformational solution form Schedule 7, 191 34 7, 191 36 Amount of line 34 you want refunded to you. If Form 888 is attached, check here 33 13, 803 37 Add lines 27, 28, 29, and 31. These are your total other payments or see instructions 34 7, 191		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
22 Subtract line 21 from line 18. If zero or less, enter -0		20	Amount from Schedule 3, lir	ne8					. 20	
23 Other taxes, including self-employment tax, from Schedule 2, line 21 22 0 24 Add lines 22 and 23. This is your total tax 24 6, 612 24 Federal income tax withheld from: 256 26 35 Form(s) 1099 256 256 4 Add lines 25a through 25c 256 256 24 Add lines 25a through 25c 256 26 25 262 estimated tax payments and amount applied from 2021 return 27 26 2022 estimated tax redit from Schedule 8812 28 26 30 Add lines 25a, 27, 82, 9a, and 31. These are your total other payments and refundable credits 32 37 Add lines 25d, 26, and 32. These are your total payments 33 13, 803 38 Add lines 25d, 26, and 32. These are your total payments 33 13, 803 38 Add lines 25d, 26, and 32. These are your total payments 34 7, 191 39 Add lines 24, subtract line 24 from line 33. This is the amount you overpaid 34 7, 191 39 Add lines 34 you want refunded to your 167 om 8886 is attached, oheck here 35a 7, 191 Direct deposit? 5 Amou		21	Add lines 19 and 20						. 21	
24 Add lines 22 and 23. This is your total tax 24 6, 612 Payments 25 Federal income tax withheld from: 256 13, 803. a Form(s) 1099 256 13, 803. 256 d Add lines 226 at hrough 25c 256 250 d Add lines 25a through 25c 256 250 26 2022 estimated tax payments and amount applied from 2021 retur. 260 250 27 Earned income credit (FCI) 27 280 28 Additional child tax credit from Schedule 8812 280 30 31 28 Add lines 25d, 26, and 32. These are your total payments 33 13, 803 39 Add lines 25d, 26, and 32. These are your total payments 34 7, 191 36 Amount of line 34 you want refunded to you. If form 888 is attached, check here 35a 7, 191 36 Amount of line 34 you want applied to you. If form 888 is attached, check here 37 Subtract line 33 from line 24. X X X X X X X X X X		22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	6,612.
Payments 25 Federal income tax withheld from: 25a 13,803. a Form(s) W-2		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.
Payments 25 Federal income tax withheld from: 25a 13,803. a Form(s) 1099 25b 25c 25c d Add lines 25a through 25c 25c 25d 27 Earned income credit (EIC) 27 27d attach Sch. EIC. 28 2022 estimated tax payments and amount applied from 2021 return 27 attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 30 Reserved for future use 30 31 31 Andotines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 13, 803 34 Mines 25, 28, 29, and 32. These are your total payments 31 33 13, 803 35a Anount of line 34, you want refunded to you. If form 8888 is attached, chack here 33 31, 803 36 Amount of line 34, you want applied to your 2023 estimated tax 36 35a 7, 191 36 Amount of line 34, you want applied to your 2023 estimated tax 36 37 35a 7, 191 36 Amount of line 34, you want applied to your 2023 estimated tax 36 37 37 35a <t< th=""><th></th><th>24</th><th>Add lines 22 and 23. This is</th><th>your total tax</th><th></th><th></th><th></th><th></th><th>. 24</th><th>6,612.</th></t<>		24	Add lines 22 and 23. This is	your total tax					. 24	6,612.
a Form(s) W-2 25a 13,803 b Form(s) 1099 25c 25c d Add lines 25a through 25c 25c 25c 1 you have a quality goild, attach so through 25c 25c 26c 26 2022 estimated tax payments and amount applied from 201 return 27c 26c 27 Earned income credit (E(C) 28c 29c 30 Add lines 25a, 29, and 31. These are your total other payments and refundable credits 32c 31 Amount from Schedule 3, line 15 31 31 32 Add lines 25d, 28, and 31. These are your total other payments and refundable credits 32c 34 H line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 7, 191 35a Anount of line 34 you want refunded to you. If Form 8888 is attached, check here 33c 7, 191 35a Anount of line 24 you want splied to your 202 estimated tax 36 37 36 Amount of line 24 you want splied to your 202 estimated tax 36 37 37 Subtract line 33 form line 24. This is the amount you over. 50c retails on how to pay, go to www./rs.gov/Payments or see instructions 37	Pavments	25								
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Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Attachment Sequence No. **01**

Your social security number

Internal Revenue Service Go to www.irs.gov/Form1040 for Name(s) shown on Form 1040, 1040-SR, or 1040-NR

FNU	SHAIK MOHAMMED ANWAR & RESHMI SHAIK	-77-63	58		
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	1			
	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. Att	ach Sch	nedule E .	5	-8,483.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
1	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				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	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-SF	l, or 104	0-NR, line 8	8 10	-8,483.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gove	ernment		
	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					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	le 1 (Form 1040) 2022

SCHEDULE E		Supplemental Income and Loss								OMB No. 1545-0074		
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								2022		
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to <i>www.irs.gov/ScheduleE</i> for					formation		Attachm Sequen	nent	12
	shown on return		Go to www.irs.gov/Scheduler to	i ilisut			itest ii			al security		
	FNU SHAIK MOHAMMED ANWAR & RESHMI SHAIK 489-7'										lumbe	
Part I Income or Loss From Rental Real Estate and Royalties										/ 0000		
T CIT	Note: If yo	ou ar	re in the business of renting personal proper	rty, use	Schedule	C. See	instru	ctions. If you are	an indiv	vidual, rep	ort farı	m
	rental inco	me	or loss from Form 4835 on page 2, line 40.									
	· · · · · · · · · · · · · · · · · · ·											No
B	f "Yes," did you	or v	will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌	No
1a	Physical addr	ess	of each property (street, city, state, ZI	P code	e)							
Α	H.NO:12-3	44/	1 PLOT NO:36 BANDLAGUDA, NA	AGOLE	E HYDER	BAD.	TELA	NGANA TN 5	500074	1		
В		/				,						
1b	Type of Prope	rtv	2 For each rental real estate prope	orty liet	ted		Fa	ir Rental	Person	al Use		
15	(from list below		above, report the number of fair				10	Days	Da		Q	JV
Α	3	,	personal use days. Check the Q	JV bo>	k only 🛛 🛛	Α		365		0	Γ	
В			if you meet the requirements to t			В				-		=
С			qualified joint venture. See instru	lotions	5	С						5
Туре	of Property:				1		1	l.				
	Single Family R	esid	dence 3 Vacation/Short-Term Ren	Ital	5 Land		7	Self-Rental				
	Multi-Family Re				6 Roya	Ities	8	Other (describ	be)			
	,				, 							
								Properties	s:			
Incom				•		A	~ ~ ~	В			С	
3				3		5	80.					
4		ivea	1	4								
Exper				-								
5	-		· · · · · · · · · · · · · · · · · · ·	5			<u> </u>					
6			ee instructions)	6			60.					
7	•		ntenance	7		973.						
8				8								
9				9								
10	•		rofessional fees	10		1 0	<u> </u>					
11	-			11		1,3	67.					
12	00		paid to banks, etc. (see instructions)	12								
13				13		0 1	27					
14 15				14 15			37. 78.					
16				16		2,0	/0.					
17				17		1 6	48.					
18			ense or depletion	18		1,0	40.					
19	Other (list)	•		19								
20			dd lines 5 through 19	20		9 0	63.					
21	•		· ·	20		<i></i> , 0	05.					
21			rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must									
				21		-8,4	83.					
22			real estate loss after limitation, if any,			-,-						
~~			e instructions)	22	C	8.48	3.)	()	()
23a		-	ts reported on line 3 for all rental prope				23a	-	580.	(,
b			ts reported on line 4 for all royalty prop				23b					
c			ts reported on line 12 for all properties				23c					
d												
e			ts reported on line 20 for all properties				23d 23e	9.	063.			
24			sitive amounts shown on line 21. Do no						24			
25		-	ty losses from line 21 and rental real esta		-					(8,4	83.)
26		-	estate and royalty income or (loss).								, -	
			II, IV, and line 40 on page 2 do not									
			1040), line 5. Otherwise, include this a						26		-8,	483.

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

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			arate instruc		bermanen	reside	1115.			
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.			ype (check one box	<):
 Before you begin Don't submit th 	:: is form if you have, or are eligi	ble to get, a U.S.	. social sec	urity nui	mber (SS	N).			for a new ITIN v an existing ITIN	
	ubmitting Form W-7. Read th ederal tax return with Form V								o, c, d, e, f, or g , y	/ou
a 🗌 Nonresident	alien required to get an ITIN to cla	aim tax treaty bene	əfit							
b Nonresident	alien filing a U.S. federal tax retur	n								
	nt alien (based on days present in		-							
d 🗌 Dependent o	of U.S. citizen/resident alien 🔰 If d, enter relationship to U.S. citizen/resident alien (see instructions) 🕨									
·	J_H	d or e, enter name FNU SHAIK M	OHAMME D	ANWAR					tions) ► 489-77-6358	
	alien student, professor, or resea		ederal tax re	turn or c	laiming ar	n except	ion			
	spouse of a nonresident alien hold	ing a U.S. visa								
h 🗌 Other (see ir	,									
	on for a and f : Enter treaty country 1a First name		lle name	and	treaty art		name			
Name (see instructions)	RESHMI						AIK			
Name at birth if different	1b First name	Mido	lle name				name			
	2 Street address, apartment nu	mber, or rural rout	e number. If	you hav	ve a P.O. I	oox, see	separate	instru	uctions.	
Applicant's Mailing	1111 HIDDEN RIDGE	E Apt 3038								
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Addiess	IRVING TX USA 75038									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)		e, and country. Inc	nuce postar		ere appro	onate.				
Birth	4 Date of birth (month / day / year)	Country of birth		City and	d state or	province	e (optional)	5	Male	
Information	04/19/1999 INDIA 🕅 Female									
Other Information	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 INDIA INDIA INDIA INDIA INDIA INDIA									
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United States									
	Issued by: INDIA No.: W1066216 Exp. date: 05/30/2032 (MM/DD/YYYY):									
	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). 									
										and
	name under which it was iss									and
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ►									
	City and state ► Length of stay ►									
Sign Here	Under penalties of perjury, I (appli documentation and statements, and information with my acceptance agen	to the best of my	knowledge a	nd belief,	it is true,	correct,	and comple	te. I a	authorize the IRS to sl	
Keep a copy for your records.	Signature of applicant (if del	egate, see instruc	tions)	Date (mo	onth / day /	′ year)	Phone nur	nber		
-	Name of delegate, if applica	ble (type or print)	Delegate's relation to applicant		ship	Parent		Court-appointed guardian		
Acceptance	Signature			Date (month / day / year)		Phone		-		
Agent's	Name and title (type as a sist	\ \	Nome of -	mocri		E 111	Fax		DTIN	
Use ONLY	Name and title (type or print	J				EIN Office of	ada		PTIN	
						OHICE (JUUE			

REV 03/22/23 PRO