Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

| Тахрау | ver's name  | So | ocial secur | ity numb  | per          |  |  |  |  |
|--------|---|----|-------------|-----------|--------------|--|--|--|--|
| SAD    | DAT ALI HAQQANI MOHAMMED  |    | 202-11      | -213      | 0            |  |  |  |  |
| Spouse | 's name   | S  | oouse's so  | cial secu | urity number |  |  |  |  |
| Par    | Part I Tax Return Information – Tax Year Ending December 31, 2022 (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         | 106,445.     |  |  |  |  |
| 2      | Total tax   |    |             | 2         | 16,270.      |  |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |    |             | 3         | 19,317.      |  |  |  |  |
| 4      | Amount you want refunded to you   |    |             | 4         | 3,047.       |  |  |  |  |
| 5      | Amount you owe  |    |             | 5         |              |  |  |  |  |
| Par    | Part II Taxpaver Declaration and Signature Authorization (Be sure you get and 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

| X | l authorize | GLOBAL TAXES LI | LC | to enter or generate my PIN  |
|---|-------------|-----------------|----|------------------------------|
|   | 1 authorize |                 |    | to enter of generate my rink |

| 1   | 2 | 1 | 3 | 0 | as |  |  |  |
|---|---|---|---|---|----|--|--|--|
| Enter five digits, but<br>don't enter all zeros |   |   |   |   |    |  |  |  |

my

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.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 >   | Date ►   |  |  |  |  |
|--|--|--|--|--|--|
| Practitioner PIN Method Returns Only—continue below                            |  |  |  |  |  |
| Part III Certification and Authentication – Practitioner P                     | N Method Only  |  |  |  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s | elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9<br>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 🕨 |                          |
|---------------------------------------|--|--------|--------------------------|
|                                       | D Must Retain This Form — See<br>hit This Form to the IRS Unless |        |                          |
| For Demonstrade Deskustion Act Notice | . to   |        | Farm 8870 (Day, 01 0001) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO

| <b>1040</b>  |          | artment of the Treasury—Internal Revenue Servi<br>S. Individual Income Tax      |                | 202                           | 2            | OMB No. 1545                    | -0074        | IRS Use Onl   | y−Do not w | rite or staple in this space.                       |
|--|----------|---|----------------|-------------------------------|--------------|---------------------------------|--------------|---------------|------------|---|
| Check only   |          | Single Arried filing jointly  |                | ling separately (I            | ,            |                                 |              | ( )           | spor       | lifying surviving<br>use (QSS)                      |
| one box.   |          | u checked the MFS box, enter the na<br>on is a child but not your dependent     |                | spouse. If you c              | песк         | ed the HOH or                   | QSS          | box, enter t  | ne child's | s name if the qualifying                            |
| Your first name  | and m    | ddle initial  | Last name      |                               |              |                                 |              |               | Your so    | cial security number                                |
| SADAT AL   | I HZ     | AQQANI  | MOHAMMI        | ED                            |              |                                 |              |               | 202-       | 11-2130   |
| lf joint return, s                                     | oouse's  | first name and middle initial   | Last name      |                               |              |                                 |              |               | Spouse     | 's social security numbe                            |
| Home address   | (numbe   | r and street). If you have a P.O. box, see                                      | instructions.  |                               |              |                                 | A            | pt. no.       |            | ntial Election Campaigr                             |
|  |          | NT VALLEY ROAD  |                |                               |              |                                 |              |               |            | nere if you, or your<br>if filing jointly, want \$3 |
| City, town, or p<br>WYLIE                              | ost offi | ce. If you have a foreign address, also co                                      | mplete space   | s below.                      | Sta<br>TX    |                                 | ZIP c<br>750 |               | to go to   | this fund. Checking a ow will not change            |
| Foreign country  | name     |   | Forei          | gn province/state/            |              |                                 |              | n postal code |            | k or refund.  |
|  |          |   |                |                               |              |                                 |              |               |            | You Spouse  |
| Digital<br>Assets                                      |          | ny time during 2022, did you: (a) rece<br>ange, gift, or otherwise dispose of a |                |                               |              |                                 |              |               |            | 🗌 Yes 🛛 No  |
| Standard   | Som      | eone can claim: 🗌 You as a de   | pendent        | Vour spous                    | e as         | a dependent                     |              |               |            |   |
| Deduction  |          | Spouse itemizes on a separate retur   |                | re a dual-status              | alien        |                                 |              |               |            |   |
| -  |          | Were born before January 2, 1   | 958 🗌 Ai       | •                             | ouse         |                                 | 11           | ore January   |            | Is blind<br>fies for (see instructions):            |
| Dependents<br>If more                                  |          | Instructions):<br>rst name Last name  |                | (2) Social security<br>number | /            | <b>(3)</b> Relationsh<br>to you |              | Child tax of  |            | Credit for other dependents                         |
| than four  |          |   |                |                               |              |                                 |              |               |            |   |
| dependents,<br>see instructions                        |          |   |                |                               |              |                                 |              |               |            |   |
| and check  |          |   |                |                               |              |                                 |              |               |            |   |
| here   |          |   |                |                               |              |                                 |              |               |            |   |
| Income   | 1a<br>⊾  | Total amount from Form(s) W-2, be   | •              | ,                             |              |                                 |              |               | . 1a       |   |
| Attach Form(s)   | b<br>c   | Household employee wages not re<br>Tip income not reported on line 1a           | •              | .,                            |              |                                 | • •          |               | . 1b       |   |
| W-2 here. Also   | d        | Medicaid waiver payments not rep  |                |                               |              |                                 | • •          |               | . 1d       |   |
| attach Forms<br>W-2G and                               | e        | Taxable dependent care benefits f   |                |                               |              |                                 |              |               | . 1e       |   |
| 1099-R if tax  | f        | Employer-provided adoption bene   |                |                               |              |                                 |              |               | . 1f       |   |
| was withheld.<br>If you did not                        | g        | Wages from Form 8919, line 6 .  |                | -                             |              |                                 |              |               | . 1g       | 1   |
| get a Form   | h        | Other earned income (see instructi  |                |                               |              |                                 |              |               | . 1h       | -   |
| W-2, see instructions.                                 | i        | Nontaxable combat pay election (s   | see instructio | ons)                          |              | 1i                              |              |               |            |   |
|  | z        | Add lines 1a through 1h   |                |                               |              |                                 |              |               | . 1z       | 120,712.  |
| Attach Sch. B  | 2a       | Tax-exempt interest   | 2a             |                               | b Ta         | axable interest                 |              |               | . 2b       | )   |
| if required.   | 3a       | Qualified dividends   | 3a             | 14.                           | <b>b</b> O   | ordinary divider                | nds .        |               | . 3b       | 28.   |
|  | 4a       | IRA distributions   | 4a             |                               | b T          | axable amount                   | t            |               | . 4b       | 1   |
| Standard   | 5a       | Pensions and annuities  | 5a             |                               | b T          | axable amount                   | t            |               | . 5b       | )   |
| <ul> <li>Deduction for —</li> <li>Single or</li> </ul> | 6a       | Social security benefits  | 6a             |                               | b T          | axable amount                   | t            |               | . 6b       |   |
| Married filing   | С        | If you elect to use the lump-sum e  | lection meth   | od, check here                | (see         | instructions)                   |              |               |            |   |
| separately,<br>\$12,950                                | 7        | Capital gain or (loss). Attach Schee  | dule D if req  | uired. If not requ            | uired        | , check here                    |              |               | 7          | 15.   |
| <ul> <li>Married filing</li> <li>iointhy or</li> </ul> | 8        | Other income from Schedule 1, lin   | e10            |                               |              |                                 |              |               | . 8        | -14,310.  |
| jointly or<br>Qualifying                               | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,  | and 8. This    | is your <b>total in</b>       | come         | э                               |              |               | . 9        | 106,445.  |
| surviving spouse,<br>\$25,900                          | 10       | Adjustments to income from Sche   |                |                               |              |                                 |              |               | . 10       |   |
| <ul> <li>Head of</li> </ul>                            | 11       | Subtract line 10 from line 9. This is   | 5              | •                             |              |                                 |              |               | . 11       | 106,445.  |
| household,<br>\$19,400                                 | 12       | Standard deduction or itemized  |                |                               |              |                                 |              |               | . 12       | 12,950.   |
| <ul> <li>If you checked<br/>any box under</li> </ul>   | 13       | Qualified business income deduction   |                | m 8995 or Form                | 899          | 5-A                             |              |               | . 13       |   |
| Standard<br>Deduction,                                 | 14       | Add lines 12 and 13   |                |                               |              |                                 | · ·          |               | . 14       | 1   |
| see instructions.                                      | 15       | Subtract line 14 from line 11. If zer   | o or less, er  | nter -0 This is y             | our <b>i</b> | axable incom                    | е.           |               | . 15       | 93,495.   |

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

Form **1040** (2022)

| Form 1040 (2022                      | 2)  |   |                          |                           |                    |                        |              |                       |                | Page 2                  |
|--------------------------------------|-----|---|--------------------------|---------------------------|--------------------|------------------------|--------------|-----------------------|----------------|-------------------------|
| Tax and                              | 16  | Tax (see instructions). Check   | if any from Form         | n(s): <b>1</b> 🗌 881      | 4 <b>2</b> 4972    | 3                      |              | 16                    | 16             | 5,270.                  |
| Credits                              | 17  | Amount from Schedule 2, lin   | e3                       |                           |                    |                        |              | 17                    |                |                         |
|                                      | 18  | Add lines 16 and 17   |                          |                           |                    |                        |              | 18                    | 16             | 5,270.                  |
|                                      | 19  | Child tax credit or credit for  | other dependen           | ts from Sched             | ule 8812           |                        |              | 19                    |                |                         |
|                                      | 20  | Amount from Schedule 3, lin   | ie8                      |                           |                    |                        |              | 20                    |                |                         |
|                                      | 21  | Add lines 19 and 20   |                          |                           |                    |                        |              | 21                    |                |                         |
|                                      | 22  | Subtract line 21 from line 18   | . If zero or less,       | enter -0                  |                    |                        |              | 22                    | 16             | 5,270.                  |
|                                      | 23  | Other taxes, including self-e   | mployment tax,           | from Schedule             | e 2, line 21 .     |                        |              | 23                    |                | 0.                      |
|                                      | 24  | Add lines 22 and 23. This is  | your <b>total tax</b>    |                           |                    |                        |              | 24                    | 16             | 5,270.                  |
| Payments                             | 25  | Federal income tax withheld   |                          |                           |                    |                        |              |                       |                |                         |
| -                                    | а   | Form(s) W-2   |                          |                           |                    | <b>25a</b> 19          | 9,317.       |                       |                |                         |
|                                      | b   | Form(s) 1099  |                          |                           |                    | 25b                    |              | 1                     |                |                         |
|                                      | с   | Other forms (see instructions   | s)                       |                           |                    | 25c                    |              | 1                     |                |                         |
|                                      | d   | Add lines 25a through 25c   |                          |                           |                    |                        |              | 25d                   | 19             | 9,317.                  |
| Here have a                          | 26  | 2022 estimated tax payment  | ts and amount a          | pplied from 20            | 021 return         |                        |              | 26                    |                |                         |
| If you have a L<br>qualifying child, | 27  | Earned income credit (EIC)  |                          |                           |                    | 27                     |              |                       |                |                         |
| attach Sch. EIC.                     | 28  | Additional child tax credit fror  |                          |                           |                    | 28                     |              | 1                     |                |                         |
|                                      | 29  | American opportunity credit   | from Form 8863           | 3, line 8                 |                    | 29                     |              | -                     |                |                         |
|                                      | 30  | Reserved for future use .   |                          |                           |                    | 30                     |              |                       |                |                         |
|                                      | 31  | Amount from Schedule 3, lin   |                          |                           |                    | 31                     |              | 1                     |                |                         |
|                                      | 32  | Add lines 27, 28, 29, and 31  | . These are your         | total other pa            | ayments and ref    | undable credits        |              | 32                    |                |                         |
|                                      | 33  | Add lines 25d, 26, and 32. T  | hese are your <b>to</b>  | tal payments              | · · · ·            |                        |              | 33                    | 19             | 9,317.                  |
| Refund                               | 34  | If line 33 is more than line 24   | l, subtract line 2       | 4 from line 33.           | This is the amou   | nt you <b>overpaid</b> |              | 34                    | 3              | 3,047.                  |
| neruna                               | 35a | Amount of line 34 you want  | refunded to you          | u. If Form 8888           | 3 is attached, che | ck here                | 🗆            | 35a                   | 3              | 3,047.                  |
| Direct deposit?                      | b   | Routing number 1 1 1  | 0 0 0 6                  | 1 4                       | c Type: 🛛 🗙        | Checking               | Savings      |                       |                |                         |
| See instructions.                    | d   | Account number 8 7 1  | 1 5 7 4                  | 3 1                       |                    |                        |              |                       |                |                         |
|                                      | 36  | Amount of line 34 you want a  | applied to your          | 2023 estimate             | edtax              | 36                     |              |                       |                |                         |
| Amount                               | 37  | Subtract line 33 from line 24   | . This is the amo        | ount you owe              |                    |                        |              |                       |                |                         |
| You Owe                              |     | For details on how to pay, ge   | o to <i>www.irs.go</i> u | v/Payments or             | see instructions   |                        |              | 37                    |                |                         |
|                                      | 38  | Estimated tax penalty (see ir   | nstructions) .           |                           |                    | 38                     |              |                       |                |                         |
| Third Party                          | Do  | you want to allow another   | person to disc           | cuss this retu            | rn with the IRS?   | See                    |              |                       |                |                         |
| Designee                             | ins | tructions   |                          |                           |                    | 🗌 <b>Yes.</b> C        | omplete      | below.                | X No           |                         |
|                                      |     | signee's  |                          | Phone                     |                    |                        | sonal identi | fication              |                |                         |
|                                      | nar |   |                          | no.                       |                    |                        | ber (PIN)    |                       |                |                         |
| Sign                                 |     | der penalties of perjury, I declare t<br>ief, they are true, correct, and com |                          |                           |                    |                        |              |                       |                |                         |
| Here                                 |     | ur signature  |                          | Date                      | Your occupation    |                        |              |                       | nt you an Id   |                         |
|                                      | 10  | al signature  |                          | Date                      |                    |                        |              |                       | IN, enter it I |                         |
| Joint return?                        |     |   |                          |                           | DEVOPS EN          | GINEER                 | (see         | inst.)                |                |                         |
| See instructions.                    | Sp  | Spouse's signature. If a joint return, both must sign. Date Spouse            |                          | Spouse's occupation If th |                    |                        |              | nt your spou          |                |                         |
| Keep a copy for<br>your records.     |     |   |                          |                           |                    |                        |              | itity Prote<br>inst.) | ection PIN,    | enter it here           |
|                                      |     |   | 0                        |                           |                    | NTOGMATI G             |              |                       |                |                         |
|                                      |     | one no. (626)861-223<br>eparer's name   | 8<br>Preparer's signat   | Email address             | SADATHAQQA         | NI@GMAIL.CO            | DM<br>PTIN   |                       | Check if:      |                         |
| Paid                                 |     |   |                          |                           |                    |                        |              | 2702                  |                | employed                |
| Preparer                             |     | PRIYA RAM SAGAR GUPTA TALLAM  |                          | KAM SAGAR                 | GUPIA IALLAM       | 02/16/2023             | <u> </u>     |                       |                |                         |
| Use Only                             | FIR | m's name GLOBAL TAX   |                          |                           |                    |                        |              | ne no. (<br>n's EIN   | 678)96         | <u>5-9522</u><br>171965 |
|                                      | Ei  | m's address 245 ROONE   | רונוס ים יויי) ע         |                           | J 08816            |                        |              |                       |                |                         |

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

Internal Revenue Service

# **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

2022 Attachment Sequence No. **01** nber

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security nun |
|---|--------------------------|
| SADAT ALI HAQQANI MOHAMMED                      | 202-11-2130              |
|   |                          |

| 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 | ach Schedule E . | 5       | -14,310. |
| 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               | _       |          |
| I       | 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                        |                  |         |          |
|         |  | 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 (             | 2       |          |
| 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:  | 0_               |         |          |
| 0       | Total other income. Add lince to through the                                   | 8z               | •       |          |
| 9<br>10 | Total other income. Add lines 8a through 8z                                    |                  | 9<br>10 | -14,310. |
|         | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR          |                  | _       | -14,310. |

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

Schedule 1 (Form 1040) 2022

| Par      | II Adjustments to Income   |     |          |          |        |                      |
|----------|--|-----|----------|----------|--------|----------------------|
| 11       | Educator expenses  |     |          |          | 11     |                      |
| 12       | Certain business expenses of reservists, performing artists, and fee |     |          | vernment |        |                      |
|          | 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:   |     |          |          |        |                      |
| <br>a    |  | 24a |          |          |        |                      |
|          | Deductible expenses related to income reported on line 8l from the   |     |          |          |        |                      |
|          |  | 24b |          |          |        |                      |
| С        | Nontaxable amount of the value of Olympic and Paralympic medals      |     |          |          |        |                      |
|          | and USOC prize money reported on line 8m                             | 24c |          |          |        |                      |
| d        |  | 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 |          |          |        |                      |
| q        | Contributions by certain chaplains to section 403(b) plans           | 24g |          |          |        |                      |
| <b>•</b> | 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 |          |          |        |                      |
| i        | Housing deduction from Form 2555                                     | 24j |          |          |        |                      |
|          | 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 |     |          |          |        |                      |
|          | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a             |     |          |          | 26     |                      |
|          | BAA  | REV | 02/05/23 | PRO      | Schedu | le 1 (Form 1040) 202 |

### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SADAT ALI HAQQANI MOHAMMED

202-11-2130 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)

|    | instructions for how to figure the amounts to enter on the below.   | (d)                       | (e)<br>Cost       | (g)<br>Adjustments                                     |        | (h) Gain or (loss)<br>Subtract column (e)                    |
|----|---|---------------------------|-------------------|--|--------|--|
|    | form may be easier to complete if you round off cents to e dollars.   | Proceeds<br>(sales price) | (or other basis)  | to gain or loss f<br>Form(s) 8949, P<br>line 2, column | art I, | from column (d) and<br>combine the result<br>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 <b>Box A</b> checked  |                           |                   |  |        |  |
| 2  | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  | 67.                       | 104.              | 2  | 27.    | -10.   |
| 3  | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                           |                   |  |        |  |
| 4  | Short-term gain from Form 6252 and short-term gain or (I  | oss) from Forms 4         | 684, 6781, and 88 | 324  | 4      |  |
| 5  | Net short-term gain or (loss) from partnerships, Schedule(s) K-1  |                           |                   |  | 5      |  |
| 6  | Short-term capital loss carryover. Enter the amount, if ar <b>Worksheet</b> in the instructions   | -                         | 6                 | ( )  |        |  |
| 7  | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise  | , ,                       | 7                 | -10.   |        |  |

#### 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.  |  | <b>(d)</b><br>Proceeds | (e)<br>Cost      | <b>(g)</b><br>Adjustmen  |    | (h) Gain or (loss)<br>Subtract column (e)                    |  |
|--|--|------------------------|------------------|--|----|--|--|
| This form may be easier to complete if you round off cents to whole dollars. |  | (sales price)          | (or other basis) | to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) |    | from column (d) and<br>combine the result<br>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 <b>Box D</b> checked   | 56.                    | 31.              |  |    | 25.  |  |
| 9  | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                        |                  |  |    |  |  |
| 10   | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                        |                  |  |    |  |  |
| 11   | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824   |                        | 11               |  |    |  |  |
| 12   | Net long-term gain or (loss) from partnerships, S corporat   | dule(s) K-1            | 12               |  |    |  |  |
| 13   | Capital gain distributions. See the instructions   |                        | 13               |  |    |  |  |
| 14   | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions  |                        | -                | -  | 14 | ( )  |  |
| 15   | Net long-term capital gain or (loss). Combine lines 8a on the back   | •                      |                  |  | 15 | 25.  |  |

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

| Pari | III Summary  |                             |
|------|--|-----------------------------|
| 16   | Combine lines 7 and 15 and enter the result  | <b>16</b> 15.               |
|      | <ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7.<br/>Then, go to line 17 below.</li> </ul>  |                             |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.   |                             |
|      | <ul> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or<br/>1040-NR, line 7. Then, go to line 22.</li> </ul>   |                             |
| 17   | Are lines 15 and 16 <b>both</b> gains?   |                             |
|      | <b>No.</b> Skip lines 18 through 21, and go to line 22.  |                             |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet   | 18                          |
| 19   | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet   | 19                          |
| 20   | <ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul> |                             |
|      | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.   |                             |
| 21   | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:  |                             |
|      | The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)  | 21 ( )                      |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.   |                             |
| 22   | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  |                             |
|      | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.   |                             |
|      | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |                             |
|      | REV 02/05/23 PRO   | Schedule D (Form 1040) 2022 |

Form **8949** 

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

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    | Social security number or taxpayer identification number |  |  |  |  |
|----------------------------|--|--|--|--|--|
| SADAT ALI HAQQANI MOHAMMED | 202-11-2130  |  |  |  |  |
|                            |  |  |  |  |  |

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

| <b>1</b><br>(a)<br>Description of property   |                            | <b>(b)</b><br>Date acquired | (c)<br>Date sold or            | <b>(d)</b><br>Proceeds              | <b>(e)</b><br>Cost or other basis<br>See the <b>Note</b> below | If you enter an enter a c                                       | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>parate instructions. | <b>(h)</b><br>Gain or (loss)<br>Subtract column (e)           |  |
|--|----------------------------|-----------------------------|--------------------------------|-------------------------------------|--|---|---|---|--|
| (Example: 100 sh   | (Example: 100 sh. XYZ Co.) |                             | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see <i>Column</i> (e)<br>in the separate<br>instructions.  | (f) (g)<br>Code(s) from<br>instructions Amount of<br>adjustment |   | from column (d) and<br>combine the result<br>with column (g). |  |
| APEX CLEARING  |                            | 05/11/22                    | 12/31/22                       | 67.                                 | 104.   | W   | 27.   | -10.  |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
|  |                            |                             |                                |                                     |  |   |   |   |  |
| 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). |                            |                             |                                | 67.                                 | 104.   |   | 27.   | -10.  |  |

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.

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

| Form 8949 (2022) | Attachment Sequence No. 1 | 12A | Page 2 |
|------------------|---------------------------|-----|--------|
|                  |                           |     |        |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SADAT ALI HAQQANI MOHAMMED

Social security number or taxpayer identification number 202-11-2130

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| <b>1</b><br>(a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | <b>(b)</b><br>Date acquired<br>(Mo., day, yr.) | <b>(c)</b><br>Date sold or<br>disposed of<br>(Mo., day, yr.) | <b>(d)</b><br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the Note below<br>and see Column (e)<br>in the separate<br>instructions. | If you enter an enter a c | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>parate instructions.<br>(g)<br>Amount of | (h)<br>Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|--|--|--|---|--|---------------------------|---|---|
|  |  |  |   |  | instructions              | adjustment  | (g).  |
| Robinhood Securities LLC   | 09/11/22                                       | 12/31/22   | 56.   | 31.  |                           |   | 25.   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
|  |  |  |   |  |                           |   |   |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box | 56.  | 31.  |   |  | 25.                       |   |   |

Note: If you checked Box D 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.

|  |   |           |  |                 | al Income and Loss |                  |            |            |               |               |          | OMB No. 1545-0074 |       |  |  |
|--|---|-----------|--|-----------------|--------------------|------------------|------------|------------|---------------|---------------|----------|-------------------|-------|--|--|
| (Form 1040) (From rental real estate, royalties, partnersh |   |           |  |                 |                    | corporat         | ions, es   | states,    | trusts, REMIC | Cs, etc.)     | 20       | 2022              |       |  |  |
| Department of the Treasury Attach to Form 1040, *          |   |           |  |                 |                    |                  | Attachment |            |               |               |          |                   |       |  |  |
|  | Revenue Service   |           | Go to www.irs.gov/   | ScheduleE for   | r instru           | uctions an       | d the la   | itest in   | formation.    |               | Sequen   |                   |       |  |  |
|  | shown on return   |           |  |                 |                    |                  |            |            |               | cial security |          | r                 |       |  |  |
| SADAT ALI HAQQANI MOHAMMED 202-11                          |   |           |  |                 |                    |                  |            |            |               | 11-2130       |          |                   |       |  |  |
| Part   | Part I Income or Loss From Rental Real Estate and Royalties<br>Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an ind<br>rental income or loss from Form 4835 on page 2, line 40. |           |  |                 |                    |                  |            |            |               |               |          | ort farı          | n     |  |  |
| Α  |   |           |  |                 |                    |                  |            |            |               |               | . 🗌 Ye   | s X               | No    |  |  |
|  |   |           | ou file required Form  |                 |                    |                  |            |            |               |               |          | _                 | No    |  |  |
| 1a   |   |           | ach property (street,  |                 |                    |                  |            |            |               |               |          |                   |       |  |  |
| Α  |   |           | AZAMPURA HYDEF   |                 |                    | ,                | 50002      | 4          |               |               |          |                   |       |  |  |
| B  |   | 17 100    |  |                 | 110711             | <u>111 ±11 5</u> | 0002       | 1          |               |               |          |                   |       |  |  |
| C  |   |           |  |                 |                    |                  |            |            |               |               |          |                   |       |  |  |
| 1b   | Type of Prope   | erty 2    | For each rental real   | estate prope    | rtv list           | ted              |            | Fa         | ir Rental     | Perso         | onal Use | _                 | n./   |  |  |
|  | (from list below  |           | above, report the n  | umber of fair i | rental             | and              |            |            | Days          |               | Days     |                   |       |  |  |
| Α  | 3   |           | personal use days.   |                 |                    |                  | Α          |            | 365           |               | 0        |                   |       |  |  |
| В  |   |           | if you meet the required in the required in the second sec |                 |                    |                  | В          |            |               |               |          | [                 |       |  |  |
| С  |   |           | qualities joint voirte   |                 |                    |                  | С          |            |               |               |          | [                 |       |  |  |
|  | of Property:  |           |  |                 |                    |                  |            | _          |               |               |          |                   |       |  |  |
|  | Single Family R   |           |  |                 | tal                | 5 Lanc           |            |            | Self-Rental   | ·!!= = )      |          |                   |       |  |  |
| 2  | Multi-Family Re   | sidence   | 4 Commercial   |                 |                    | 6 Roya           | aities     | 8          | Other (descr  | 'ibe)         |          |                   |       |  |  |
|  |   |           |  |                 |                    |                  |            |            | Properti      | es:           |          |                   |       |  |  |
| Incom  | ne:   |           |  |                 |                    |                  | Α          |            | В             |               |          | С                 |       |  |  |
| 3  |   |           |  |                 | 3                  |                  | 6          | 50.        |               |               |          |                   |       |  |  |
|  |   | ived.     |  |                 | 4                  |                  |            |            |               |               |          |                   |       |  |  |
| Exper  |   |           |  |                 | -                  |                  |            |            |               |               |          |                   |       |  |  |
| 5  | -   |           | · · · · · · · · · ·  |                 | 5                  |                  |            | 0.0        |               |               |          |                   |       |  |  |
| 6<br>7   |   | •         | structions)  |                 | 6<br>7             |                  |            | 80.<br>90. |               |               |          |                   |       |  |  |
| 8  | •   |           |  |                 | 8                  |                  | ⊥,/        | 90.        |               |               |          |                   |       |  |  |
| 9  |   |           |  |                 | 9                  |                  |            |            |               |               |          |                   |       |  |  |
| 10   |   |           | sional fees  |                 | 10                 |                  |            |            |               |               |          |                   |       |  |  |
| 11   | •   |           |  |                 | 11                 |                  | 1,5        | 50.        |               |               |          |                   |       |  |  |
| 12   |   |           | l to banks, etc. (see ir   |                 | 12                 |                  |            |            |               |               |          |                   |       |  |  |
| 13   | Other interest  |           |  |                 | 13                 |                  |            |            |               |               |          |                   |       |  |  |
| 14   | Repairs   |           |  |                 | 14                 |                  | 3,4        | 40.        |               |               |          |                   |       |  |  |
| 15   |   |           |  |                 | 15                 |                  | 3,8        | 30.        |               |               |          |                   |       |  |  |
| 16   |   |           |  |                 | 16                 |                  |            |            |               |               |          |                   |       |  |  |
| 17   |   |           |  |                 | 17                 |                  | 3,9        | 70.        |               |               |          |                   |       |  |  |
| 18   | •   | expense   | or depletion   |                 | 18                 |                  |            |            |               |               |          |                   |       |  |  |
| 19<br>20   | Other (list)  |           | noo 5 through 10   |                 | 19<br>20           |                  | 14 0       | 60         |               |               |          |                   |       |  |  |
|  |   |           | nes 5 through 19 .   |                 | 20                 |                  | 14,9       | 00.        |               |               |          |                   |       |  |  |
| 21   |   |           | ine 3 (rents) and/or 4<br>Instructions to find our   |                 |                    |                  |            |            |               |               |          |                   |       |  |  |
|  | file <b>Form 6198</b>   |           |  | -               | 21                 | .                | -14,3      | 10.        |               |               |          |                   |       |  |  |
| 22   | Deductible rer  | ntal real | estate loss after limit  | ation, if any,  |                    |                  |            |            |               |               |          |                   |       |  |  |
|  |   |           | structions)  |                 | 22                 | (                | 14,31      | LO. )      | (             |               | )(       |                   | )     |  |  |
| 23a  | Total of all am   | ounts re  | ported on line 3 for a   | ll rental prope | rties              |                  |            | 23a        |               | 650.          |          |                   |       |  |  |
| b  |   |           | ported on line 4 for a   |                 | erties             |                  |            | 23b        |               |               |          |                   |       |  |  |
| С  |   |           | ported on line 12 for  |                 |                    |                  |            | 23c        |               |               |          |                   |       |  |  |
| d  |   |           | ported on line 18 for  |                 |                    |                  |            | 23d        |               |               |          |                   |       |  |  |
| е  |   |           | ported on line 20 for  |                 |                    |                  |            | 23e        | 14            | ,960.         |          |                   |       |  |  |
| 24   |   | -         | amounts shown on l   |                 |                    | -                |            |            |               | . 24          |          | 1 4 2             | 10 \  |  |  |
| 25   |   | • •       | sses from line 21 and r  |                 |                    |                  |            |            |               |               |          | 14,3              | ⊥U. ) |  |  |
| 26   |   |           | <b>te and royalty incon</b><br>/, and line 40 on pag   |                 |                    |                  |            |            |               |               |          |                   |       |  |  |

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

Schedule E (Form 1040) 2022

26

-14,310.

-14,310.