

## IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>MUHAMMAD KHAN</b>	Social security number 767-50-6693
Spouse's name <b>FATIMA KHAN</b>	Spouse's social security number 488-83-0784

**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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	174,159.
<b>2</b> Total tax . . . . .	<b>2</b>	18,851.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	14,692.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	219.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

0	6	6	9	3
---	---	---	---	---

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

Enter five digits, but don't enter all zeros

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

Your signature ▶ *MUHAMMAD KHAN* Date ▶ 2/9/2023

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	0	7	8	4
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ *Fatima* Date ▶ 2/9/2023

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Form fields for personal information: Your first name and middle initial (MUHAMMAD), Last name (KHAN), Your social security number (767-50-6693), Spouse's social security number (488-83-0784), Home address (15606 SW SNOWY OWL LANE), City (BEAVERTON), State (OR), ZIP code (97007).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

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

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include ROHA NAYYER KHAN, ALIZAH NAYYER KHAN, ARHAM MUHAMMAD KHAN, and RAAHIM MUHAMMAD KHAN.

Main income table with columns for description and amount. Rows include Total amount from Form(s) W-2 (213,255), Taxable interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, line 10, Adjustments to income from Schedule 1, line 26, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11. Total taxable income: 148,259.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	23,851.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	0.
	<b>18</b>	Add lines 16 and 17	<b>18</b>	23,851.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	5,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	5,000.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	18,851.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	18,851.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	14,692.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	14,692.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	4,378.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	4,378.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,070.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	219.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	219.
	<b>b</b>	Routing number 3 2 3 0 7 0 3 8 0 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 4 8 5 0 1 0 6 8 2 0 2 0		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>MREHANKHAN</i>	Date 2/9/2023	Your occupation SENIOR DATA ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign. <i>Fatima</i>	Date 2/9/2023	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (503) 516-4022	Email address MREHANKAN@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 02/09/2023	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				88-2145487

No

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MUHAMMAD & FATIMA KHAN

Your social security number  
767-50-6693

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	-39,096.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-39,096.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MUHAMMAD & FATIMA KHAN

Your social security number  
767-50-6693

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	4,378.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:  _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	4,378.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor <b>MUHAMMAD KHAN</b>		Social security number (SSN) 767-50-6693
<b>A</b> Principal business or profession, including product or service (see instructions) SERVICE	<b>B</b> Enter code from instructions 5 1 8 2 1 0	
<b>C</b> Business name. If no separate business name, leave blank. AL-MUBDI ENTERPRISES LLC	<b>D</b> Employer ID number (EIN) (see instr.) 8 7 2 8 0 6 3 8 8	
<b>E</b> Business address (including suite or room no.) 15606 SW SNOWY OWL LANE City, town or post office, state, and ZIP code BEAVERTON, OR 97007		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	30,240.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	30,240.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	30,240.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	30,240.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	15,000.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	1,148.	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	669.	<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	2,719.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	1,800.
<b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>18</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>19</b> Tentative profit or (loss). Subtract line 18 from line 7	<b>19</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	48,000.
<b>20</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			<b>27b</b> <b>Reserved for future use</b>	<b>27b</b>	
<b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	69,336.
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.			<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	-39,096.
<ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>			<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	<b>30</b>	
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.			<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	-39,096.
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

BACK OFFICE OPERATION EXPENSES		47,000.
ACCOUNTING CHARGES		1,000.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	48,000.

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

MUHAMMAD & FATIMA KHAN

Your social security number

767-50-6693

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	174,159.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	174,159.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	2	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	4,000.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	2	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	1,000.	
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	5,000.	
<b>9</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly—\$400,000 } . . . . .</li> <li>• All other filing statuses—\$200,000 } . . . . .</li> </ul>	<b>9</b>	400,000.	
<b>10</b>	Subtract line 9 from line 3. <ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } . . . . .</li> </ul>	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	5,000.	
	<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	23,851.	
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	5,000.	

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b>	0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . .		
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .		
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**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>MUHAMMAD &amp; FATIMA KHAN</b>		Taxpayer identification number <b>767-50-6693</b>
Preparer's name <b>VENKATA SAI PAVAN KUMAR DUDIPALLI</b>		Preparer tax identification number <b>P02470833</b>

**Part I Due Diligence Requirements**

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

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: MUHAMMAD & FATIMA KHAN, Sch C SERVICE, 767-50-6693

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and 13 columns for property details. Includes lines 1-13 for Section 179 election calculations.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows (14-16) for Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows (17-18) for MACRS deductions and general asset accounts.

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets. Includes rows 19a-i for different property classifications and their depreciation details.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns (a-g) for Section C assets. Includes rows 20a-d for different class life assets.

Part IV Summary (See instructions.)

Table with 3 rows (21-23) for Summary calculations, including total depreciation and section 263A costs.

## Additional Information From 2022 Federal Tax Return

### Schedule C (SERVICE): Profit or Loss from Business

#### Line 20b

#### Itemization Statement

Description	Amount
RENT(12*\$1250 P.M)	15,000.
<b>Total</b>	<b>15,000.</b>

### Schedule C (SERVICE): Profit or Loss from Business

#### Line 15

#### Itemization Statement

Description	Amount
COMPANY INSURANCE	369.
CAR INSURANCE	300.
<b>Total</b>	<b>669.</b>

### Schedule C (SERVICE): Profit or Loss from Business

#### Line 25

#### Itemization Statement

Description	Amount
MOBILE(12*\$50P.M)	600.
INTERNET(12*\$100P.M)	1,200.
<b>Total</b>	<b>1,800.</b>

# California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

767-50-6693 KHAN 488-83-0784  
MUHAMMAD KHAN  
FATIMA KHAN

22 PBA 518210

15606 SW SNOWY OWL LANE  
BEAVERTON OR 97007

09-19-1971 10-28-1980

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

Filing Status

- 1  Single
- 2  Married/RDP filing jointly. See instr.
- 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4  Head of household (with qualifying person). See instructions.
- 5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$140 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$140 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$140 =  \$

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> ROHA NAYYER	<input checked="" type="radio"/> ALIZAH NAYY	<input type="radio"/>
Last Name	<input checked="" type="radio"/> KHAN	<input checked="" type="radio"/> KHAN	<input type="radio"/> SEE STMT
SSN. See instructions.	<input checked="" type="radio"/> 767510881	<input checked="" type="radio"/> 818850827	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input type="radio"/>

Total dependent exemptions  10  X \$433 =  \$

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Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	12	Total California wages from your federal Form(s) W-2, box 16 .....	<input checked="" type="radio"/> 12	<input type="text" value="114800"/>	<input type="text" value=".00"/>
	13	Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 .....	<input checked="" type="radio"/> 13	<input type="text" value="174159"/>	<input type="text" value=".00"/>
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B .....	<input checked="" type="radio"/> 14	<input type="text" value=""/>	<input type="text" value=".00"/>
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions .....	<input type="radio"/> 15	<input type="text" value="174159"/>	<input type="text" value=".00"/>
	16	California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C .....	<input checked="" type="radio"/> 16	<input type="text" value="1110"/>	<input type="text" value=".00"/>
	17	Adjusted gross income from all sources. Combine line 15 and line 16. ....	<input checked="" type="radio"/> 17	<input type="text" value="175269"/>	<input type="text" value=".00"/>
	18	Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions .....	<input checked="" type="radio"/> 18	<input type="text" value="10404"/>	<input type="text" value=".00"/>
	19	Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- .....	<input checked="" type="radio"/> 19	<input type="text" value="164865"/>	<input type="text" value=".00"/>

<b>CA Taxable Income</b>	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule			
		<input checked="" type="radio"/> FTB 3800 <input type="radio"/> FTB 3803 .....	<input checked="" type="radio"/> 31	<input type="text" value="8839"/>	<input type="text" value=".00"/>
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....	<input checked="" type="radio"/> 32	<input type="text" value="114800"/>	<input type="text" value=".00"/>
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ....	<input checked="" type="radio"/> 35	<input type="text" value="107985"/>	<input type="text" value=".00"/>
	36	CA Tax Rate. Divide line 31 by line 19. ....	<input checked="" type="radio"/> 36	<input type="text" value="0.0536"/>	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36. ....	<input checked="" type="radio"/> 37	<input type="text" value="5788"/>	<input type="text" value=".00"/>
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ....	<input checked="" type="radio"/> 38	<input type="text" value="0.6550"/>	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions .....	<input checked="" type="radio"/> 39	<input type="text" value="1318"/>	<input type="text" value=".00"/>
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ...	<input checked="" type="radio"/> 40	<input type="text" value="4470"/>	<input type="text" value=".00"/>
	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	<input checked="" type="radio"/> 41	<input type="text" value=""/>	<input type="text" value=".00"/>
42	Add line 40 and line 41 .....	<input checked="" type="radio"/> 42	<input type="text" value="4470"/>	<input type="text" value=".00"/>	

<b>Special Credits</b>	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ....	<input checked="" type="radio"/> 50	<input type="text" value=""/>	<input type="text" value=".00"/>
	51	Credit for joint custody head of household. See instructions .....	<input checked="" type="radio"/> 51	<input type="text" value=""/>	<input type="text" value=".00"/>
	52	Credit for dependent parent. See instructions. ....	<input checked="" type="radio"/> 52	<input type="text" value=""/>	<input type="text" value=".00"/>
	53	Credit for senior head of household. See instructions. ....	<input checked="" type="radio"/> 53	<input type="text" value=""/>	<input type="text" value=".00"/>
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .....	<input checked="" type="radio"/> 54	<input type="text" value=""/>	
55	Credit amount. See instructions .....	<input checked="" type="radio"/> 55	<input type="text" value=""/>	<input type="text" value=".00"/>	

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Your name:  Your SSN or ITIN:

**Special Credits continued**

58 Enter credit name  code  and amount...  .00

59 Enter credit name  code  and amount...  .00

60 To claim more than two credits. See instructions...  .00

61 Nonrefundable Renter's Credit. See instructions...  .00

62 Add line 50 and line 55 through 61. These are your total credits...  62  .00

63 Subtract line 62 from line 42. If less than zero, enter -0-...  63  .00

**Other Taxes**

71 Alternative Minimum Tax. Attach Schedule P (540NR)...  .00

72 Mental Health Services Tax. See instructions...  .00

73 Other taxes and credit recapture. See instructions...  .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax...  .00

**Payments**

81 California income tax withheld. See instructions...  .00

82 2022 CA estimated tax and other payments. See instructions...  .00

83 Withholding (Form 592-B and/or Form 593). See instructions...  .00

84 Excess SDI (or VPMI) withheld. See instructions...  .00

85 Earned Income Tax Credit (EITC). See instructions...  .00

86 Young Child Tax Credit (YCTC). See instructions...  .00

87 Foster Youth Tax Credit (FYTC). See instructions...  .00

88 Add line 81 through line 87. These are your total payments. See instructions...  88  .00

**ISR Penalty**

91 If you and your household had full-year health care coverage, check the box.  
See instructions. Medicare Part A or C coverage is qualifying health care coverage.   
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions...  91  .00

**Overpaid Tax/Tax Due**

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88...  92  .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91...  93  .00

101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92...  101  .00

102 Amount of line 101 you want applied to your 2023 estimated tax...  102  .00

103 Overpaid tax available this year. Subtract line 102 from line 101...  103  .00

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Your name: KHAN

Your SSN or ITIN: 767-50-6693

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 . . . . . 104 .00

		Code	Amount
Contributions	California Seniors Special Fund. See instructions . . . . .	400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	405	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	407	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	408	.00
	California Sea Otter Voluntary Tax Contribution Fund . . . . .	410	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	413	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	422	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	425	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	431	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	439	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	440	.00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . .	444	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	445	.00	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .	446	.00	
120 Add amounts in code 400 through code 446. This is your total contribution . . . . .	120	.00	

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.** Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . . 121 .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name: KHAN Your SSN or ITIN: 767-50-6693

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

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. . . . . [ ] 125 [ 5021 ] .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type
Routing number: 323070380
Type: [x] Checking
Account number: 485010682020
Direct deposit amount: 5021 .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type
Routing number: [ ]
Type: [ ] Checking
Account number: [ ]
Direct deposit amount: [ ] .00

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions. [ ]

IMPORTANT: Attach a copy of your complete federal return.

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

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

Your signature: MREHANKHAN Date: 2/9/2023 Spouse's/RDP's signature (if a joint tax return, both must sign): Fatima

Sign Here
Your email address. Enter only one email address. Preferred phone number
mrehankan@gmail.com 5035164022

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)
VENKATA SAI PAVAN KUMAR DUDIPALLI

Firm's name (or yours, if self-employed) PTIN
GLOBAL TAXES LLC P02470833

Firm's address Firm's FEIN
245 ROONEY CT E BRUNSWICK NJ 08816 882145487

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

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (MUHAMMAD & FATIMA KHAN) and SSN or ITIN (767506693)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.

During 2022:

- 1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [ ] Part-Year Resident [ ] Resident
b Spouse: [X] Nonresident [ ] Part-Year Resident [ ] Resident

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

Part II Income Adjustment Schedule

Main table with 5 columns: Section A - Income, A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows 1a-7 detailing various income items and adjustments.

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		A	B	C	D	E
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)		<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes. . . . .	<input type="radio"/>	<input type="radio"/>			
<b>2 a</b>	Alimony received. See instructions. . . . .	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3</b>	Business income or (loss). See instructions. . . . .	<input type="radio"/> -39096	<input type="radio"/>	<input type="radio"/> 1110	<input type="radio"/> -37986	<input type="radio"/>
<b>4</b>	Other gains or (losses) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>6</b>	Farm income or (loss) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>7</b>	Unemployment compensation . . . . .	<input type="radio"/>	<input type="radio"/>			
<b>8</b>	<b>Other income:</b>					
<b>8a</b>	Federal net operating loss . . . . .	<input type="radio"/> ( )		<input type="radio"/>		
<b>8b</b>	Gambling . . . . .	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>8c</b>	Cancellation of debt . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8d</b>	Foreign earned income exclusion from federal Form 2555 . . . . .	<input type="radio"/> ( )		<input type="radio"/>		
<b>8e</b>	Income from federal Form 8853 . . . . .	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8f</b>	Income from federal Form 8889 . . . . .	<input type="radio"/>	<input type="radio"/>			
<b>8g</b>	Alaska Permanent Fund dividends . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8h</b>	Jury duty pay . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8i</b>	Prizes and awards . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8j</b>	Activity not engaged in for profit income . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8k</b>	Stock options . . . . .	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8l</b>	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 . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8m</b>	Olympic and Paralympic medals and USOC prize money . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8n</b>	IRC Section 951(a) inclusion . . . . .	<input type="radio"/>	<input type="radio"/>			
<b>8o</b>	IRC Section 951A(a) inclusion . . . . .	<input type="radio"/>	<input type="radio"/>			
<b>8p</b>	IRC Section 461(l) excess business loss adjustment . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8q</b>	Taxable distributions from an ABLE account . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8r</b>	Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8s</b>	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . . . .	<input type="radio"/> ( )			<input type="radio"/>	<input type="radio"/>
<b>8t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8u</b>	Wages earned while incarcerated . . . . .	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>8z</b>	Other income. List type and amount. <input type="radio"/> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9 a</b>	Total other income. Add line 8a through line 8z. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		A	B	C	D	E
<b>Section B — Additional Income</b> Continued		<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>b1</b>	Disaster loss deduction from form FTB 3805V . . . . . <b>9b1</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b2</b>	NOL deduction from form FTB 3805V . . . . . <b>9b2</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>b3</b>	NOL from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . <b>9b3</b>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>10</b>	<b>Total.</b> Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C . . . . . <b>10</b>	<input checked="" type="radio"/> 174159	<input type="radio"/>	<input checked="" type="radio"/> 1110	<input checked="" type="radio"/> 175269	<input checked="" type="radio"/> 114800

**Section C — Adjustments to Income**  
from federal Schedule 1 (Form 1040)

<b>11</b>	Educator expenses . . . . . <b>11</b>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>12</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b>	Health savings account deduction . . . . . <b>13</b>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>14</b>	Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15</b>	Deductible part of self-employment tax. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/> 0
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>16</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>17</b>	Self-employed health insurance deduction. See instructions . . . . . <b>17</b>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>18</b>	Penalty on early withdrawal of savings . . <b>18</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>19 a</b>	Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20</b>	IRA deduction . . . . . <b>20</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b>	Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22</b>	Reserved for future use . . . . . <b>22</b>					
<b>23</b>	Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>24</b>	<b>Other adjustments:</b>					
<b>a</b>	Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . . <b>24b</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m <b>24c</b>	<input checked="" type="radio"/>	<input type="radio"/>			
<b>d</b>	Reforestation amortization and expenses . . . . . <b>24d</b>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>e</b>	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>
<b>f</b>	Contributions to IRC Section 501(c)(18)(D) pension plans . . <b>24f</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b>	Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>			<input type="radio"/>	<input type="radio"/>

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	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section C — Adjustments to Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
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 . . . . . <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
j Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
z Other adjustments. List type and amount.  <input checked="" type="radio"/> . . . . . <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>25</b> Total other adjustments. Add line 24a through line 24z. . . . . <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in each column, A through E . . . . . <b>26</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
<b>27 Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions. . . . . <b>27</b>	<input checked="" type="radio"/> 174159	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1110	<input checked="" type="radio"/> 175269	<input checked="" type="radio"/> 114800

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

<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
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**Medical and Dental Expenses** See instructions.

<b>1</b> Medical and dental expenses . . . . . <b>1</b>	<input checked="" type="radio"/>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <b>2</b>	<input checked="" type="radio"/>	174159		
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . . <b>3</b>	<input checked="" type="radio"/>	13062		
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. . . . . <b>4</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Taxes You Paid**

<b>5a</b> State and local income tax or general sales taxes . . . . . <b>5a</b>	<input checked="" type="radio"/>	22103	<input checked="" type="radio"/>	22103	
<b>5b</b> State and local real estate taxes . . . . . <b>5b</b>	<input checked="" type="radio"/>				
<b>5c</b> State and local personal property taxes . . . . . <b>5c</b>	<input checked="" type="radio"/>				
<b>5d</b> Add line 5a through line 5c. . . . . <b>5d</b>	<input checked="" type="radio"/>	22103			
<b>5e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . . <b>5e</b>	<input checked="" type="radio"/>	10000	<input checked="" type="radio"/>	22103	<input checked="" type="radio"/> 12103
<b>6</b> Other taxes. List type <input checked="" type="radio"/> . . . . . <b>6</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6. . . . . <b>7</b>	<input checked="" type="radio"/>	10000	<input checked="" type="radio"/>	22103	<input checked="" type="radio"/> 12103

**Interest You Paid**

<b>8a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>8a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>8b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>8b</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>8c</b> Points not reported to you on federal Form 1098. . . . . <b>8c</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>8d</b> Reserved for future use . . . . . <b>8d</b>				
<b>8e</b> Add line 8a through line 8c. . . . . <b>8e</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest. . . . . <b>9</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9. . . . . <b>10</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Gifts to Charity**

<b>11</b> Gifts by cash or check . . . . . <b>11</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Other than by cash or check. . . . . <b>12</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Carryover from prior year. . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Add line 11 through line 13 . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>



<b>Part III Adjustments to Federal Itemized Deductions</b> Continued	<b>A</b> Federal Amounts (from federal Schedule A (Form 1040))	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
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**Casualty and Theft Losses**

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . .	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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**Other Itemized Deductions**

16 Other—from list in federal instructions . . . . .	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . .	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18 <b>Total.</b> Combine line 17 column A less column B plus column C . . . . .	18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . .	19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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20 Tax preparation fees. . . . .	20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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21 Other expenses: investment, safe deposit box, etc. List type <input checked="" type="radio"/> . . . . .	21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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22 Add line 19 through line 21 . . . . .	22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 174159	23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . .	24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . .	25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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26 <b>Total Itemized Deductions.</b> Add line 18 and line 25. . . . .	26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> . . . . .	27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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28 Combine line 26 and line 27. . . . .	28	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . . . \$229,908

Head of household . . . . . \$344,867

Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . . \$459,821

**No.** Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 . . . . .	29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**30 Enter the larger of the amount on line 29 or your standard deduction listed below:**

Single or married/RDP filing separately. See instructions. . . . . \$5,202

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . .	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Part IV California Taxable Income**

1 <b>California AGI.</b> Enter your California AGI from Part II, line 27, column E . . . . .	1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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2 Enter your deductions from line 30 . . . . .	2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3 <b>Deduction Percentage.</b> Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . .	3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4 <b>California Itemized/Standard Deductions.</b> Multiply line 2 by the percentage on line 3 . . . . .	4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5 <b>California Taxable Income.</b> Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- . . . . .	5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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REV 02/03/23 PRO

# 2022 Other State Tax Credit

**S**

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return MUHAMMAD & FATIMA KHAN	SSN, ITIN, or FEIN 767506693
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**Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 114800	<input checked="" type="radio"/> 114800
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1</b> Total double-taxed income	<input checked="" type="radio"/> 114800	<input checked="" type="radio"/> 114800

**Part II Figure Your Other State Tax Credit** (Read specific line instructions for Part II before completing.)

<b>2</b> California tax liability. See instructions . . . . .	<input checked="" type="radio"/> <b>2</b>	4470	00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) . . . . .	<input checked="" type="radio"/> <b>3</b>	114800	00
<b>4</b> California adjusted gross income. See instructions . . . . .	<input checked="" type="radio"/> <b>4</b>	114800	00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000. . . . .	<input checked="" type="radio"/> <b>5</b>	1.0000	
<b>6</b> Multiply line 2 by line 5. . . . .	<input checked="" type="radio"/> <b>6</b>	4470	00
<b>7</b> Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> OR See instructions . . . . .	<input checked="" type="radio"/> <b>7</b>	12339	00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) . . . . .	<input checked="" type="radio"/> <b>8</b>	114800	00
<b>9</b> Adjusted gross income taxable by other state. See instructions. . . . .	<input checked="" type="radio"/> <b>9</b>	166909	00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000. . . . .	<input checked="" type="radio"/> <b>10</b>	0.6878	
<b>11</b> Multiply line 7 by line 10. . . . .	<input checked="" type="radio"/> <b>11</b>	8487	00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code <b>187</b> . See instructions . . . . .	<input checked="" type="radio"/> <b>12</b>	4470	00

REV 02/03/23 PRO

# Health Coverage Exemptions and Individual Shared Responsibility Penalty

**2022**

**3853**

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

Name(s) as shown on your California tax return MUHAMMAD & FATIMA KHAN	SSN or ITIN 767-50-6693
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**Part I Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
	<input checked="" type="radio"/> MUHAMMAD	<input checked="" type="radio"/>	<input checked="" type="radio"/> 767-50-6693	<input checked="" type="radio"/> 09/19/1971	<input checked="" type="radio"/> 175,269.
	Last Name		ECN 1	ECN 2	ECN 3
	<input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/> FATIMA	<input checked="" type="radio"/>	<input checked="" type="radio"/> 488-83-0784	<input checked="" type="radio"/> 10/28/1980	<input checked="" type="radio"/> 0.
	Last Name		ECN 1	ECN 2	ECN 3
	<input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/> ROHA NAYYER	<input checked="" type="radio"/>	<input checked="" type="radio"/> 767-51-0881	<input checked="" type="radio"/> 03/07/2004	<input checked="" type="radio"/> 0.
	Last Name		ECN 1	ECN 2	ECN 3
	<input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/> ALIZAH NAYYER	<input checked="" type="radio"/>	<input checked="" type="radio"/> 818-85-0827	<input checked="" type="radio"/> 09/23/2005	<input checked="" type="radio"/> 0.
	Last Name		ECN 1	ECN 2	ECN 3
	<input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/> ARHAM MUHAMMAD	<input checked="" type="radio"/>	<input checked="" type="radio"/> 499-65-3317	<input checked="" type="radio"/> 12/24/2007	<input checked="" type="radio"/> 0.
	Last Name		ECN 1	ECN 2	ECN 3
	<input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input checked="" type="radio"/> RAAHIM MUHAMMAD	<input checked="" type="radio"/>	<input checked="" type="radio"/> 882-04-6790	<input checked="" type="radio"/> 01/28/2012	<input checked="" type="radio"/> 0.
	Last Name		ECN 1	ECN 2	ECN 3
	<input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

REV 02/03/23 PRO

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

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

**Coverage and Exemption Codes**

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input checked="" type="radio"/> MUHAMMAD	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	First Name <input checked="" type="radio"/> FATIMA	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	First Name <input checked="" type="radio"/> ROHA NAYYER	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	First Name <input checked="" type="radio"/> ALIZAH NAYYER	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Initial <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name <input checked="" type="radio"/> KHAN		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	First Name <input checked="" type="radio"/> ARHAM MUHAMMAD	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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6	First Name <input checked="" type="radio"/> RAAHIM MUHAMMAD	<input checked="" type="radio"/> E	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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8	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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12	First Name <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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**Part IV Individual Shared Responsibility Penalty**

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

**Schedule CA, Section B  
Lines 3, 5 and 6**

**Federal Schedule C, E  
and F Adjustments**

**2022**

Name as Shown on Return  
MUHAMMAD & FATIMA KHAN

Social Security Number  
767-50-6693

<b>Section B, Line 3 – Business Income or (Loss) Adjustments</b>	<b>(B) California Amount</b>	<b>(C) Federal Amount</b>	<b>(d) California Adjustment</b>
AL-MUBDI ENTERPRISES LLC	-37986	-39096	
Totals . . . . .	-37,986.	-39,096.	1110

<b>Section B, Line 5 – Rents, Royalties, Partnerships, Estates, Trusts, Etc. Adjustments</b>	<b>(B) California</b>	<b>(C) Federal</b>	<b>(d) California Adjustment</b>
Totals . . . . .			

<b>Section B, Line 6 – Farm Income or (Loss) Adjustments</b>	<b>(B) California</b>	<b>(C) Federal</b>	<b>(d) California Adjustment</b>
Totals . . . . .			

## Additional Information From 2022 California Tax Return

Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Dependent Information

Continuation Statement

First Name	Last Name	Relationship	SSN
ARHAM MUHAM	KHAN	SON	499653317
RAAHIM MUHA	KHAN	SON	882046790

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

Form fields for personal information: Your first name and middle initial (MUHAMMAD), Last name (KHAN), Your social security number (767-50-6693), Spouse's social security number (488-83-0784), Home address (15606 SW SNOWY OWL LANE), City (BEAVERTON), State (OR), ZIP code (97007).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

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

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions). Rows include ROHA NAYYER KHAN (Daughter), ALIZAH NAYYER KHAN (Daughter), ARHAM MUHAMMAD KHAN (Son), and RAAHIM MUHAMMAD KHAN (Son).

Income section table with columns for description and amount. Rows include Total amount from Form(s) W-2 (213,255), Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income (0), and Nontaxable combat pay election.

Table for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, and social security benefits. Includes sub-columns for taxable interest, ordinary dividends, and taxable amounts.

Table for capital gain or loss, other income from Schedule 1, adjustments to income, subtract line 10 from line 9 (adjusted gross income), standard deduction or itemized deductions, qualified business income deduction, and taxable income (148,259).

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	23,851.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	0.
	<b>18</b>	Add lines 16 and 17	<b>18</b>	23,851.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	5,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	5,000.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	18,851.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	18,851.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	14,692.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	14,692.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	4,378.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	4,378.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,070.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	219.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	219.
	<b>b</b>	Routing number 3 2 3 0 7 0 3 8 0 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 4 8 5 0 1 0 6 8 2 0 2 0		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>MREHANKHAN</i>	Date 2/9/2023	Your occupation SENIOR DATA ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign. <i>Fatima</i>	Date 2/9/2023	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (503) 516-4022	Email address MREHANKAN@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 02/09/2023	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				88-2145487

No



**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MUHAMMAD & FATIMA KHAN

Your social security number  
767-50-6693

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	-39,096.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-39,096.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MUHAMMAD & FATIMA KHAN

Your social security number  
767-50-6693

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .		<b>1</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		<b>2</b>
<b>3</b>	Education credits from Form 8863, line 19 . . . . .		<b>3</b>
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .		<b>4</b>
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .		<b>5</b>
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		<b>7</b>
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		<b>8</b>

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	4,378.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:  _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	4,378.

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **09**

Name of proprietor <b>MUHAMMAD KHAN</b>		Social security number (SSN) 767-50-6693
<b>A</b> Principal business or profession, including product or service (see instructions) SERVICE	<b>B</b> Enter code from instructions 5 1 8 2 1 0	
<b>C</b> Business name. If no separate business name, leave blank. AL-MUBDI ENTERPRISES LLC	<b>D</b> Employer ID number (EIN) (see instr.) 8 7 2 8 0 6 3 8 8	
<b>E</b> Business address (including suite or room no.) 15606 SW SNOWY OWL LANE City, town or post office, state, and ZIP code BEAVERTON, OR 97007		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	30,240.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	30,240.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	30,240.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	30,240.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	15,000.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	1,148.	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	669.	<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	2,719.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	1,800.
<b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>18</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>19</b> Tentative profit or (loss). Subtract line 18 from line 7	<b>19</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	48,000.
<b>20</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			<b>27b</b> <b>Reserved for future use</b>	<b>27b</b>	
<b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	69,336.
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.			<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	-39,096.
<ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>			<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	<b>30</b>	
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.			<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	-39,096.
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b>, and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

BACK OFFICE OPERATION EXPENSES		47,000.
ACCOUNTING CHARGES		1,000.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	48,000.

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

MUHAMMAD & FATIMA KHAN

Your social security number

767-50-6693

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	174,159.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	174,159.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	2	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	4,000.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	2	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	1,000.	
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	5,000.	
<b>9</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly—\$400,000 } . . . . .</li> <li>• All other filing statuses—\$200,000 } . . . . .</li> </ul>	<b>9</b>	400,000.	
<b>10</b>	Subtract line 9 from line 3. <ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } . . . . .</li> </ul>	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	5,000.	
	<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	23,851.	
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	5,000.	

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>	
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16a</b> 0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16b</b>
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .		<b>17</b>
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . .	<b>21</b>	
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	
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**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return MUHAMMAD & FATIMA KHAN	Taxpayer identification number 767-50-6693
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

**Part I Due Diligence Requirements**

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

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: MUHAMMAD & FATIMA KHAN, Sch C SERVICE, 767-50-6693

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns for lines 1-13. Line 1: 1,080,000. Line 3: 2,700,000. Line 13: 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns for lines 14-16. Line 14: 14, Line 15: 15, Line 16: 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns for lines 17-18. Line 17: 17, Line 18: 18

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property and residential/nonresidential rental property.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) S/L, (i) MM, (j) S/L

Part IV Summary (See instructions.)

Table with 2 columns for lines 21-23. Line 21: 21, Line 22: 1,148, Line 23: 23

### Additional Information From 2022 Federal Tax Return

**Schedule C (SERVICE): Profit or Loss from Business**

**Line 20b**

**Itemization Statement**

Description	Amount
RENT(12*\$1250 P.M)	15,000.
<b>Total</b>	<b>15,000.</b>

**Schedule C (SERVICE): Profit or Loss from Business**

**Line 15**

**Itemization Statement**

Description	Amount
COMPANY INSURANCE	369.
CAR INSURANCE	300.
<b>Total</b>	<b>669.</b>

**Schedule C (SERVICE): Profit or Loss from Business**

**Line 25**

**Itemization Statement**

Description	Amount
MOBILE(12*\$50P.M)	600.
INTERNET(12*\$100P.M)	1,200.
<b>Total</b>	<b>1,800.</b>

**2022 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

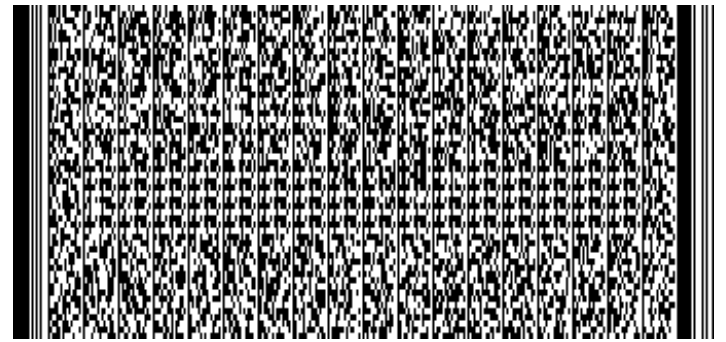
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Amended return.  
If amending for an NOL tax year (YYYY)  
NOL, tax year the NOL was generated:
- Calculated with "as if" federal return
- Short-year tax election
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief



First name Initial Date of birth (MM/DD/YYYY)

MUHAMMAD 09/19/1971

Last name

KHAN

Social Security number (SSN)

767-50-6693

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

FATIMA 10/28/1980

Spouse last name

KHAN

Spouse SSN

488-83-0784

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

15606 SW SNOWY OWL LANE

City

BEAVERTON

Country

USA

State

OR

Phone

ZIP code

97007

503-516-4022

**Filing Status** (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse's information **above**)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying surviving spouse



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name KHAN SSN 767-50-6693

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

6b. Credits for your spouse .....6b. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

Dependents.

List your dependents in order from youngest to oldest.

Dependent 1: First name Initial Dependent 1: Last name

RAAHIM MUHAMMAD KHAN

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code \*

01/28/2012 882-04-6790 SD

[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

ARHAM MUHAMMAD KHAN

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code \*

12/24/2007 499-65-3317 SD

[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

ALIZAH NAYYER KHAN

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code \*

09/23/2005 818-85-0827 SD

[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents .....6c. 4

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 6



Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
 KHAN 767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Taxable income**

7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions)..... 7. 174,159.00

8. Total additions from Schedule OR-ASC, line A5..... 8.

9. Income after additions. Add lines 7 and 8..... 9. 174,159.00

**Subtractions**

10. 2022 federal tax liability (see instructions)..... 10. 7,250.00

11. Social Security amount on federal Form 1040 or 1040-SR, line 6b..... 11.

12. Oregon income tax refund included in federal income..... 12.

13. Total subtractions from Schedule OR-ASC, line B7..... 13.

14. Total subtractions. Add lines 10 through 13..... 14. 7,250.00

15. Income after subtractions. Line 9 minus line 14..... 15. 166,909.00

**Deductions**

16. **Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 16. 0.00

17. **Standard deduction.** Enter your standard deduction ..... 17. 4,840.00

**You were:** 17a.  65 or older 17b.  Blind Your spouse was: 17c.  65 or older 17d.  Blind

**Standard deductions**

Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household
\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.  
 See instructions if you are married filing separately.



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
KHAN 767-50-6693

Note: Reprint page 1 if you make changes to this page.

Deductions (continued)

18. Enter the larger of line 16 or 17..... 18. 4,840.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 ..... 19. 162,069.00

Oregon tax

20. Tax (see instructions) ..... 20. 13,653.00
Check the appropriate box if you're using an alternative method to calculate your tax:
20a. [ ] Schedule OR-FIA-40 20b. [ ] Worksheet FCG 20c. [ ] Schedule OR-PTE-FY

21. Interest on certain installment sales ..... 21.
22. Total tax before credits. Add lines 20 and 21 ..... 22. 13,653.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$219. Otherwise, see instructions ..... 23. 1,314.00
24. Political contribution credit. See limits in instructions ..... 24.
25. Total standard credits from Schedule OR-ASC, line C16 ..... 25.
26. Total standard credits. Add lines 23 through 25 ..... 26. 1,314.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 ..... 27. 12,339.00
28. Total carryforward credits used this year from Schedule OR-ASC, line D9. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) ..... 28.
29. Tax after standard and carryforward credits. Line 27 minus line 28 ..... 29. 12,339.00
30. Total tax recaptures reported this year from Schedule OR-ASC, line E5 ..... 30.





**2022 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
KHAN 767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Standard and carryforward credits** (continued)

31. Tax including tax recaptures. Line 29 plus line 30..... 31. 12,339.00

**Payments and refundable credits**

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099**..... 32. 16,949.00

33. Amount applied from your prior year's tax refund..... 33.

34. Estimated tax payments for 2022. **Include all payments you made** before filing this return (see instructions). Do not include the amount on line 33..... 34.

35. Tax payments from a pass-through entity ..... 35.

36. Earned income credit (see instructions)..... 36.

Reserved

38. Total refundable credits from Schedule OR-ASC, line F7 ..... 38.

39. Total payments and refundable credits. Add lines 32 through 38..... 39. 16,949.00

**Tax to pay or refund**

40. **Overpayment of tax.** If line 31 is **less** than line 39, you overpaid.  
Line 39 minus line 31 ..... 40. 4,610.00

41. **Net tax.** If line 31 is **more** than line 39, you have tax to pay.  
Line 31 minus line 39 ..... 41.

42. Penalty and interest for filing or paying late (see instructions) ..... 42.

43. Interest on underpayment of estimated tax. **Include Form OR-10** ..... 43.

Exception number from Form OR-10, line 1 43a. Check box if you annualized: 43b.



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

KHAN

767-50-6693

Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund (continued)

- 44. Total penalty and interest due. Add lines 42 and 43 ..... 44.
- 45. **Net tax including penalty and interest.**  
Line 41 plus line 44 ..... **This is the amount you owe.** 45.
- 46. **Overpayment less penalty and interest.**  
Line 40 minus line 44 ..... **This is your refund.** 46. 4,610.00
- 47. Estimated tax. Fill in the portion of line 46 you want applied to your open  
estimated tax account ..... 47.
- 48. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 48.
- 49. Political party \$3 checkoff ..... 49.
- Party code:          49a. You                          49b. Spouse
- 50. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 ..... 50.
- 51. Total. Add lines 47 through 50. Line 51 can't be more than your  
refund on line 46 ..... 51.
- 52. **Net refund.** Line 46 minus line 51 ..... **This is your net refund.** 52. 4,610.00

Direct deposit

53. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

- Checking or
- Savings

Account information:

Routing number                          Account number

323070380                          485010682020

Reserved



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
 KHAN 767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Sign here.** Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct and complete.

Your signature

X *MR KHAN KHAN*

Date (MM/DD/YYYY)

02/09/2023

Spouse signature

X *Fatima*

Date (MM/DD/YYYY)

02/09/2023

Signature of preparer other than taxpayer

X VENKATA SAI PAVAN KUMAR DUDIPALLI

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

02/09/2023

678-965-9522

Preparer first name

Initial

Preparer last name

VENKATA

S

PAVAN KUMAR DUDIPALLI

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

**Important:** Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

**Pay the amount due** (shown on line 45)

- **Online:** [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **By mail:** Payable to the **Oregon Department of Revenue**. Write "2022 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, **don't** include Form OR-40-V payment voucher.

**Mail your return**

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

KHAN

767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this section only if you're amending your 2022 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



# 2022 Schedule OR-ADD-DEP

## Oregon Individual Income Tax Return Additional Dependents

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name: KHAN Social Security number (SSN): 767-50-6693

**Instructions.** Use this schedule if you have more than three dependents. Complete all information for each additional dependent that is **not** listed on the second page of your Oregon return. List your dependents in order from youngest to oldest. If you have more than eight dependents, fill out and include an additional Schedule OR-ADD-DEP.

Dependent 4: First name: ROHA NAYYER Initial: Social Security number (SSN): 767-51-0881 Code\*: SD  
 Dependent 4: Date of birth (MM/DD/YYYY): 03/07/2004  
 Dependent 4: Check if child has a qualifying disability.

Dependent 5: First name: Initial: Dependent 5: Last name: KHAN  
 Dependent 5: Date of birth (MM/DD/YYYY): Dependent 5: SSN: Code\*:  
 Dependent 5: Check if child has a qualifying disability.

Dependent 6: First name: Initial: Dependent 6: Last name:  
 Dependent 6: Date of birth (MM/DD/YYYY): Dependent 6: SSN: Code\*:  
 Dependent 6: Check if child has a qualifying disability.

Dependent 7: First name: Initial: Dependent 7: Last name:  
 Dependent 7: Date of birth (MM/DD/YYYY): Dependent 7: SSN: Code\*:  
 Dependent 7: Check if child has a qualifying disability.

Dependent 8: First name: Initial: Dependent 8: Last name:  
 Dependent 8: Date of birth (MM/DD/YYYY): Dependent 8: SSN: Code\*:  
 Dependent 8: Check if child has a qualifying disability.

\*Dependent relationship code (see instructions).

- 6. Total number of additional dependents listed above. Enter the result here and include this number on line 6c of your Oregon return..... 6. 1
- 7. Total number of additional dependent children with a qualifying disability listed above. Enter the result here and include this number on line 6d of your Oregon return. .... 7.

**— You must include this schedule with your Oregon income tax return —**



**2022 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

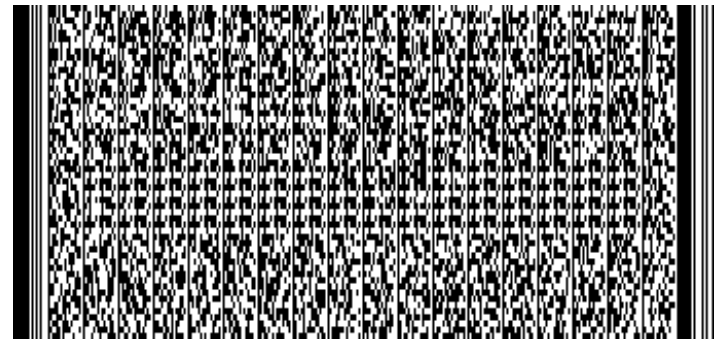
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Amended return.  
If amending for an NOL tax year (YYYY)  
NOL, tax year the  
NOL was generated:
- Calculated with "as if" federal return
- Short-year tax election
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief



First name Initial Date of birth (MM/DD/YYYY)

MUHAMMAD 09/19/1971

Last name

KHAN

Social Security number (SSN)

767-50-6693

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

FATIMA 10/28/1980

Spouse last name

KHAN

Spouse SSN

488-83-0784

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

15606 SW SNOWY OWL LANE

City

BEAVERTON

Country

USA

State

OR

Phone

ZIP code

97007

503-516-4022

**Filing Status** (check only one box)

- 1.  Single
- 2.  Married filing jointly
- 3.  Married filing separately (enter spouse's information **above**)
- 4.  Head of household (with qualifying dependent)
- 5.  Qualifying surviving spouse



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name KHAN SSN 767-50-6693

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

6b. Credits for your spouse .....6b. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

Dependents.

List your dependents in order from youngest to oldest.

Dependent 1: First name Initial Dependent 1: Last name

RAAHIM MUHAMMAD KHAN

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code \*

01/28/2012 882-04-6790 SD [ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

ARHAM MUHAMMAD KHAN

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code \*

12/24/2007 499-65-3317 SD [ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

ALIZAH NAYYER KHAN

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code \*

09/23/2005 818-85-0827 SD [ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents.....6c. 4

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 6



Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
 KHAN 767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Taxable income**

7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions)..... 7. 174,159.00

8. Total additions from Schedule OR-ASC, line A5..... 8.

9. Income after additions. Add lines 7 and 8..... 9. 174,159.00

**Subtractions**

10. 2022 federal tax liability (see instructions)..... 10. 7,250.00

11. Social Security amount on federal Form 1040 or 1040-SR, line 6b..... 11.

12. Oregon income tax refund included in federal income..... 12.

13. Total subtractions from Schedule OR-ASC, line B7..... 13.

14. Total subtractions. Add lines 10 through 13..... 14. 7,250.00

15. Income after subtractions. Line 9 minus line 14..... 15. 166,909.00

**Deductions**

16. **Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 16. 0.00

17. **Standard deduction.** Enter your standard deduction ..... 17. 4,840.00

**You were:** 17a.  65 or older 17b.  Blind Your spouse was: 17c.  65 or older 17d.  Blind

**Standard deductions**

Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household
\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.  
 See instructions if you are married filing separately.





Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
KHAN 767-50-6693

Note: Reprint page 1 if you make changes to this page.

Deductions (continued)

18. Enter the larger of line 16 or 17..... 18. 4,840.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 ..... 19. 162,069.00

Oregon tax

20. Tax (see instructions) ..... 20. 13,653.00
Check the appropriate box if you're using an alternative method to calculate your tax:
20a. [ ] Schedule OR-FIA-40 20b. [ ] Worksheet FCG 20c. [ ] Schedule OR-PTE-FY

21. Interest on certain installment sales ..... 21.
22. Total tax before credits. Add lines 20 and 21 ..... 22. 13,653.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$219. Otherwise, see instructions ..... 23. 1,314.00
24. Political contribution credit. See limits in instructions ..... 24.
25. Total standard credits from Schedule OR-ASC, line C16 ..... 25.
26. Total standard credits. Add lines 23 through 25 ..... 26. 1,314.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 ..... 27. 12,339.00
28. Total carryforward credits used this year from Schedule OR-ASC, line D9. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) ..... 28.
29. Tax after standard and carryforward credits. Line 27 minus line 28 ..... 29. 12,339.00
30. Total tax recaptures reported this year from Schedule OR-ASC, line E5 ..... 30.



**2022 Form OR-40**  
**Oregon Individual Income Tax Return for Full-year Residents**

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
KHAN 767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Standard and carryforward credits** (continued)

31. Tax including tax recaptures. Line 29 plus line 30..... 31. 12,339.00

**Payments and refundable credits**

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099**..... 32. 16,949.00

33. Amount applied from your prior year's tax refund..... 33.

34. Estimated tax payments for 2022. **Include all payments you made** before filing this return (see instructions). Do not include the amount on line 33..... 34.

35. Tax payments from a pass-through entity ..... 35.

36. Earned income credit (see instructions)..... 36.

Reserved

38. Total refundable credits from Schedule OR-ASC, line F7 ..... 38.

39. Total payments and refundable credits. Add lines 32 through 38..... 39. 16,949.00

**Tax to pay or refund**

40. **Overpayment of tax.** If line 31 is **less** than line 39, you overpaid.  
Line 39 minus line 31 ..... 40. 4,610.00

41. **Net tax.** If line 31 is **more** than line 39, you have tax to pay.  
Line 31 minus line 39 ..... 41.

42. Penalty and interest for filing or paying late (see instructions) ..... 42.

43. Interest on underpayment of estimated tax. **Include Form OR-10** ..... 43.

Exception number from Form OR-10, line 1 43a. Check box if you annualized: 43b.



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

KHAN

767-50-6693

Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund (continued)

- 44. Total penalty and interest due. Add lines 42 and 43 ..... 44.
- 45. **Net tax including penalty and interest.**  
Line 41 plus line 44 ..... **This is the amount you owe.** 45.
- 46. **Overpayment less penalty and interest.**  
Line 40 minus line 44 ..... **This is your refund.** 46. 4,610.00
- 47. Estimated tax. Fill in the portion of line 46 you want applied to your open  
estimated tax account ..... 47.
- 48. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 48.
- 49. Political party \$3 checkoff ..... 49.
- Party code:      49a. You                                      49b. Spouse
- 50. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 ..... 50.
- 51. Total. Add lines 47 through 50. Line 51 can't be more than your  
refund on line 46 ..... 51.
- 52. **Net refund.** Line 46 minus line 51 ..... **This is your net refund.** 52. 4,610.00

Direct deposit

53. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Savings

Account information:

Routing number

Account number

323070380

485010682020

Reserved



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

KHAN

767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Sign here.** Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct and complete.

Your signature

X *MREHANKHAN*

Date (MM/DD/YYYY)

02/09/2023

Spouse signature

X *Fatima*

Date (MM/DD/YYYY)

02/09/2023

Signature of preparer other than taxpayer

X VENKATA SAI PAVAN KUMAR DUDIPALLI

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

02/09/2023

678-965-9522

Preparer first name

Initial

Preparer last name

VENKATA

S

PAVAN KUMAR DUDIPALLI

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

**Important:** Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

**Pay the amount due** (shown on line 45)

- **Online:** [www.oregon.gov/dor](http://www.oregon.gov/dor).
- **By mail:** Payable to the **Oregon Department of Revenue**. Write **"2022 Oregon Form OR-40"** and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, **don't** include Form OR-40-V payment voucher.

**Mail your return**

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
  - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

KHAN

767-50-6693

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this section only if you're amending your 2022 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



# 2022 Schedule OR-ADD-DEP

## Oregon Individual Income Tax Return Additional Dependents

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name: KHAN Social Security number (SSN): 767-50-6693

**Instructions.** Use this schedule if you have more than three dependents. Complete all information for each additional dependent that is **not** listed on the second page of your Oregon return. List your dependents in order from youngest to oldest. If you have more than eight dependents, fill out and include an additional Schedule OR-ADD-DEP.

Dependent 4: First name: ROHA NAYYER Initial: Social Security number (SSN): 767-51-0881 Code\*: SD  
 Dependent 4: Date of birth (MM/DD/YYYY): 03/07/2004  
 Dependent 4: Check if child has a qualifying disability.

Dependent 5: First name: Initial: Dependent 5: Last name: KHAN  
 Dependent 5: Date of birth (MM/DD/YYYY): Dependent 5: SSN: Code\*:  
 Dependent 5: Check if child has a qualifying disability.

Dependent 6: First name: Initial: Dependent 6: Last name:  
 Dependent 6: Date of birth (MM/DD/YYYY): Dependent 6: SSN: Code\*:  
 Dependent 6: Check if child has a qualifying disability.

Dependent 7: First name: Initial: Dependent 7: Last name:  
 Dependent 7: Date of birth (MM/DD/YYYY): Dependent 7: SSN: Code\*:  
 Dependent 7: Check if child has a qualifying disability.

Dependent 8: First name: Initial: Dependent 8: Last name:  
 Dependent 8: Date of birth (MM/DD/YYYY): Dependent 8: SSN: Code\*:  
 Dependent 8: Check if child has a qualifying disability.

\*Dependent relationship code (see instructions).

- 6. Total number of additional dependents listed above. Enter the result here and include this number on line 6c of your Oregon return..... 6. 1
- 7. Total number of additional dependent children with a qualifying disability listed above. Enter the result here and include this number on line 6d of your Oregon return. .... 7.

**— You must include this schedule with your Oregon income tax return —**



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

Personal information section including name, social security numbers, and address.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

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

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions). Lists dependents ROHA, ALIZAH, ARHAM, and RAAHIM MUHAMMAD KHAN.

Income section table with columns for description and amount. Rows include total amount from Form(s) W-2 (213,255), household employee wages, tip income, etc.

Table for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, and social security benefits.

Table for capital gain or loss, other income from Schedule 1, total income, adjustments to income, adjusted gross income, standard deduction, and taxable income (148,259).

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	23,851.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	0.
	<b>18</b>	Add lines 16 and 17	<b>18</b>	23,851.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	5,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	5,000.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	18,851.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	18,851.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	14,692.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	14,692.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	4,378.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	4,378.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	19,070.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	219.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	219.
Direct deposit? See instructions.	<b>b</b>	Routing number 3 2 3 0 7 0 3 8 0 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 4 8 5 0 1 0 6 8 2 0 2 0		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes.** Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>MREHANKAN</i>	Date 2/9/2023	Your occupation SENIOR DATA ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign. <i>Fatima</i>	Date 2/9/2023	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (503) 516-4022	Email address MREHANKAN@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 02/09/2023	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN 88-2145487				

No



**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MUHAMMAD & FATIMA KHAN

Your social security number  
767-50-6693

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-39,096.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-39,096.

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

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MUHAMMAD & FATIMA KHAN

Your social security number  
767-50-6693

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .		<b>1</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		<b>2</b>
<b>3</b>	Education credits from Form 8863, line 19 . . . . .		<b>3</b>
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .		<b>4</b>
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .		<b>5</b>
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		<b>7</b>
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		<b>8</b>

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	4,378.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:  _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	4,378.