Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	ission Identification Number	(SID)		
Taxpay	er's name		Socia	security number
SHA	IKH ARIF UL AZIM		14	2-17-8638
	's name			e's social security number
PAR	VEEN SULTANA		84	4-12-2577
Par	Tax Return Inform	ation — Tax Year Ending Decembe	er 31, 2022 (Enter year	you are authorizing.)
Enter	whole dollars only on lines 1	through 5.		
Note:	Form 1040-SS filers use line	e 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income .			1 292,215.
2				2 40,142.
3		d from Form(s) W-2 and Form(s) 1099.		47,482.
4	•	I to you		4 8,056.
5		<u> </u>		
Part		ion and Signature Authorization (E at I have examined a copy of the income tax I	-	
to send for any Agent payme author payme busine taxes person	d my return to the IRS and to re- delay in processing the return to initiate an ACH electronic fur- nt of my federal taxes owed on zation is to remain in full force nt, I must contact the U.S. Tr ss days prior to the payment (s to receive confidential informat	authorizing. I consent to allow my intermedia aceive from the IRS (a) an acknowledgement or refund, and (c) the date of any refund. If an dis withdrawal (direct debit) entry to the finanthis return and/or a payment of estimated taxes and effect until I notify the U.S. Treasury Feasury Financial Agent at 1-888-353-4537. ettlement) date. I also authorize the financial ion necessary to answer inquiries and resolelow is my signature for the income tax returning the refundation of the signature for the income tax returning the signature for the signatu	of receipt or reason for rejection of opplicable, I authorize the U.S. Treacial institution account indicated it, and the financial institution to deinancial Agent to terminate the air Payment cancellation requests n institutions involved in the processive issues related to the paymen	of the transmission, (b) the reason asury and its designated Financial in the tax preparation software for both the entry to this account. This uthorization. To revoke (cancel) a nust be received no later than 2 sing of the electronic payment of t. I further acknowledge that the
-	yer's PIN: check one box of I authorize GLOBAL T		to enter or generate my DIA	7 8 6 3 8
×	I authorize GLOBAL I	ERO firm name	_ to enter or generate my PIN	Enter five digits, but
	signature on the income	tax return (original or amended) I am now	v authorizing.	don't enter all zeros
		signature on the income tax return (origown PIN and your return is filed using the		
Yours	signature		Date ►	
_				
. –	se's PIN: check one box or	-		. []] [] [
<u>></u>	I authorize GLOBAL T		_ to enter or generate my PIN	
	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 (origown PIN and your return is filed using the	inal or amended) I am now au	
Spous	se's signature		Date ►	
	Joseph Market Company	Practitioner PIN Method Returns		
Part	Certification and A	uthentication — Practitioner PIN I	-	
ERO's	s EFIN/PIN. Enter your six-d	ligit EFIN followed by your five-digit self-		9 6 6 1 9 8 9 on't enter all zeros
author	zed to file for tax year indicate	is my PIN, which is my signature for the elected above for the taxpayer(s) indicated above tethod and Pub. 1345, Handbook for Authoriz	. I confirm that I am submitting the	nis return in accordance with the
ERO's	s signature ▶		Date ▶	

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

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

2022

OMB No. 1545-0074

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

Filing Status Check only			_	ed filing separately (N	·			•		spou	se (QSS)	-
one box.		u checked the MFS box, enter the na		our spouse. If you ch	neck	ed the HOH or	QSS bo	x, ente	r the c	child's	name if th	e qualifying
		on is a child but not your dependent							1,,			
Your first name			Last nar								ial security	-
SHAIKH Z			AZIM								7-8638	
•	pouse's	first name and middle initial	Last nar						'			urity number
PARVEEN	/ 1		SULT								2-2577	
		r and street). If you have a P.O. box, see	instructio	ons.			Apt	. no.				on Campaign
		POSITAS BLVD			01						ere if you, f filina ioint	or your tly, want \$3
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code						to	go to	this fund. (Checking a			
PLEASAN'			1.		CI		9458	$\overline{}$			w will not or refund.	change
Foreign countr	y name			Foreign province/state/c	oun	ty	Foreign	oostai co	ide y	our tax	You	Spouse
			. ,						4.		rou	spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	,		-		-	,			Yes	⊠ No
Standard		eone can claim: You as a de						V /				
Deduction		Spouse itemizes on a separate return										
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn before	Janua	ry 2, 1	958	☐ Is bli	nd
Dependent	s (see i	instructions):		(2) Social security		(3) Relationsh	nip (4) (Check th	e box i	f qualifi	es for (see i	instructions):
If more		rst name Last name		number		to you		Child ta	x cred	it C	Credit for oth	ner dependents
than four	ZAH	IRA AZEEM		610-67-4976	5	Daughter		>	Κ			
dependents, see instruction	SHA	HREEN AZEEM		709-45-8561	1	Daughter	_	2	Κ			
see instruction and check	s ——											
here]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	29	2,215.
moonic	b	Household employee wages not re	ported	on Form(s) W-2						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see instructions)							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	eported on Form(s) W-2 (see instructions)						1d			
W-2G and	е	Taxable dependent care benefits f							1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruction	ons) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	29	2,215.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		b C	ordinary divider	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t		· <u>·</u>	6b		
Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here (see	instructions)			. 📙			
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requi	ired	, check here			. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin	e 10 .							8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome	e				9	29	2,215.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26						10		
Head of	11	Subtract line 10 from line 9. This is	-	-						11		2,215.
household, \$19,400	12	Standard deduction or itemized		,	,					12	2	27,746.
If you checked any box under	13	Qualified business income deducti								13	1	
Standard	14	Add lines 12 and 13								14		27,746.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t	taxable incom	те .			15	26	4,469.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	51,144.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	51,144.
	19	Child tax credit or credit for	other dependen	ts from Schedi	ule 8812			19	4,000.
	20	Amount from Schedule 3, lin	e8					20	7,500.
	21	Add lines 19 and 20						21	11,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	39,644.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	498.
	24	Add lines 22 and 23. This is	your total tax					24	40,142.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 47	,482.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	47,482.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15		,	31	716.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	716.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	48,198.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	8,056.
riciana	35a	Amount of line 34 you want			s is attached, chec	k here		35a	8,056.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9	c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 0 0 3	8 1 5 8	7 7 3 9	9 9				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another		cuss this retur	rn with the IRS?		omplete	below.	× No
	De	signee's		Phone		Pers	onal ident	ification	
	naı	ne		no.		num	per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
						NOTABED		ection P inst.)	IN, enter it here
Joint return? See instructions.		ouss's signature. If a joint value, I	sette souget sign	Date	SOFTWARE E		`		nt
Keep a copy for	Sþ	ouse's signature. If a joint return, l	oun must sign.	Date	Spouse's occupation	סרו			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE E	NGINEER	(see	inst.)	
	Ph	one no. (201)673-440	1	Email address	ARIF_AZIM@	HOTMAIL.CC	M		
Daid	Pre	eparer's name	Preparer's signat	ure	-	Date	PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/31/2023	P0247	0833	Self-employed
Preparer		m's name GLOBAL TAX	XES LLC						678)965-9522
Use Only	Fire	m's address 245 ROONE	CT E BRU	NSWICK NO	J 08816			ı's EIN	88-2145487

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SHAIKH ARIF UL AZIM & PARVEEN SULTANA

Your social security number 142-17-8638

Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	498.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2022

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	17 I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 18	
19	Reserved for future use		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxed			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		 21	498.

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 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 SHAIKH ARIF UL AZIM & PARVEEN SULTANA

Your social security number 142-17-8638

Par	Nonrelundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	l, lin 	e 11. Attach	2	
3	Education credits from Form 8863, line 19		3		
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839				
d	Credit for the elderly or disabled. Attach Schedule R				
е	Alternative motor vehicle credit. Attach Form 8910				
f	Qualified plug-in motor vehicle credit. Attach Form 8936				
g	Mortgage interest credit. Attach Form 8396				
h	District of Columbia first-time homebuyer credit. Attach Form 8859				
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
1	Amount on Form 8978, line 14. See instructions	61			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	7,500.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, 	or 1040-NR,	8	7,500.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Part II **Other Payments and Refundable Credits** 9 Net premium tax credit. Attach Form 8962 9 10 Amount paid with request for extension to file (see instructions) 10 11 Excess social security and tier 1 RRTA tax withheld 11 716. 12 Credit for federal tax on fuels. Attach Form 4136 . . . 12 13 Other payments or refundable credits: **a** Form 2439 13a **b** Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 13b c Reserved for future use 13c d Credit for repayment of amounts included in income from earlier 13d **e** Reserved for future use 13e **f** Deferred amount of net 965 tax liability (see instructions) . . 13f 13g h Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and 13h **z** Other payments or refundable credits. List type and amount: 13z Total other payments or refundable credits. Add lines 13a through 13z 14 14 15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, 15 716.

SCHEDULE A (Form 1040)

Itemized Deductions

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

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment

OMB No. 1545-0074

Name(s) shown on	Form	1 1040 or 1040-SR		Your so	cial security number
SHAIKH AR	ΙF	UL AZIM & PARVEEN SULTANA		142-	17-8638
Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075)	1 3	. 4	
Toyon Vou	- 4			. 4	
Taxes You Paid	k	State and local taxes. State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 25,64 5b 9,59 5c 5d 35,24 5e 10,00	9. 7.	
	O		6		
	7	Add lines 5e and 6		. 7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 k	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 12,74 8b 8c 8d 8e 12,74 9	6.	
0:4-1-		Add lines 8e and 9		. 10	12,746.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 5,000 12 13		5,000.
Casualty and		Casualty and theft loss(es) from a federally declared disaster (other			3,000.
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of that form. Se	e 15	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			
	47	Add the emounts in the few winds column few lines. A threately 10, Alexandrian	ntor this amount	16	
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12		17	27,746.
Deddeddis	10	about this box	nanuanu ueuucilo 1	'',	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. **47**

Your social security number

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

13

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

142-17-8638 SHAIKH ARIF UL AZIM & PARVEEN SULTANA Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 292,215. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b b c Enter the amount from line 15 of your Form 4563 . . . 2c Add lines 2a through 2c 2d 0. 3 3 292,215. 4 Number of qualifying children under age 17 with the required social security number 5 5 4,000. 6 Number of other dependents, including any qualifying children who are not under age Caution: 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. 7 7 Add lines 5 and 7 8 8 4,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 10 • If zero or less, enter -0-. • 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. 10 0. Multiply line 10 by 5% (0.05) 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 4,000. No. STOP. 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.

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.

Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.



X Yes. Subtract line 11 from line 8. Enter the result.

Enter the amount from the Credit Limit Worksheet A

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

43,644.

4,000.

13



Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. 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.		
Part		S OT P	uerto Rico
21	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.		
		-	
22	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 .		
23	Add lines 21 and 22	-	
	1040 and	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
-0	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27	

Form **8936** (Rev. December 2022)

Department of the Treasury

Internal Revenue Service

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in

Go to www.irs.gov/Form8936 for instructions and the latest information.

OMB No. 1545-2137

Attachment Sequence No. **69**

Name(s) shown on return

SHAIKH ARIF UL AZIM & PARVEEN SULTANA

Identifying number 142-17-8638

electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements. **Tentative Credit** Part I Use a separate column for each vehicle. If you need more columns, (a) Vehicle 1 (b) Vehicle 2 use additional Forms 8936 and include the totals on lines 12 and 19. **TESLA** 1 Year, make, and model of vehicle . . . 1 MODEL Y Vehicle identification number (see instructions) 2 2 7SAYGDEE2PF632832 3 Enter date vehicle was placed in service (MM/DD/YYYY) 3 12/29/2022 If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions 7,500 4a Phase-out percentage (see instructions) 4b 100.00 % 7,500 **c** Tentative credit. Multiply line 4a by line 4b . . . 4c

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Par	Credit for Business/Investment Use Part of	Vehi	cle		
5	Business/investment use percentage (see instructions)	5	TE	%	%
6	Multiply line 4c by line 5. If the vehicle has at least four				С
	wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2	2,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled				
	vehicle, enter the smaller of line 9 or line 10	11			
	vernore, enter the entaner of time of time in				
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from p				
	(see instructions)			13	
44		10	ad 40. Danta analisa		
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch				
	amount on Form 3800, Part III, line 1y			14	

Form 8936 (Rev. 12-2022) Page **2**

Part III **Credit for Personal Use Part of Vehicle** (b) Vehicle 2 (a) Vehicle 1 15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 7,500. blank and go to line 18 Multiply line 15 by 10% (0.10) 16 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 17 For vehicles with four or more wheels placed in service 18 before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 7,500 2022, see instructions 18 19 19 Add columns (a) and (b) on line 18 7,500. 20 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 51,144. 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 21 22 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim 51,144. the personal use part of the credit 22 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions . . . 7,500. **2**3 Form **8936** (Rev. 12-2022) REV 01/24/23 PRO

DO NOT FILE

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

SHA	IKH ARIF UL AZIM & PARVEEN SULTANA	142-17-863	3		
repare	's name	Preparer tax identifica	tion numb	oer	
VENI	KATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filling status.				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)	d/or HOH filing	X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)			X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) to taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,, , , , , , , , , , , , , , , , , , , ,	-3		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare				
-	correct Schedule C (Form 1040)?				

Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go			
Due biligence Questions for neturns Claiming Ele (in the return does not claim Ele, go	to Part	III.)	
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? (If the taxpayer is claiming the EIC and does not have a qualifying child go to question 10)	Yes	No	N/A
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?			
Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	claim C	CTC, A	CTC,
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?	Yes	No	N/A
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?	×		
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?			
Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC)		Part \	/.)
Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No
V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	Part	VI.)
		Yes	No
VI Eligibility Certification			
You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI	d filing	status
A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses on s) and/o	the ret or HOH	turn or filing
 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
C. Submit Form 8867 in the manner required; andD. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	67 instr	uctions	under
A copy of this Form 8867. 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 eligib	ility for	the
 A record of how, when, and from whom the information used to prepare this form and the application obtained. 	ble wor	ksheet(s) was
 A record of any additional information you relied upon, including questions you asked and the taxpet determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the control of the contr	oayer's int(s) of	respon the cre	ises, to edit(s).
If you have not complied with all due diligence requirements, you may have to pay a penalty for eac	h failur	e to co	mply
related to a claim of an applicable credit or HOH filing status (see instructions for more information).		
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) 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? Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tilebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.) 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? Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not fived 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? 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? IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualition and related expenses for the claimed AOTC? V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filling statu. Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person? Vi Eligibility Certification You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respon in your notes, review adequate information to	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) 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? 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)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim or ODC, go to Part IV.) 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? 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? 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? W Due Diligence Questions for Returns Claiming AOTC (if the return does not claim AOTC, go to 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? V Due Diligence Questions for Claiming HOH (if the return does not claim HOH filling status, go to the support of 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? Vou will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOI on the return of the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on in your notes, review adequa	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) 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? 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)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, A or ODC, go to Part IV.) 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? 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? 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? Due Diligence Questions for Returns Claiming AOTC (If the return does not claim ADTC, go to Part Viv.) Due Diligence Questions for Claiming HOH (If the return does not claim HOH filling status, go to Part 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? Viv. Eligibility Certification You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filling status, if claimed and HOH filing status, if 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 i

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 71

Name(s) shown on return

SHAIKH ARIF UL AZIM & PARVEEN SULTANA

Your social security number

142-17-8638

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	55,302.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	498.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
Doub	go to Part III	13	
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
45	(see instructions)	-	
15	Enter the following amount for your filing status:		
	Married filing congretaly		
	Married filing separately		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).	10	
17	Enter here and go to Part IV	17	
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V	18	498.
Part		1 1	170.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or		
	1040-SS filers, see instructions)	24	0.

BAA

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2022
Attachment Sequence No. 72

. ,	shown on your tax return		Your socia	I security numb	er or EIN
SHA	KH ARIF UL AZIM & PARVEEN SULTANA		142-1	7-8638	
Part	Investment Income ☐ Section 6013(g) election (see instructions)				
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see in				
1	Taxable interest (see instructions)		'	1	
2	Ordinary dividends (see instructions)		·	2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)				
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b		4	С	
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	•		
d	Combine lines 5a through 5c		5	d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		(6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		🗔	В	
Part		ications			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c		9	d	
10	Additional modifications (see instructions)		1	0	
11	Total deductions and modifications. Add lines 9d and 10		1	1	
Part	Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, Estates and trusts, complete lines 18a–21. If zero or less, enter -0			2	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13 292,	215.		
14	Threshold based on filing status (see instructions)	14 250,	000.		
15	Subtract line 14 from line 13. If zero or less, enter -0	15 42,	215.		
16	Enter the smaller of line 12 or line 15			6	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En	ter here and in	clude		
	on your tax return (see instructions)		1	7	0.
	Estates and Trusts:	1			
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c		2	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0. include on your tax return (see instructions)	,		21	

BAA

TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN Your name SHAIKH ARIF UL AZIM 142-17-8638 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN PARVEEN SULTANA 844-12-2577 Part I Tax Return Information (whole dollars only) 292215 2 Amount You Owe. See instructions 5681 Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ▼ lauthorize GLOBAL TAXES LLC to enter my PIN ERO firm name Do not enter all zeros as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature > ___ Date • Spouse's/RDP's PIN: check one box only ▼ Lauthorize GLOBAL TAXES LLC **ERO firm name** Do not enter all zeros as my signature on my 2022 e-filed California individual income tax return. I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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/RDP's signature > __ Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return 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 FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. Date > 01/31/2023 ERO's signature

TAXABLE YEAR

FORM

2022 California Resident Income Tax Return

540

API

ATTACH FEDERAL RETURN

142-17-8638

AZIM

844-12-2577

22

SHAIKHARIFU

AZIM

PARVEEN

SULTANA

5840 W LAS POSITAS BLVD

PLEASANTON

CA 94588

10-30-1984 10-30-1984

		Enter your county at time of filing (see instructions)
ce	\odot	ALAMEDA
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🗶
sid		If not, enter below your principal/physical residence address at the time of filing.
- B		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	•	
rinc		
Δ.		City State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
sn		If your oamornia ming status is unreferrentially our rederal ming status, theoretic box here
	1	Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Warried/DDD filing laintly Contracts F Qualifying angular/DDD Enter year angular/DDD died
ng	2	■ Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
Ē		See instructions.
	2	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	3	Walliet/NDF lifting Separately. Enter spouse s/NDF's 35W of 111W above and full flattle field.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr
	▶ Fo	r 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.
S	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
ţio		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$140 = • \$ 280
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
Exe	9	if both are visually impaired, enter 2
	3	if both are 65 or older, enter 2. See instructions
		REV 01/2/3 PRO

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Υοι	ır naı	me:	AZII	VI		Your SSN	or IT	IN:	142-1	7-8638				
	10	Depen	dents: l		ot include yourself or yo Dependent 1	our spouse/RD		Depend	lent 2			Dependent 3		
		Firs	t Name	•	ZAHRA		•		HREE	lN	•			
us		Last	Name	•	AZEEM		•	AZE	EM					
Exemptions			I. See ructions.	•	610674976		•	709	4585	61	•			
EX			endent's tionship	•	DAUGHTER		•	DAU	GHTE	lR	•			
	Tota	•		xemp	otions				•	10 2 X	\$433 = (\$	86	56
	11	Exen	nption a	imou	nt: Add line 7 through lin	ne 10. Transfe	er this	s amou	nt to lin	e 32	1	1\$	114	16
	12	State	wages n(s) W-2	from 2, box	ı your federal x 16	• 1	12			292215	_00			
	13	Ente	r federal	l adiı	isted gross income from	federal Form	1040	0 or 104	40-SR. I	ine 11	. (13)		292215	. 00
	14	Calif	ornia ad	justr	nents – subtractions. En lumn B	ter the amoun	nt fro	m Sche	dule CA	(540),				. 00
a)	15	Subt	ract line	14 f	rom line 13. If less than	zero, enter th	e res	ult in pa	arenthe	ses.			292215	.00
COM	16	See instructions												
axable Income													292215	
Таха	17		(d gross income. Combir California itemized ded						`		292213	. 00
	18	Enter large	er of	You	,									
					ngle or Married/RDP filin rried/RDP filing jointly, Hea									
	10													. 00
	19	If les	s than z	ero,	enter -0	raxable ilico	une.				. • 19		264870	. 00
								1						
	31	Tax.	Check t	he bo	ox if from:	Table	×]	Rate Sch				10140	
	32	Exen	nption c	redit	FTB s. Enter the amount from	3800 • n line 11. If yo	ur fe	_		ore than	• 31		18140	. 00
Тах		\$229),908, se	ee ins	structions						. • 32		1146	. 00
	33	Subt	ract line	32 f	rom line 31. If less than	zero, enter -0				· · · · · · · · · · · · · · · · · · ·	. • 33		16994	. 00
	34	Tax.	See inst	tructi	ons. Check the box if fro	om: • S	ched	ule G-1	•	FTB 5870A	• 34			. 00
	35	Add	line 33 a	and I	ine 34						. • 35		16994	. 00
ts	40	NI			all devel Deve 1 1 1 C	F	100 - 1	0 '		_	- 10			
Special Credits	40				hild and Dependent Care	Expenses Cre	7	Γ	truction					_ 00
cial (43	Ente	r credit	name	9		」 co ☐	de ● L T		and amount	• 43			_ 00
Spe	44	Ente	r credit	name			」 co	de 🗨 L		and amount	. • 44	DEV 04/04/02 DDO		. 00
												REV 01/24/23 PRO		

You	r nar	ne:	AZIM	Your SSN or ITIN:	142-17-8638								
S	45	To cl	aim more than two credits. See instr	uctions. Attach Schedule	P (540)		45			. 00			
redit	46	Nonr	efundable Renter's Credit. See instru	ctions			46			. 00			
Special Credits	47	Add	line 40 through line 46. These are yo	ur total credits			47			. 00			
Spe	48	Subt	ract line 47 from line 35. If less than	zero, enter -0			48		16994	00			
Se	61	Alter	native Minimum Tax. Attach Schedul	e P (540)			61			. 00			
Other Taxes	62	Mental Health Services Tax. See instructions											
Othe	63	Othe	r taxes and credit recapture. See inst	ructions			63			. 00			
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		 •	64		16994	. 00			
	71	Califo	ornia income tax withheld. See instru	ctions			71		22675	. 00			
	72	2022	California estimated tax and other p	ayments. See instruction	ls	•	72			. 00			
	73	With	holding (Form 592-B and/or Form 59	3). See instructions			73			. 00			
Payments	74	Exce	ss SDI (or VPDI) withheld. See instru	uctions			74			. 00			
Payr	75	Earn	ed Income Tax Credit (EITC). See ins	tructions			75			. 00			
	76	Youn	g Child Tax Credit (YCTC). See instru	uctions		•	76			. 00			
	77 78	Add	er Youth Tax Credit (FYTC). See instru line 71 through line 77. These are yo nstructions	ur total payments.					22675	. 00			
Use Tax	91		Tax. Do not leave blank. See instructed 91 is zero, check if:	use tax is owed.	• 91 You paid your	use tax ob	oligatio	O _00					
ISR Penalty	92	See	u and your household had full-year h instructions. Medicare Part A or C co u did not check the box, see instruct	verage is qualifying heal	ck the box. th care coverage		×]					
		Indiv	idual Shared Responsibility (ISR) Pe	nalty. See instructions	● 92			00					
en (93	Payn	nents balance. If line 78 is more than	line 91, subtract line 91	from line 78	•	93		22675	. 00			
Overpaid Tax/Tax Due	94 95 96	Payn subti Indiv	Tax balance. If line 91 is more than beents after Individual Shared Responsect line 92 from line 93idual Shared Responsibility Penalty I ract line 93 from line 92	sibility Penalty. If line 93 Balance. If line 92 is mor	is more than line 92 e than line 93,	•	95		22675	- 00 - 00 - 00			
ŏ	97		paid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95		97		5681	. 00			

Form 540 2022 **Side 3**

Your	nan	ne:	AZIM	Your SSN or ITIN:	142-17-8638				
ne	98	Amo	unt of line 97 you want applied to you	ur 2023 estimated tax		• 98	0	. [00
erpali Tax D	98 99 100	Over	paid tax available this year. Subtract I	ine 98 from line 97		• 99	5681	. [00
ax/	100	Tax c	lue. If line 95 is less than line 64, sub	tract line 95 from line 64	4	• 100		. 0	00
						<u>Code</u>	Amount	Г	_
		Califo	ornia Seniors Special Fund. See instru	uctions		• 400		_[<u>C</u>	00
		Alzhe	imer's Disease and Related Dementia	Noluntary Tax Contribut	tion Fund	• 401		. [00
		Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	• 403		.[00
		Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	d	• 405)0
		Califo	ornia Firefighters' Memorial Voluntary	Tax Contribution Fund .		• 406		.[00
		Emer	gency Food for Families Voluntary Ta	x Contribution Fund		• 407		. [00
		Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	bution Fund	• 408)0
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 0	00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 0)0
tions		Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 0	00
Contributions		State	Parks Protection Fund/Parks Pass P	urchase		• 423		. [00
ပိ		Prote	ct Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		. [00
		Keep	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. [00
		Preve	ention of Animal Homelessness and C	Cruelty Voluntary Tax Cor	ntribution Fund	• 431		. 0	00
		Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	d	• 438		. [00
		Nativ	e California Wildlife Rehabilitation Vo	luntary Tax Contribution	Fund	• 439		.[00
		Rape	Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. [00
		Suici	de Prevention Voluntary Tax Contribu	tion Fund		• 444		. (00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. (00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ibution Fund	• 446		.[00
	110	Add	amounts in code 400 through code 4	46. This is your total cor	ntribution	• 110		. (00
we	111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lin	ne 94, line 96, line 100,	and line 110.	See instructions. Do not send cash.		_
Amount You Owe		Mail	to: Franchise Tax Board, Po B	OX 942867, SACRAMEN				ΙГ	00
-		ray (Online – Go to ftb.ca.gov/pay for mo	re iiii01111ati0f1.			REV 01/24/23 PRO		

You	r nan	ne:	AZIM		Your SSN	or ITIN:	142-17-8	8638				
	110	Inton	ant late return no	analtica, and lata na	wmant nanalti	00			440			າດ
and es	113		est, late return pe erpayment of estil	enalties, and late pa mated tax	tyment penaiti	es			112			U
est a			. ,									
Interest and Penalties		Chec	ck the box:	FTB 5805 attac	hed •	FTB 5805F	attached	• • • • • • • • • • • • • • • • • • • •	113			10
_		Total	amount due. See	e instructions. Encl	ose, but do no	it staple, any	payment		114			0
	115	REF	UND OR NO AMO	UNT DUE. Subtrac	t the sum of li	ne 110, line	112, and line	113 from line	99. See instru	ctions.		
		Mail	to: Franchise T	TAX BOARD, PO BO)X 942840, S <i>A</i>	ACRAMENTO	CA 94240-00	001	115		5681	00
Refund and Direct Deposit		See i	instructions. Hav e	to authorize direct e you verified the r nount of my refund	outing and ac	count numb	ers? Use who	ole dollars only			or a deposit slip.	
Direc		• F	Routing number	Type Checking	 Account r 	number			• 11	6 Direct de	posit amount	
l pur			21200339	× Checking	003815	877399						00
nd				Savings								O
Refu		The	remaining amoun	t of my refund (line	e 115) is autho	orized for dire	ect deposit in	to the account	shown below	<i>'</i> :		
		• F	Routing number	● Type	Account r	number			• 11	7 Direct de	posit amount	
			touting number	Checking	7.000unt 1	Idiliboi				Direct de		
				Savings							= [U	U
<u>~</u> .												_
Voter Info.		For v	oter registration	information, check	the box and g	o to sos.ca.	g ov/e lections	s. See instructi	ons			
				ns to find out if you								_
to loc Unde is tru	ate FT	B 113 alties c rect, a	1 EN-SP, Franchise T	ax Board Privacy Notic	ce on Collection.	To request this	notice by mail,	call 800.338.050 edules and stater	5 and enter forn ments, and to t	n code 948 wh he best of my	forms and search for 11 nen instructed. knowledge and belief, ırn, both must sign)	
Tour	oigilat					Date		Speace 6/1121	o digitataro (ii	a joint tax rote	ini, boar made digity	
			Your email ad	Idress. Enter only one	email address	,				Prefer	red phone number	
٥.			() · · · · · · · · · · · · · · · · · ·								Tod priorio ridingo.	٦
Si	_		Doid proporer's a	i volum (declarati	of muonousy is	hasad on all:		which property	haa anu kaass	ladaa)		
He	re		Paid preparer's s	signature (declaration	of preparer is	based on all I	niormation of	wnich preparer	nas any know	leage)		٦
	unlaw	rful			D							_
spou	ise's/			yours, if self-employed	a)						PTIN P02470833	,]
RDP signa	ature.			TAXES LLC								
Joint	tax		Firm's address	NEW CE E			00016				Firm's FEIN	,
retur See	n?		245 ROO	NEY CT E	BRUNSWI	CK NJ	08816				882145487	
instr	uctior	ıs.	Do you want to	allow another pers	son to discuss	this tax retu	rn with us? Se	ee instructions	•	Yes	× No	
			Print Third Party	Designee's Name						Telephone	Number	
										REV 01/24/2	 23 PRO	

Form 540 2022 **Side 5**

2022 California Adjustments — Residents

CA (540)

	Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.											
Na	me(s) as shown on tax return			SSN or ITIN								
_	AZIM & P SULTANA			142178638								
P a Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions								
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	_	•	•								
	b Household employee wages not reported on federal Form(s) W-2	•	•	•								
	c Tip income not reported on line 1a 1c	•	•	•								
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	•	•	0								
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•	•	•								
	f Employer-provided adoption benefits from federal Form 8839, line 29	•	•	•								
	g Wages from federal Form 8919, line 6 1g	•	•	•								
	h Other earned income. See instructions 1h	0	•	•								
	i Nontaxable combat pay election. See instructions			•								
	z Add line 1a through line 1i1z		•	•								
	Taxable interest. a • 2b	•	•	•								
	Ordinary dividends. See instructions. a 3b	•	•	•								
4	IRA distributions. See instructions. a 4b	•	•	•								
5	Pensions and annuities. See instructions. a • 5b	0	•	•								
6	Social security benefits. a • 6b	0	•									
	Capital gain or (loss). See instructions		•	•								
	ction B – Additional Income from federal Schedule 1	(Form 1040)										
1	Taxable refunds, credits, or offsets of state and local income taxes	•	•									
2	a Alimony received. See instructions 2a	•		•								
3	Business income or (loss). See instructions 3	•	•	•								
	Other gains or (losses)	•	•	•								
D	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	•	•								
6	Farm income or (loss)	•	•	•								
7	Unemployment compensation	•	•									

tion B – Additi Contir		A	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	C Additions See instructions
Other income: a Federal net	operating loss	8a 💿	()			•
b Gambling.		8b 💽		•		
c Cancellation	of debt	8c 💿		•		•
d Foreign ear federal Forr	ned income exclusion from n 2555	Bd 💽	()			•
e Income froi	m federal Form 8853	Be 🖭				•
f Income from	n federal Form 8889	Bf 🖭		•		
g Alaska Pern	nanent Fund dividends	Bg 💽				
h Jury duty p	ay	Bh 🖭				
i Prizes and a	wards	Ві				
j Activity not	engaged in for profit income	Вј 🖭				
k Stock optio	ns	Bk 🖭				•
I Income from if you engage not in the b	n the rental of personal property ged in the rental for profit but were usiness of renting such property	BI				
m Olympic an prize mone	d Paralympic medals and USOC	Bm 💽				
n IRC Section	951(a) inclusion	Bn 💽		•		
o IRC Section	951A(a) inclusion	Во		•		
p IRC Section 4	461(I) excess business loss adjustment	Вр 💿		•		•
q Taxable dist	tributions from an ABLE account	Bq 💿				
	and fellowship grants I on federal Form(s) W-2	Br 💿				
	amount of Medicaid waiver payments federal Form 1040, line 1a or line 1d.	Bs 💿	()			
deferred cor	annuity from a nonqualified mpensation plan or a nental IRC Section 457 plan	Bt •				
u Wages earn	ed while incarcerated	Bu 🖭				
z Other incom	ne. List type and amount.					
•		Bz 💿		•		•

Section B – Additional Income	A Federal Amounts (taxable amounts from your	B Subtractions See instructions	C Additions
Continued 	(taxable amounts from your federal tax return)	See instructions	See instructions
9 a Total other income. Add lines 8a through 8z. 9a	•	•	•
b1 Disaster loss deduction from form FTB 3805V 9b1		•	
b2 NOL deduction from form FTB 3805V 9b2		•	
b3 NOL from form FTB 3805Z, 3807, or 3809 9b3		•	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions		•	•
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses	•	•	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	•	•	•
13 Health savings account deduction	•	•	
14 Moving expenses. Attach form FTB 3913. See instructions	•		•
15 Deductible part of self-employment tax. See instructions	•	•	
16 Self-employed SEP, SIMPLE, and qualified plans16	•		
17 Self-employed health insurance deduction. See instructions	•	•	
18 Penalty on early withdrawal of savings 18	•		
19 a Alimony paid	•		•
b Recipient's: SSN ◉			
Last Name			
20 IRA deduction	•	•	•
21 Student loan interest deduction21	•		•
22 Reserved for future use			
23 Archer MSA deduction	•		

Other adjustments: a Jury duty pay	ection C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	C	Additions See instructions
on line 8l from the rental of personal property engaged in for profit. 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e f Contributions to IRC Section 501(c)(18)(D) pension plans 24f g Contributions by certain chaplains to IRC Section 403(b) plans 24g h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i j Housing deduction from federal Form 2555 24i c Other adjustments. List type and amount. o Let Section 403 (b) plans		•					
Paralympic medals and USOC prize money reported on line 8m	on line 8I from the rental of personal property	•		•		•	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e f Contributions to IRC Section 501(c)(18)(D) pension plans	Paralympic medals and USOC prize money	•		•			
benefits under the federal Trade Act of 197424e f Contributions to IRC Section 501(c)(18)(D) pension plans24f g Contributions by certain chaplains to IRC Section 403(b) plans24g h Attorney fees and court costs for actions involving certain unlawful discrimination claims24h 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 violations24i j Housing deduction from federal Form 255524j k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k z Other adjustments. List type and amount. ©	d Reforestation amortization and expenses24d	•		•			
pension plans		•					
IRC Section 403(b) plans	pension plans	•		•		•	
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i j Housing deduction from federal Form 2555 24j k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•	
with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i j Housing deduction from federal Form 2555 24j k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k z Other adjustments. List type and amount. O	h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	•					
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k z Other adjustments. List type and amount. 24z Total other adjustments. Add line 24a through line 24z	with an award from the IRS for information you provided	•		•			
from federal Schedule K-1 (Form 1041)24k z Other adjustments. List type and amount. 24z Total other adjustments. Add line 24a through line 24z	j Housing deduction from federal Form 2555 24 j	•		•			
Total other adjustments. Add line 24a through line 24z	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•					
Total other adjustments. Add line 24a through line 24z	z Other adjustments. List type and amount.						
line 24z		•		•		•	
	line 24z	0		•		•	
	columns A, B, and C. See instructions	•		•		•	
Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions		•	292215	•		•	

Ch	eck the box if you did NOT itemize for federal but will iter	nize	for C	alifornia •		
			A	Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Me	edical and Dental Expenses See instructions.					
1	Medical and dental expenses ●	1				
2	Enter amount from federal Form 1040 or 1040-SR, line 11 292215	2				
3	Multiply line 2 by 7.5% (0.075) ● 21916					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	.4	•			•
	xes You Paid a State and local income tax or general sales taxes.	.5a	•	25648	25648	
	b State and local real estate taxes	.5b	•	9599		
	c State and local personal property taxes	.5c	•			
	d Add line 5a through line 5c	.5d	•	35247		
	e 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		•	10000	25648	25247
6	Other taxes. List type	6	0		•	•
7	Add line 5e and line 6	.7	•	10000	25648	25247
	erest You Paid a Home mortgage interest and points reported to you on federal Form 1098	.8a	•	12746		
	b Home mortgage interest not reported to you on federal Form 1098	.8b	0			•
	c Points not reported to you on federal Form 1098.	.8c	•			•
	d Reserved for future use	.8d				

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•

10 Add line 8e and line 9.....**10**

9 Investment interest.....

12746

12746

•

	II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		tructions	C 4	Additions See instructions
	to Charity						
1 1 G	ifts by cash or check	•	5000	•		•	
2 0	ther than by cash or check12	•		•		•	
3 C	arryover from prior year13	•		•		•	
	dd line 11 through line 13 14	•	5000	•		•	
5 C	olty and Theft Losses asualty or theft loss(es) (other than net qualified disaster passes). Attach federal Form 4684. See instructions15	•		•		•	
)ther	Itemized Deductions						
6 0	ther—from list in federal instructions	•		•		\odot	
1 7 A	dd lines 4, 7, 10, 14, 15, and 16 in olumns A, B, and C	•	27746	•	25648	•	25247
1 8 T (otal. Combine line 17 column A less column B plus co	lumn	C			18	27345
lob E	xpenses and Certain Miscellaneous Deductions						
A: 20 Ta	nreimbursed employee expenses: job travel, union due ttach federal Form 2106 if required. See instructions) 19) 20) 21			
b	ox, etc. List type) ² 1	0		
	dd line 19 through line 21			22	0		
23 Ei 0'	nter amount from federal Form 1040 r 1040-SR, line 11		292215				
24 N	fultiply line 23 by 2% (0.02). If less than zero, enter 0.			24	5844		
	ubtract line 24 from line 22. If line 24 is more than line	22, e	enter 0			25	_
5 S							
:6 To	otal Itemized Deductions. Add line 18 and line 25						
26 To	otal Itemized Deductions. Add line 18 and line 25 ther adjustments. See instructions. Specify.						
2 6 T 0						26	27345
26 To 27 O 28 G 29 Is	ombine line 26 and line 27 s your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s	amou	nt shown below for your	filing status? .\$229,908 .\$344,867		26	27345
26 To 27 O 28 C 29 Is	ombine line 26 and line 27	amou	nt shown below for your	filing status? . \$229,908 . \$344,867 . \$459,821		26 27 28	27345 27345
26 To 27 O O 28 C O N Y	ombine line 26 and line 27	amou	nt shown below for your e/RDP ructions for Schedule CA	filing status? . \$229,908 . \$344,867 . \$459,821		26 27 28	27345 27345
26 To 27 O 28 G 29 Is	ombine line 26 and line 27 s your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s o. Transfer the amount on line 28 to line 29. es. Complete the Itemized Deductions Worksheet in the nter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru	amou	nt shown below for your e/RDP ructions for Schedule CA eduction listed below:	filing status? .\$229,908 .\$344,867 .\$459,821 (540), line 29		26 27 28	27345 27345
26 Tu 27 O 28 C 29 Is N Y 4	ombine line 26 and line 27 s your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s o. Transfer the amount on line 28 to line 29. es. Complete the Itemized Deductions Worksheet in the	amou pous e inst lard d action alifyir	e/RDP ructions for Schedule CA eduction listed below: s	filing status? .\$229,908 .\$344,867 .\$459,821 (540), line 29\$5,202\$10,404		26 27 28	27345 27345 27345

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

2022

OMB No. 1545-0074

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

_	5 🗌 5	Single 🔀 Married filing jointly [Marrie	ed filing separately (l	MFS)) Head of	hous	sehold (HOH)		ifying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	your spouse. If you o	hack	red the HOH or	- 00	S hav ente	r tha c	•	ise (QSS)	e auglifyina
OHE DOX.	-	on is a child but not your depender		your spouse. If you c	, I ICCN	ted the HOH of	QO.	o box, ente	tile c	illiu s	name ii uii	e qualifying
Your first name		, ,	Last na	me.					Y	our so	cial security	v number
SHAIKH A			AZIM								L7-8638	
		first name and middle initial	Last na						_			urity number
PARVEEN	50000		SULT						- 1 '		L2-2577	•
	(numbe	r and street). If you have a P.O. box, se						Apt. no.				n Campaign
	•	POSITAS BLVD	0 11 10 11 00 11	0110.				Apt. No.			ere if you,	
		ce. If you have a foreign address, also c	omplete s	naces helow	Sta	ate	7IP	code				ly, want \$3
PLEASANT		oc. If you have a foreight address, also o	ompicte 3	paces below.	CZ			:588		_	this fund. (•
Foreign country				Foreign province/state/			-	eign postal co			ow will not on the contract of	cnange
r oreign country	rianic			oreign province, state,	Court	ity	1010	oigir postai co	10)		You	Spouse
 Digital	Δt an	y time during 2022, did you: (a) red	ceive (as	a reward award or	navr	ment for prope	rtv c	or sarvicas).	or (b)	المء		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a de		<u>-</u> _				7.7. (000		0,		
Deduction	_	Spouse itemizes on a separate retu										
Age/Blindness	You:	Were born before January 2,	1958 F	Are blind Sp	ouse	: Was bor	n be	efore Janua	v 2. 1	958	☐ Is bli	nd
Dependents				(2) Social security		(3) Relationsh			•			nstructions):
If more		rst name Last name		number	,	to you		Child ta	x cred	it	Credit for oth	er dependents
than four	ZAH	AHRA AZEEM IAHREEN AZEEM		610-67-4976 709-45-8561				>	(
dependents,	CHV							>	(
see instructions and check	3											
here												
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	29	2,215.
IIICOIII C	b	Household employee wages not i	reported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not re	ported o	n Form(s) W-2 (see i	nstru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben	efits fron	n Form 8839, line 29	٠.					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see insti	ructions)		1i						
motractions.	Z	Add lines 1a through 1h								1z	29	2,215.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t			2b		
if required.	3a	Qualified dividends	3a			Ordinary divide				3b		
	4a	IRA distributions	4a		b T	axable amoun	t.			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Married filing	С	If you elect to use the lump-sum	election i	method, check here	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not req	uired	l, check here				7		
Married filing	8	Other income from Schedule 1, lin	ne 10							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total in	com	е				9	29	2,215.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1,	line 26						10		
Head of	11	Subtract line 10 from line 9. This	is your a	djusted gross inco	me					11	29	2,215.
household, \$19,400	12	Standard deduction or itemized	deduct	ions (from Schedule	e A)					12	2	7,746.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Form	า 899	95-A				13		
any box under Standard	14	Add lines 12 and 13								14	2	7,746.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This is y	our '	taxable incom	ıe			15	26	4,469.
)												

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if any	y from Form	(s): 1 8814	4 2 4972	3 🗌			16	51,144.
Credits	17	Amount from Schedule 2, line 3							17	
	18	Add lines 16 and 17							18	51,144.
	19	Child tax credit or credit for other	r dependent	ts from Schedu	ule 8812				19	4,000.
	20	Amount from Schedule 3, line 8							20	7,500.
	21	Add lines 19 and 20							21	11,500.
	22	Subtract line 21 from line 18. If ze	ero or less, e	enter -0					22	39,644.
	23	Other taxes, including self-emplo	yment tax,	from Schedule	2, line 21				23	498.
	24	Add lines 22 and 23. This is your	total tax						24	40,142.
Payments	25	Federal income tax withheld from	n:							
_	а	Form(s) W-2				25a	47	,482.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c		0.		
	d	Add lines 25a through 25c							25d	47,482.
If you have a	26	2022 estimated tax payments an	d amount ap	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Sc	hedule 8812			28				
	29	American opportunity credit from	Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15				31		716.		
	32	Add lines 27, 28, 29, and 31. The	se are your	total other pa	yments and refu	ındable	credits		32	716.
	33	Add lines 25d, 26, and 32. These	are your to	tal payments					33	48,198.
Refund	34	If line 33 is more than line 24, sub	otract line 24	4 from line 33.	This is the amou	nt you o v	erpaid/		34	8,056.
riciana	35a	Amount of line 34 you want refur			is attached, che	ck here			35a	8,056.
Direct deposit?	b	Routing number 0 2 1 2				Checkir	ng 🗌 S	avings		
See instructions.	d	Account number 0 0 3 8	1 5 8	7 7 3 9	9					
	36	Amount of line 34 you want appli	ed to your 2	2023 estimate	d tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to		•					37	
	38	Estimated tax penalty (see instru-	ctions) .			38				
Third Party Designee		you want to allow another perstructions					Yes. Co	mplete b	elow.	X No
•		signee's		Phone				nal identif	ication	
		me		no.				er (PIN)		
Sign Here		der penalties of perjury, I declare that I lief, they are true, correct, and complete.								
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
							משי	(see i		N, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both i	muet eign	Date	SOFTWARE I		7FK	`		nt your spouse an
Keep a copy for your records.	Эр	ouse's signature. If a joint return, both i	nust sign.	Date	SOFTWARE I		EER		ity Prote	ection PIN, enter it here
	Ph	one no. (201)673-4401		Email address	ARIF AZIM			<u>'</u>		
		` '	parer's signat			Date		PTIN		Check if:
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI				01/31	./2023	P02470	833	Self-employed
Preparer		m's name GLOBAL TAXES	LLC			1, 3-	.			678)965-9522
Use Only		m's address 245 ROONEY C		NSWICK N	J 08816			Firm'		88-2145487
				2011 110				1		4040

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4 5	Self-employment tax. Attach Schedule SE	4	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	498.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ied on page 2)

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

Schedule 2 (Form 1040) 2022

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

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	_		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	_		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	_		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	_		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
1	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z		18		
9	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	es. Enter here and	0.4		465
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	<u></u>	498.

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 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 SHAIKH ARIF UL AZIM & PARVEEN SULTANA

Your social security number 142-17-8638

Pai	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	ia l		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	ic		
d	Credit for the elderly or disabled. Attach Schedule R	id		
е	Alternative motor vehicle credit. Attach Form 8910	ie		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	3f 7,500		
g	Mortgage interest credit. Attach Form 8396	ig		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	5h		
i	Qualified electric vehicle credit. Attach Form 8834	Si .		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		Sz		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	7,500.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-S	SR, or 1040-NR,		
	line 20		8	7,500.
		(6	continu	ed on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	716.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	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	13h		
Z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	716.

SCHEDULE A (Form 1040)

Department of the Treasury

Name(s) shown on Form 1040 or 1040-SR

Internal Revenue Service

Itemized Deductions

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

Your social security number

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment

OMB No. 1545-0074

SHAIKH AR	ΙF	UL AZIM & PARVEEN SULTANA		142	-17-8638
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1		
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2			
Expenses	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		. 4	4
Taxes You	5	State and local taxes.			
Paid	а	State and local income taxes or general sales taxes. You may include			
		either income taxes or general sales taxes on line 5a, but not both. If			
		you elect to include general sales taxes instead of income taxes,			
		check this box	5a 25,64	8.	
		State and local real estate taxes (see instructions)	5b 9,599	9.	
		State and local personal property taxes	5c		
		Add lines 5a through 5c	5d 35,24	7.	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing			
		separately)	5e 10,00	0.	
	6	Other taxes. List type and amount:			
	_	A.I.I.	6	_	
		Add lines 5e and 6			7 10,000.
Interest	8	Home mortgage interest and points. If you didn't use all of your home			
You Paid		mortgage loan(s) to buy, build, or improve your home, see			
Caution: Your mortgage interest	_	instructions and check this box			
deduction may be limited. See	č	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a 12.746	_	
instructions.			8a 12,746	٥.	
	Ľ	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the			
		home, see instructions and show that person's name, identifying no.,			
		and address	8b		
		Points not reported to you on Form 1098. See instructions for special			
	•	rules	8c		
	c	Reserved for future use	8d		
		Add lines 8a through 8c	8e 12,746	5.	
		Investment interest. Attach Form 4952 if required. See instructions .	9		
	10	Add lines 8e and 9		. 1	0 12,746.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see			
Charity		instructions	11 5,000).	
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,			
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12		
see instructions.		Carryover from prior year	13		
	14	Add lines 11 through 13		. 1	4 5,000.
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (other			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1			
		instructions			5
Other	16	Other—from list in instructions. List type and amount:			
Itemized					-
Deductions					6
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			
Itemized	40	Form 1040 or 1040-SR, line 12			7 27,746.
Deductions	18	If you elect to itemize deductions even though they are less than your scheck this box	standard deduction	n,	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number

SHAI	KH ARIF UL AZIM & PARVEEN SULTANA	142-	17-8	3638
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	292,215.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	292,215.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	dent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	_	7	
8	Add lines 5 and 7	.	8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \int	.	9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• 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.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	_	12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit for other dependents.	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
12	Yes. Subtract line 11 from line 8. Enter the result.		12	40 544
13	Enter the amount from the Credit Limit Worksheet A		13	43,644.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents		14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	1 1 *	1.1.4	1'4
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	K thro	ugn I	ine 27
	(also complete Schedule 3, line 11) before completing Part II-A.			

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers					
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.					
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .				
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A					
	and II-B. Enter -0- on line 27	16a	0.			
b	Number of qualifying children under 17 with the required social security number: x \$1,500.					
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.					
	Enter -0- on line 27	16b				
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.					
17	Enter the smaller of line 16a or line 16b	17				
18a	Earned income (see instructions)					
b	Nontaxable combat pay (see instructions)					
19	Is the amount on line 18a more than \$2,500?					
	No. Leave line 19 blank and enter -0- on line 20.					
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19					
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20				
	Next. On line 16b, is the amount \$4,500 or more?					
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the					
	smaller of line 17 or line 20 on line 27.					
	☐ Yes. 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.					
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico			
21	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					
22	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 . 22					
23	Add lines 21 and 22					
24	1040 and					
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,					
	and Schedule 3 (Form 1040), line 11.					
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.					
25	Subtract line 24 from line 23. If zero or less, enter -0	25				
26	Enter the larger of line 20 or line 25	26				
- ·	Next, enter the smaller of line 17 or line 26 on line 27.					
	II-C Additional Child Tax Credit					
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27				

(Rev. December 2022)

Department of the Treasury

Internal Revenue Service

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in

Go to www.irs.gov/Form8936 for instructions and the latest information.

OMB No. 1545-2137

Attachment Sequence No. **69**

Name(s) shown on return

SHAIKH ARIF UL AZIM & PARVEEN SULTANA

Identifying number 142-17-8638

electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements. **Tentative Credit** Part I Use a separate column for each vehicle. If you need more columns, (a) Vehicle 1 (b) Vehicle 2 use additional Forms 8936 and include the totals on lines 12 and 19. **TESLA** 1 Year, make, and model of vehicle . . . 1 MODEL Y Vehicle identification number (see instructions) 2 2 7SAYGDEE2PF632832 3 Enter date vehicle was placed in service (MM/DD/YYYY) 3 12/29/2022 If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions 4a 7,500. Phase-out percentage (see instructions) 4b 100.00 % % 7,500. **c** Tentative credit. Multiply line 4a by line 4b 4c

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Par	t II Credit for Business/Investment Use Part of	Vehic	cle		
5	Business/investment use percentage (see instructions) Multiply line 4c by line 5. If the vehicle has at least four	5	TF	%	% C
	wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	2	2,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11			
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			13	
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Schamount on Form 3800, Part III, line 1y	nedule	e K. All others, report this	14	F

Form 8936 (Rev. 12-2022)

	000 (101. 12 2022)				rage L
Part	III Credit for Personal Use Part of Vehicle				
	_		(a) Vehicle 1		(b) Vehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	7,5	00.	_
16	Widitiply line 13 by 10% (0.10)	10		-	
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
18	For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	7,5	00.	
19	Add columns (a) and (b) on line 18			19	7,500.
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR,	line	18	20	51,144.
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (s	see ir	estructions)	21	
22	Subtract line 21 from line 20. If zero or less, enter -0- and the personal use part of the credit			22	51,144.
23	Personal use part of credit. Enter the smaller of line Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line			23	7,500.
				REV 0	1/24/23 PRO Form 8936 (Rev. 12-2022)

DO NOT FILE

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment

Sequence No. 70

Taxpayer identification number

SHAIKH ARIF UL AZIM & PARVEEN SULTANA		142-17-863	8				
Preparer's name		Preparer tax identific	ation numb	per			
VENKATA SAI PAVAN KUMAR DUDIPALLI P02470833							
Part	·						
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 or the benefit(s) claimed (check all that apply).							
1	Did you complete the return based on information for the applicable tax year provided	Yes	No	N/A			
	r reasonably obtained by you? (See instructions if relying on prior year earned income.)						
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	X				
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rathe following.						
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer 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) are status and to figure the amount(s) of any credit(s)		X				
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	stent? (If "Yes,"		×			
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in						
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and	e the questions I the impact the					
5	information had on your preparation of the return.)	ment, you must 7, a copy of any o prepare Form provided by the atus or to figure	X				
	List those documents provided by the taxpayer, if any, that you relied on:						
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		X				
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	s year?	×				
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	•					
а	Did you complete the required recertification Form 8862?						
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?						

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
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?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?			
11	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?	×	П	П
12	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?	×	L	
Part	The state of the s			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s an to	⊢	VI)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ref or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ıny app	licable
	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 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet((s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ises, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	omply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No
-	complete?		×	

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

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Your social security number

Sequence No. 71

142-17-8638 SHAIKH ARIF UL AZIM & PARVEEN SULTANA Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 1 305,302. 2 2 3 3 4 4 305,302. 5 Enter the following amount for your filing status: \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 55,302. 6 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 498. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR 18 498. Part V Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 19 4,427. 20 20 305,302. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 0. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 24

BAA

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2022
Attachment Sequence No. 72

Your social security number or EIN

SHA	IKH ARIF UL AZIM & PARVEEN SULTANA 142-			17-86	38		
Part	Investment Income Section 6013(g) election (see instructions)						
	☐ Section 6013(h) election (see instructions)						
	☐ Regulations section 1.1411-10(g) election (see in	struct	ions)				
1	Taxable interest (see instructions)						
2	Ordinary dividends (see instructions)						
3	Annuities (see instructions)				3		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see						
	instructions)	4a					
b	Adjustment for net income or loss derived in the ordinary course of a non-						
	section 1411 trade or business (see instructions)	4b					
С	Combine lines 4a and 4b				4c		
5a	Net gain or loss from disposition of property (see instructions)	5a					
b	Net gain or loss from disposition of property that is not subject to net						
	investment income tax (see instructions)	5b					
С	Adjustment from disposition of partnership interest or S corporation stock (see						
	instructions)	5c					
d	Combine lines 5a through 5c				5d		
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				6		
7	Other modifications to investment income (see instructions)				7		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8		
Part	·		ns				
9a	Investment interest expenses (see instructions)	9a					
b	State, local, and foreign income tax (see instructions)	9b					
C	Miscellaneous investment expenses (see instructions)	9c			0-1		
d	Add lines 9a, 9b, and 9c				9d		
10 11	Additional modifications (see instructions)				10		
Part					11		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, of	compl	oto linos 13	2_17			
12	Estates and trusts, complete lines 18a–21. If zero or less, enter -0				12		0.
	Individuals:						<u> </u>
13	Modified adjusted gross income (see instructions)	13	292,	215.			
14	Threshold based on filing status (see instructions)	14	250,				
15	Subtract line 14 from line 13. If zero or less, enter -0	15		215.			
16	Enter the smaller of line 12 or line 15				16		0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent			lude			
	on your tax return (see instructions)				17		0.
	Estates and Trusts:						
18a	Net investment income (line 12 above)	18a					
b	Deductions for distributions of net investment income and deductions under						
	section 642(c) (see instructions)	18b					
С	Undistributed net investment income. Subtract line 18b from line 18a (see						
	instructions). If zero or less, enter -0	18c					
19a	Adjusted gross income (see instructions)	19a					
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b					
С	Subtract line 19b from line 19a. If zero or less, enter -0	19c					
20	Enter the smaller of line 18c or line 19c				20		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0 include on your tax return (see instructions)	,			21		

BAA