

### IRS e-file Signature Authorization

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

Submission Identification Number (SID)

|   |  |                                       |
|---|--|---------------------------------------|
| Taxpayer's name<br>HAFISUNNISA BEGUM MOHAMMED |  | Social security number<br>171-21-9167 |
| Spouse's name                                 |  | Spouse's social security number       |

**Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)**

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |         |
|--|---------|
| <b>1</b> Adjusted gross income   | 53,248. |
| <b>2</b> Total tax   | 4,628.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 6,052.  |
| <b>4</b> Amount you want refunded to you                               | 1,424.  |
| <b>5</b> Amount you owe  |         |

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

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

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 9 | 1 | 6 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Yoursignature <sup>a</sup> Hafisunnisa Begum MD Date <sup>a</sup> 2/13/2023

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature <sup>a</sup> \_\_\_\_\_ Date <sup>a</sup> \_\_\_\_\_

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

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

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

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

 Don't enter all zeros

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

ERO'ssignature <sup>a</sup> \_\_\_\_\_ Date <sup>a</sup> \_\_\_\_\_

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

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

|  |                       |  |
|--|-----------------------|--|
| Your first name and middle initial<br>HAFISUNNISA BEGUM  | Last name<br>MOHAMMED | Your social security number<br>171-21-9167 |
| If joint return, spouse's first name and middle initial  | Last name             | Spouse's social security number            |
| Home address (number and street). If you have a P.O. box, see instructions.<br>10503 VINING PL       |                       | Apt. no.<br>201                            |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>LOUISVILLE |                       | State<br>KY                                |
| Foreign country name   |                       | ZIP code<br>402418165                      |
| Foreign province/state/county  |                       | Foreign postal code                        |

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

| Dependents (see instructions):   | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualified for child tax credit | Check the box if qualified for credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|---|--|
| If more than four dependents, see instructions and check here . . . <input type="checkbox"/> |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                   |
|  |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                   |
|  |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                   |
|  |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                   |

| Income   | 1a | 1b | 1c | 1d | 1e | 1f | 1g | 1h | 1i | 1z      |
|--|----|----|----|----|----|----|----|----|----|---------|
| 1a Total amount from Form(s) W-2, box 1 (see instructions)                                       |    |    |    |    |    |    |    |    |    | 59,238. |
| 1b Household employee wages not reported on Form(s) W-2  |    |    |    |    |    |    |    |    |    |         |
| 1c Tip income not reported on line 1a (see instructions)   |    |    |    |    |    |    |    |    |    |         |
| 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       |    |    |    |    |    |    |    |    |    |         |
| 1e Taxable dependent care benefits from Form 2441, line 26                                       |    |    |    |    |    |    |    |    |    |         |
| 1f Employer-provided adoption benefits from Form 8839, line 29                                   |    |    |    |    |    |    |    |    |    |         |
| 1g Wages from Form 8919, line 6  |    |    |    |    |    |    |    |    |    |         |
| 1h Other earned income (see instructions)  |    |    |    |    |    |    |    |    |    | 0.      |
| 1i Nontaxable combat pay election (see instructions)   |    |    |    |    |    |    |    |    |    |         |
| 1z Add lines 1a through 1h   |    |    |    |    |    |    |    |    |    | 59,238. |
| 2a Tax-exempt interest   | 2a |    |    |    |    |    |    |    |    |         |
| 2b Taxable interest  |    |    |    |    |    |    |    |    |    |         |
| 3a Qualified dividends   | 3a |    |    |    |    |    |    |    |    |         |
| 3b Ordinary dividends  |    |    |    |    |    |    |    |    |    |         |
| 4a IRA distributions   | 4a |    |    |    |    |    |    |    |    |         |
| 4b Taxable amount  |    |    |    |    |    |    |    |    |    |         |
| 5a Pensions and annuities  | 5a |    |    |    |    |    |    |    |    |         |
| 5b Taxable amount  |    |    |    |    |    |    |    |    |    |         |
| 6a Social security benefits  | 6a |    |    |    |    |    |    |    |    |         |
| 6b Taxable amount  |    |    |    |    |    |    |    |    |    |         |
| c If you elect to use the lump-sum election method, check here (see instructions)                |    |    |    |    |    |    |    |    |    |         |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here             |    |    |    |    |    |    |    |    |    |         |
| 8 Other income from Schedule 1, line 10  |    |    |    |    |    |    |    |    |    | -5,990. |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                   |    |    |    |    |    |    |    |    |    | 53,248. |
| 10 Adjustments to income from Schedule 1, line 26  |    |    |    |    |    |    |    |    |    |         |
| 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       |    |    |    |    |    |    |    |    |    | 53,248. |
| 12 <b>Standard deduction or itemized deductions</b> (from Schedule A)                            |    |    |    |    |    |    |    |    |    | 12,950. |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A                             |    |    |    |    |    |    |    |    |    |         |
| 14 Add lines 12 and 13   |    |    |    |    |    |    |    |    |    | 12,950. |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |    |    |    |    |    |    |    |    |    | 40,298. |

Attach Sch. B if required.

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,950  
 • Married filing jointly or Qualifying surviving spouse \$25,900  
 • Head of household, \$19,400  
 • If you check any box under Standard Deduction, see instructions

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 4,628. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 4,628. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 4,628. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 4,628. |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 6,052. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 6,052. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 6,052. |

|                                      |            |   |            |   |
|--------------------------------------|------------|---|------------|---|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 1,424.  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 1,424.  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number: 0 8 3 0 0 0 1 3 7   | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number: 7 3 7 3 0 1 7 6 9   |            |   |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |   |

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

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

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

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (502) 956-2029 Email address HAFISUNNISABEGUMMD@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Date<br>02/13/2023 | PTIN<br>P02470833 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522<br>Firm's EIN 88-2145487   |

No

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HAFISUNNISA BEGUM MOHAMMED

Your social security number  
171-21-9167

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -5,990. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   |               | <b>10</b> | -5,990. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Attachment  
Sequence No. **13**

Name(s) shown on return

HAFISUNNISA BEGUM MOHAMMED

Your social security number

171-21-9167

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

|          |   |
|----------|---|
| <b>A</b> | 7TH PHASE, KPHB HYDERABAD TELANGANA IN 500072 |
| <b>B</b> |   |
| <b>C</b> |   |

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) .....

| Income:   | Properties: |        |            |
|---|-------------|--------|------------|
|   | A           | B      | C          |
| <b>3</b> Rents received . . . . .   | 410.        |        |            |
| <b>4</b> Royalties received . . . . .   |             |        |            |
| <b>Expenses:</b>  |             |        |            |
| <b>5</b> Advertising . . . . .  |             |        |            |
| <b>6</b> Auto and travel (see instructions) . . . . .   |             |        |            |
| <b>7</b> Cleaning and maintenance . . . . .   | 900.        |        |            |
| <b>8</b> Commissions . . . . .  |             |        |            |
| <b>9</b> Insurance . . . . .  |             |        |            |
| <b>10</b> Legal and other professional fees . . . . .   |             |        |            |
| <b>11</b> Management fees . . . . .   | 850.        |        |            |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  |             |        |            |
| <b>13</b> Other interest . . . . .  |             |        |            |
| <b>14</b> Repairs . . . . .   | 1,850.      |        |            |
| <b>15</b> Supplies . . . . .  | 1,450.      |        |            |
| <b>16</b> Taxes . . . . .   |             |        |            |
| <b>17</b> Utilities . . . . .   | 1,350.      |        |            |
| <b>18</b> Depreciation expense or depletion . . . . .   |             |        |            |
| <b>19</b> Other (list) .....  |             |        |            |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | 6,400.      |        |            |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | -5,990.     |        |            |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | ( 5,990. )  |        |            |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  |             | 410.   |            |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   |             |        |            |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  |             |        |            |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  |             |        |            |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  |             | 6,400. |            |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  |             |        |            |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  |             |        | ( 5,990. ) |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . |             |        | -5,990.    |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022





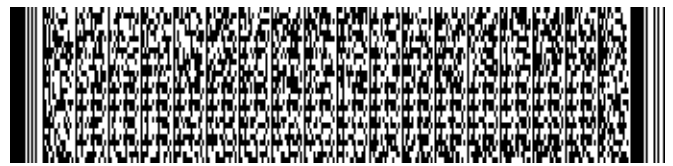
2 2 0 0 0 1 1 5 5 5

KENTUCKY  
INDIVIDUAL INCOME TAX RETURN  
Residents Only

**2022**

Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

|  |                                       |
|--|---------------------------------------|
| <b>A.</b> Spouse's Social Security Number  | <b>B.</b> Your Social Security Number |
|  | 171-21-9167                           |
| Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) |                                       |
| MOHAMMED HAFISUNNISA BEGUM   |                                       |
| Mailing Address (Number and Street including Apartment Number or P.O. Box)                 |                                       |
| 10503 VINING PL  | 201                                   |
| City, Town or Post Office  | State ZIP Code                        |
| LOUISVILLE   | KY 40241-8165                         |



**FILING STATUS** (see instructions)

1  Single

2  Married, filing separately on this combined return. **(If both had income.)**

3  Married, filing joint return.

4  Married, filing separate returns. Enter spouse's Social Security number above and full name here.

**Check if applicable:**

**Amended** (Enclose copy of 1040X, if applicable.)

**POLITICAL PARTY FUND**  
Designating \$2 will not change your refund or tax due.

|                       |                              |   |
|-----------------------|------------------------------|---|
|                       | <b>A. Spouse</b>             | <b>B. Yourself</b>                      |
| <b>Democratic</b>     | (1) <input type="checkbox"/> | (4) <input type="checkbox"/>            |
| <b>Republican</b>     | (2) <input type="checkbox"/> | (5) <input type="checkbox"/>            |
| <b>No Designation</b> | (3) <input type="checkbox"/> | (6) <input checked="" type="checkbox"/> |

|   | <b>A.</b> Spouse (Use if Filing Status 2 is checked.) | <b>B.</b> Yourself (or Joint) |
|---|---|-------------------------------|
| 5 Enter amount from federal Form 1040 or 1040-SR, line 11. <b>(If total of Columns A and B is \$36,908 or less, you may qualify for the Family Size Tax Credit. See instructions.)</b> .....          | 5 00  | 5 53,248.00                   |
| 6 Additions from Schedule M, line 6.....  | 6 00  | 6 00                          |
| 7 Add lines 5 and 6.....  | 7 00  | 7 53,248.00                   |
| 8 Subtractions from Schedule M, line 17.....  | 8 00  | 8 00                          |
| 9 Subtract line 8 from line 7. This is your <b>Kentucky Adjusted Gross Income</b> .....   | 9 00  | 9 53,248.00                   |
| 10 <b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A.<br><b>Nonitemizers:</b> Enter <b>\$2,770</b> in Columns A and/or B.....  | 10 00   | 10 2,770.00                   |
| 11 Subtract line 10 from line 9. This is your <b>Taxable Income</b> .....   | 11 00   | 11 50,478.00                  |
| 12 <b>Tax Computation:</b> Multiply line 11 by 5% (.05) or amount from Schedule J <input type="checkbox"/> .....  | 12 00   | 12 2,524.00                   |
| 13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ;<br>Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/> ..... | 13 00   | 13 00                         |
| 14 Add lines 12 and 13 and enter total here.....  | 14 00   | 14 2,524.00                   |
| 15 Enter amounts from Schedule ITC, Section A, lines 25E and 25F .....  | 15 00   | 15 00                         |
| 16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.....  | 16 00   | 16 2,524.00                   |
| 17 Enter personal tax credit amounts from Schedule ITC, Section B.....  | 17 00   | 17 00                         |
| 18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.....  | 18 00   | 18 2,524.00                   |
| 19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2 .....   | 19 00   | 19 2,524.00                   |



20 Check the box that represents your total family size (**see instructions** before completing lines 20 and 21) .....

21 Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 ( 0 %) from Schedule ITC.....

22 Subtract line 21 from line 19 .....

23 Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17 .....

24 Enter **Child and Dependent Care Credit** from federal Form 2441, line 11  20 % (.20) .....

25 RESERVED .....

26 **Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero .....

27 Enter **KENTUCKY USE TAX** due on Internet, mail order, or other out-of-state purchases (**see instructions**) ...

28 Add lines 26 and 27. This is your **TOTAL TAX LIABILITY** .....

29 **For amended return;** overpayment, if any, shown on original return .....

30 Add lines 28 and 29, enter here.....

|    |  |          |
|----|--|----------|
| 20 | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |          |
| 21 |  | 0.00     |
| 22 |  | 2,524.00 |
| 23 |  | 00       |
| 24 |  | 00       |
| 25 |  | 00       |
| 26 |  | 2,524.00 |
| 27 |  | 00       |
| 28 |  | 2,524.00 |
| 29 |  | 00       |
| 30 |  | 2,524.00 |

31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2 .....

b Enter 2022 Kentucky estimated tax/extension payments .....

c Enter 2022 refundable certified rehabilitation credit .....

d Enter 2022 refundable film industry tax credit.....

e Enter 2022 refundable development area tax credit.....

f Enter 2022 refundable decontamination tax credit .....

g **For amended return;** enter amount paid with original return plus additional payment(s) made after it was filed.....

|     |          |
|-----|----------|
| 31a | 2,823.00 |
| 31b | 00       |
| 31c | 00       |
| 31d | 00       |
| 31e | 00       |
| 31f | 00       |
| 31g | 00       |

32 Add lines 31(a) through 31(g) .....

33 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**.....

|    |          |
|----|----------|
| 32 | 2,823.00 |
| 33 | 00       |

34 a Estimated tax penalty  **Check if Form 2210-K attached**.....

b Interest.....

c Late payment penalty.....

d Late filing penalty .....

|     |    |
|-----|----|
| 34a | 00 |
| 34b | 00 |
| 34c | 00 |
| 34d | 00 |

35 Add lines 34(a) through 34(d). Enter here .....

36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.

|    |    |
|----|----|
| 35 | 00 |
| 36 | 00 |

This is the **AMOUNT YOU OWE**, continue to page 3.....

**OWE**

37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID**, continue to page 3 .....

|    |        |
|----|--------|
| 37 | 299.00 |
|----|--------|





38 FUND CONTRIBUTIONS; see instructions.

|  |  |     |                       |        |
|--|--|-----|-----------------------|--------|
| a  | Nature and Wildlife Fund .....   | 38a |                       | 00     |
| b  | Child Victims' Trust Fund .....  | 38b |                       | 00     |
| c  | Veterans' Program Trust Fund .....   | 38c |                       | 00     |
| d  | Breast Cancer Research/Education Trust Fund .....                                | 38d |                       | 00     |
| e  | Farms to Food Banks Trust Fund .....   | 38e |                       | 00     |
| f  | Local History Trust Fund .....   | 38f |                       | 00     |
| g  | Special Olympics Kentucky .....  | 38g |                       | 00     |
| h  | Pediatric Cancer Research Trust Fund .....                                       | 38h |                       | 00     |
| i  | Rape Crisis Center Trust Fund .....  | 38i |                       | 00     |
| j  | Court Appointed Special Advocate Trust Fund .....                                | 38j |                       | 00     |
| k  | YMCA Youth Association Fund .....  | 38k |                       | 00     |
| 39   | Add lines 38(a) through 38(k) .....  | 39  |                       | 00     |
| 40   | Amount of line 37 to be <b>CREDITED TO YOUR 2023 ESTIMATED TAX</b> .....         | 40  | <b>CREDIT FORWARD</b> | 00     |
| <b>(Credit forwards not available for amended returns)</b> |  |     |                       |        |
| 41   | Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... | 41  | <b>REFUND</b>         | 299.00 |

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| <b>Sign Here</b>         | Signature of Taxpayer  | Driver's License/State Issued ID No.<br>M214500221 | Date   | Telephone Number (daytime)<br>(502) 956-2029               |
|                          | Signature of Spouse  | Driver's License/State Issued ID No.               | Date   |  |
| <b>Paid Preparer Use</b> | Signature of Preparer<br>VENKATA SAI PAVAN KUMAR DUDIPALLI   |  | Date<br>02/13/2023   |  |
|                          | Name of Preparer or Firm<br>GLOBAL TAXES LLC   |  | ID Number<br>P02470833   |  |
|                          | Email<br>syam@gtaxfile.com   | Telephone No.<br>(678) 965-9522                    | May the DOR discuss this return with this preparer?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Enclose</b>           | Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>                                |  | <b>Refund or No Payment</b>  | Kentucky Department of Revenue<br>Frankfort, KY 40618-0006 |
| <b>Payment</b>           | Check Payable: <b>Kentucky State Treasurer</b><br>E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a><br>Include: Your Social Security number and "KY Income Tax—2022" |  | <b>With Payment</b>  | Kentucky Department of Revenue<br>Frankfort, KY 40619-0008 |



2 2 0 3 4 9 1 5 5 5

Enter name(s) as shown on tax return.

MOHAMMED, HAFISUNNISA BEGUM

Your Social Security Number

171-21-9167

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

| A  | B<br>Preapproval<br>Required  | C<br>Credit<br>Name                    | D<br>Required<br>Attachment   | E      |    | F        |    |
|----|---|--|---|--------|----|----------|----|
|    |   |  |   | Spouse |    | Yourself |    |
| 1  | No  | Nonrefundable Limited Liability Entity | Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1 |        | 00 |          | 00 |
| 2  | Yes   | Kentucky Small Business                | Schedule K-1  |        | 00 |          | 00 |
| 3  | Yes   | Kentucky Selling Farmers               | Schedule K-1  |        | 00 |          | 00 |
| 4  | Yes   | Skills Training Investment             | Schedule K-1  |        | 00 |          | 00 |
| 5  | Yes   | Certified Rehabilitation               | Certification Copies  |        | 00 |          | 00 |
| 6  | No  | Tax Paid to Another State              | Copy(ies) of Other State(s) return or Worksheet A                     |        | 00 |          | 00 |
| 7  | No  | Unemployment                           | Schedule UTC  |        | 00 |          | 00 |
| 8  | Yes   | Recycling/Composting Equipment         | Schedule RC   |        | 00 |          | 00 |
| 9  | Yes   | Kentucky Investment Fund               | KEDFA notification  |        | 00 |          | 00 |
| 10 | No  | Qualified Research Facility            | Schedule QR   |        | 00 |          | 00 |
| 11 | No  | GED Incentive                          | Form DAEL-31  |        | 00 |          | 00 |
| 12 | Yes   | Voluntary Environmental Remediation    | Schedule VERB   |        | 00 |          | 00 |
| 13 | Yes   | Biodiesel                              | Schedule BIO  |        | 00 |          | 00 |
| 14 | Yes   | Clean Coal Incentive                   | Schedule CCI  |        | 00 |          | 00 |
| 15 | Yes   | Ethanol                                | Schedule ETH  |        | 00 |          | 00 |
| 16 | Yes   | Cellulosic Ethanol                     | Schedule CELL   |        | 00 |          | 00 |
| 17 | No  | Railroad Maintenance & Improvement     | Schedule RR-I   |        | 00 |          | 00 |
| 18 | Yes   | Endow Kentucky                         | Schedule ENDOW  |        | 00 |          | 00 |
| 19 | Yes   | New Markets Development Program        | Form 8874(K)-A  |        | 00 |          | 00 |
| 20 | No  | Distilled Spirits                      | Schedule DS   |        | 00 |          | 00 |
| 21 | Yes   | Angel Investor                         | Certification Letter  |        | 00 |          | 00 |
| 22 | Yes   | Film Industry                          | Film Office Certification   |        | 00 |          | 00 |
| 23 | No  | Inventory                              | Schedule INV  |        | 00 |          | 00 |
| 24 | Yes   | Renewable Chemical Production          | Schedule CHEM   |        | 00 |          | 00 |
| 25 | Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15..... |  |   |        | 00 |          | 00 |



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)

12/07/1993

Enter your date of birth (MM/DD/YYYY)

|  |   |  |
|--|---|--|
| 1 If you were 65 on or before 12/31/2022, enter 40.....                            | 1 |  |
| 2 If you were legally blind on 12/31/2022, enter 40 .....                          | 2 |  |
| 3 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20..... | 3 |  |
| 4 Allowable Taxpayer Credit—Add lines 1 through 3.....                             | 4 |  |

|  |   |  |
|--|---|--|
| 5 If you were 65 on or before 12/31/2022, enter 40.....                            | 5 |  |
| 6 If you were legally blind on 12/31/2022, enter 40 .....                          | 6 |  |
| 7 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20..... | 7 |  |
| 8 Allowable Spouse Credit—Add lines 5 through 7.....                               | 8 |  |

**Assignment of Personal Tax Credits**

|  |    |  |
|--|----|--|
| 9 For filing status <b>Single or Married, filing separate returns</b> , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100) ..... | 9  |  |
| 10 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100) .....                | 10 |  |
| 11 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....                | 11 |  |
| 12 For filing status <b>Married, filing jointly</b> , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....                | 12 |  |

**SECTION C—FAMILY SIZE TAX CREDIT**

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

| First and Last Name | Dependent's Social Security number | Dependent's relationship to you | Check if qualifying child for family size tax credit |
|---------------------|------------------------------------|---------------------------------|--|
|                     |                                    |                                 | <input type="checkbox"/>                             |
|                     |                                    |                                 | <input type="checkbox"/>                             |
|                     |                                    |                                 | <input type="checkbox"/>                             |

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

| Family Size          | One          |           | Two         |           | Three       |           | Four or More |           | Credit Percentage is |
|----------------------|--------------|-----------|-------------|-----------|-------------|-----------|--------------|-----------|----------------------|
|                      | If MGI . . . | is over   | is not over | is over   | is not over | is over   | is not over  | is over   |                      |
| <b>Tax Year 2022</b> | \$ ---       | \$ 13,590 | \$ ---      | \$ 18,310 | \$ ---      | \$ 23,030 | \$ ---       | \$ 27,750 | 100                  |
|                      | 13,590       | 14,134    | 18,310      | 19,042    | 23,030      | 23,951    | 27,750       | 28,860    | 90                   |
|                      | 14,134       | 14,677    | 19,042      | 19,775    | 23,951      | 24,872    | 28,860       | 29,970    | 80                   |
|                      | 14,677       | 15,221    | 19,775      | 20,507    | 24,872      | 25,794    | 29,970       | 31,080    | 70                   |
|                      | 15,221       | 15,764    | 20,507      | 21,240    | 25,794      | 26,715    | 31,080       | 32,190    | 60                   |
|                      | 15,764       | 16,308    | 21,240      | 21,972    | 26,715      | 27,636    | 32,190       | 33,300    | 50                   |
|                      | 16,308       | 16,852    | 21,972      | 22,704    | 27,636      | 28,557    | 33,300       | 34,410    | 40                   |
|                      | 16,852       | 17,259    | 22,704      | 23,254    | 28,557      | 29,248    | 34,410       | 35,243    | 30                   |
|                      | 17,259       | 17,667    | 23,254      | 23,803    | 29,248      | 29,939    | 35,243       | 36,075    | 20                   |
|                      | 17,667       | 18,075    | 23,803      | 24,352    | 29,939      | 30,630    | 36,075       | 36,908    | 10                   |
| 18,075               | ---          | 24,352    | ---         | 30,630    | ---         | 36,908    | ---          | 0         |                      |

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



2 2 0 0 1 0 1 5 5 5

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

MOHAMMED, HAFISUNNISA BEGUM

171-21-9167

**Part I—Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

|    | A<br>Employee's Social Security Number | B<br>Employer's Identification Number (EIN) | C<br>State | D<br>Employer's State I.D. Number<br>(Box 15 of Form W-2) | E<br>KY State Wages<br>(Box 16 of Form W-2) |         | F<br>KY Income Tax Withheld<br>(Box 17 of Form W-2) |        |    |
|----|--|---|------------|---|---|---------|---|--------|----|
|    |  |   |            |   |   |         |   |        |    |
| 1  | 171-21-9167                            | 76-0532643                                  | KY         | 200429  | 59,238.                                     | 00      | 2,823.  | 00     |    |
| 2  |  |   |            |   |   | 00      |   | 00     |    |
| 3  |  |   |            |   |   | 00      |   | 00     |    |
| 4  |  |   |            |   |   | 00      |   | 00     |    |
| 5  |  |   |            |   |   | 00      |   | 00     |    |
| 6  |  |   |            |   |   | 00      |   | 00     |    |
| 7  |  |   |            |   |   | 00      |   | 00     |    |
| 8  |  |   |            |   |   | 00      |   | 00     |    |
| 9  |  |   |            |   |   | 00      |   | 00     |    |
| 10 |  |   |            |   |   | 00      |   | 00     |    |
| 11 | <b>TOTAL FROM ALL W-2s</b>             |   |            |   |   | 59,238. | 00  | 2,823. | 00 |

**Part II—Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

|    | A<br>Recipient's Social Security Number | B<br>Payer's Identification Number (EIN) | C<br>State | D<br>Payer's State I.D. Number | E<br>KY Income Amount |    | F<br>KY Income Tax Withheld |    |
|----|---|--|------------|--------------------------------|-----------------------|----|-----------------------------|----|
|    |   |  |            |                                |                       |    |                             |    |
| 12 |   |  |            |                                |                       | 00 |                             | 00 |
| 13 |   |  |            |                                |                       | 00 |                             | 00 |
| 14 |   |  |            |                                |                       | 00 |                             | 00 |
| 15 |   |  |            |                                |                       | 00 |                             | 00 |
| 16 |   |  |            |                                |                       | 00 |                             | 00 |
| 17 | <b>AND W2-Gs</b>                        |  |            |                                |                       |    | 00                          | 00 |

**Part III—Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

|    |   | F<br>Total Kentucky Income Tax Withheld |
|----|---|---|
| 18 | Enter combined totals from Column F, lines 11 and 17. | 2,823.00                                |

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

|  |                               |  |
|--|-------------------------------|--|
| Your first name and middle initial<br>HAFISUNNISA BEGUM  | Last name<br>MOHAMMED         | Your social security number<br>171-21-9167 |
| If joint return, spouse's first name and middle initial  | Last name                     | Spouse's social security number            |
| Home address (number and street). If you have a P.O. box, see instructions.<br>10503 VINING PL       |                               | Apt. no.<br>201                            |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>LOUISVILLE |                               | State<br>KY                                |
|  |                               | ZIP code<br>402418165                      |
| Foreign country name   | Foreign province/state/county | Foreign postal code                        |

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

| Dependents (see instructions):  | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualified for child tax credit | (4) Check the box if qualified for credit for other dependents |
|---|----------------|-----------|----------------------------|-------------------------|---|--|
| If more than four dependents, see instructions and check here... <input type="checkbox"/> |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                       |
|   |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                       |
|   |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                       |
|   |                |           |                            |                         | <input type="checkbox"/>                            | <input type="checkbox"/>                                       |

| Income    | Description   | Amount  |
|-----------|---|---------|
| <b>1a</b> | Total amount from Form(s) W-2, box 1 (see instructions)   | 59,238. |
| <b>b</b>  | Household employee wages not reported on Form(s) W-2  |         |
| <b>c</b>  | Tip income not reported on line 1a (see instructions)   |         |
| <b>d</b>  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                     |         |
| <b>e</b>  | Taxable dependent care benefits from Form 2441, line 26   |         |
| <b>f</b>  | Employer-provided adoption benefits from Form 8839, line 29   |         |
| <b>g</b>  | Wages from Form 8919, line 6  |         |
| <b>h</b>  | Other earned income (see instructions)  | 0.      |
| <b>i</b>  | Nontaxable combat pay election (see instructions) <span style="float:right;">1i</span>                      |         |
| <b>z</b>  | Add lines 1a through 1h   | 59,238. |
| <b>2a</b> | Tax-exempt interest   |         |
| <b>3a</b> | Qualified dividends   |         |
| <b>4a</b> | IRA distributions   |         |
| <b>5a</b> | Pensions and annuities  |         |
| <b>6a</b> | Social security benefits  |         |
| <b>c</b>  | If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |         |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |         |
| <b>8</b>  | Other income from Schedule 1, line 10   | -5,990. |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                | 53,248. |
| <b>10</b> | Adjustments to income from Schedule 1, line 26  |         |
| <b>11</b> | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                     | 53,248. |
| <b>12</b> | <b>Standard deduction or itemized deductions</b> (from Schedule A)  | 12,950. |
| <b>13</b> | Qualified business income deduction from Form 8995 or Form 8995-A   |         |
| <b>14</b> | Add lines 12 and 13   | 12,950. |
| <b>15</b> | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>               | 40,298. |

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you check any box under Standard Deduction, see instructions

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 4,628. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 4,628. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |        |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |        |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 4,628. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 4,628. |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 6,052. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 6,052. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 6,052. |

|                                      |            |   |            |   |
|--------------------------------------|------------|---|------------|---|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 1,424.  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 1,424.  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number: 0 8 3 0 0 0 1 3 7   | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number: 7 3 7 3 0 1 7 6 9   |            |   |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |   |

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

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

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

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (502) 956-2029 Email address HAFISUNNISABEGUMMD@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Date<br>02/13/2023 | PTIN<br>P02470833 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN 88-2145487                               |

No

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HAFISUNNISA BEGUM MOHAMMED

Your social security number  
171-21-9167

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -5,990. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   |               | <b>10</b> | -5,990. |

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

Schedule 1 (Form 1040) 2022



**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Attachment  
Sequence No. **13**

Name(s) shown on return

HAFISUNNISA BEGUM MOHAMMED

Your social security number

171-21-9167

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

|          |   |
|----------|---|
| <b>A</b> | 7TH PHASE, KPHB HYDERABAD TELANGANA IN 500072 |
| <b>B</b> |   |
| <b>C</b> |   |

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) .....

| Income:   | Properties: |        |            |
|---|-------------|--------|------------|
|   | A           | B      | C          |
| <b>3</b> Rents received . . . . .   | 410.        |        |            |
| <b>4</b> Royalties received . . . . .   |             |        |            |
| <b>Expenses:</b>  |             |        |            |
| <b>5</b> Advertising . . . . .  |             |        |            |
| <b>6</b> Auto and travel (see instructions) . . . . .   |             |        |            |
| <b>7</b> Cleaning and maintenance . . . . .   | 900.        |        |            |
| <b>8</b> Commissions . . . . .  |             |        |            |
| <b>9</b> Insurance . . . . .  |             |        |            |
| <b>10</b> Legal and other professional fees . . . . .   |             |        |            |
| <b>11</b> Management fees . . . . .   | 850.        |        |            |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  |             |        |            |
| <b>13</b> Other interest . . . . .  |             |        |            |
| <b>14</b> Repairs . . . . .   | 1,850.      |        |            |
| <b>15</b> Supplies . . . . .  | 1,450.      |        |            |
| <b>16</b> Taxes . . . . .   |             |        |            |
| <b>17</b> Utilities . . . . .   | 1,350.      |        |            |
| <b>18</b> Depreciation expense or depletion . . . . .   |             |        |            |
| <b>19</b> Other (list) .....  |             |        |            |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | 6,400.      |        |            |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | -5,990.     |        |            |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | ( 5,990. )  |        |            |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  |             | 410.   |            |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   |             |        |            |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  |             |        |            |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  |             |        |            |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  |             | 6,400. |            |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  |             |        |            |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  |             |        | ( 5,990. ) |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . |             |        | -5,990.    |