

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶ 22249620241020an1o8s

Taxpayer's name AFTAB A KHAN	Social security number 216-23-9829
Spouse's name SEEMI A KHAN	Spouse's social security number 216-23-7956

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	58,339.
2 Total tax . . . . .	2	2,067.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	
4 Amount you want refunded to you . . . . .	4	
5 Amount you owe . . . . .	5	2,162.

## 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 

3	9	8	2	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

3	7	9	5	6
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner 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	0	8	2	7	1
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Don't enter all zeros

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

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

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

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

216-23-9829

Taxpayer name AFTAB A & SEEMI A KHAN

Taxpayer address (optional)

2394 SCUPPERS LANE

WOODBIDGE, VA 22191

- Your federal income tax return for 2023 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 04/12/2024 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 22249620241020an1o8s.
- Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

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

Filing Status section with checkboxes for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if a digital asset was received or sold during 2023.

Standard Deduction section with checkboxes for claiming someone as a dependent.

Age/Blindness section with checkboxes for age and blindness status.

Table for Dependents with columns for name, social security number, relationship, and tax credit.

Table for Income section with rows 1a through 1z for various income types.

Table for Dividends and Interest section with rows 2a through 6b.

Table for Deductions and Adjusted Gross Income section with rows 7 through 15.

<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>	0.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	0.
	<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
	<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>	0.
	<b>21</b>	Add lines 19 and 20	<b>21</b>	0.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	2,067.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2,067.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	
	<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>	
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 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>		

<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>																		
	<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>																		
	<b>b</b>	Routing number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
<b>d</b>	Account number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>																			

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	2,162.
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	95.

**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)
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**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 UNEMPLOYED	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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (571) 552-6166	Email address AFTABKHAN01@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/12/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

**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

**2023**

Attachment  
Sequence No. **01**

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

AFTAB A & SEEMI A KHAN

Your social security number

216-23-9829

**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>	14,628.
<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>	-9,433.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	5,195.

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

Schedule 1 (Form 1040) 2023

**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>	1,034.
<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, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	1,034.

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

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
AFTAB A & SEEMI A KHAN

Your social security number  
216-23-9829

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	2,067.
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)



**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			2,067.

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **08**

Name(s) shown on return

AFTAB A & SEEMI A KHAN

Your social security number

216-23-9829

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

AMERICAN EXPRESS NATIONAL BANK  
BANK OF AMERICA, N.A.  
CAPITAL ONE N.A.  
AMERITRADE

**Amount**

96.  
11.  
111.  
583.

**1**

**2** Add the amounts on line 1 . . . . .  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

801.  
  
801.

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer: GROWTH AND INCOME FUND D SHARES  
RESEARCH FUND D SHARES  
BALANCED FUND D SHARES  
GLOBAL SELECT FUND D SHARES  
AMERITRADE

775.  
31.  
701.  
249.  
46,508.

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

48,264.

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

**7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .  
**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_  
**8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
	X
	X

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

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

Name of proprietor: AFTAB A KHAN. Social security number (SSN): 216-23-9829. Principal business: REVIEW SERVICES. Business address: 2394 SCUPPERS LANE, WOODBRIDGE, VA 22191. Accounting method: Cash. Did you materially participate? Yes. Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes.

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales (17,749), 2 Returns and allowances, 3 Subtract line 2 from line 1 (17,749), 4 Cost of goods sold, 5 Gross profit (17,749), 6 Other income, 7 Gross income (17,749).

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

Table with 32 rows for expense items: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance (338), 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease (20a, 20b), 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses (1,555), 24 Travel and meals (24a, 24b), 25 Utilities (779), 26 Wages, 27a Other expenses (449), 27b Energy efficient commercial bldgs deduction, 28 Total expenses (3,121), 29 Tentative profit or (loss) (14,628), 30 Expenses for business use of your home, 31 Net profit or (loss) (14,628), 32 Investment risk questions.

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

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

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

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

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

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

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

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

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

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

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

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

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

HOME OWNER ASSOCIATION FEE		449.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	449.

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

AFTAB A & SEEMI A KHAN

Your social security number

216-23-9829

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	4,726.	4,435.		291.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 291.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	235,925.	298,416.		-62,491.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	91,694.	26,768.		64,926.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 7,879.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( 5,492. )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 4,822.

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

Schedule D (Form 1040) 2023

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	5,113.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		









**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

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.

Name(s) shown on return

AFTAB A & SEEMI A KHAN

Your social security number

216-23-9829

**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 2023 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)

**A** 3132 ANTRIM CIRCLE DUMFRIES VA 22026

**B** 17366 SLIGO LOOP WOODBRIDGE VA 22026

**C**

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> 1		269		0	<input type="checkbox"/>
<b>B</b> 1		302		0	<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 . . . . .	<b>3</b> 30,000.	23,175.	
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b> 113.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	130.	
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 840.	770.	
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b> 611.	596.	
<b>14</b> Repairs . . . . .	<b>14</b> 490.	792.	
<b>15</b> Supplies . . . . .	<b>15</b>		
<b>16</b> Taxes . . . . .	<b>16</b> 3,652.	3,637.	
<b>17</b> Utilities . . . . .	<b>17</b>		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b> 7,658.	7,924.	
<b>19</b> Other (list) See Line 19 Other Expenses	<b>19</b> 1,536.	2,736.	
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 14,900.	16,585.	
<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> . . . . .	<b>21</b> 15,100.	6,590.	
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 15,511. )	( 15,612. )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	53,175.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	15,582.	
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	31,485.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		21,690.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( 31,123. )	
<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, and 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 . . . . .	<b>26</b>		-9,433.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

AFTAB A & SEEMI A KHAN

216-23-9829

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . . Yes No

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: PTP-ENTERPRISE PRODUCTS PARTNERS, L.P., P, 76-0568219.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals: 0.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 0.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with 2 columns: Description, Amount. Row 41: Total income or (loss) -9,433. Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

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

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)  
AFTAB A KHAN

Social security number of person  
with self-employment income 216-23-9829

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 14,628.

**3** Combine lines 1a, 1b, and 2 **3** 14,628.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 13,509.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 13,509.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 13,509.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 160,200.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,675.

**11** Multiply line 6 by 2.9% (0.029) **11** 392.

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 2,067.

**13 Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 1,034.

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

Schedule SE (Form 1040) 2023

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,840, **or (b)** your net farm profits<sup>2</sup> were less than \$7,103.

<b>14</b> Maximum income for optional methods . . . . .	<b>14</b>	6,560
<b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,560. Also, include this amount on line 4b above . . . . .	<b>15</b>	

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b> Subtract line 15 from line 14 . . . . .	<b>16</b>	
<b>17</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . .	<b>17</b>	

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

AFTAB A & SEEMI A KHAN

216-23-9829

<b>Part I Child Tax Credit and Credit for Other Dependents</b>			
<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b> 58,339.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	58,339.
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	0
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	1
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	500.
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	500.
<b>9</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly—\$400,000 } . . . . .</li> <li>• All other filing statuses—\$200,000 } . . . . .</li> </ul>	<b>9</b>	400,000.
<b>10</b>	Subtract line 9 from line 3. <ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } . . . . .</li> </ul>	<b>10</b>	0.
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	500.
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	0.
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	0.

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

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

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

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>	
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16a</b> 500.
<b>b</b>	Number of qualifying children under 17 with the required social security number: <u>0</u> x \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16b</b> 0.
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .		<b>17</b>
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	13,594.
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

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

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

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

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	
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## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Attachment  
Sequence No. **55**

Name(s) shown on return

AFTAB A & SEEMI A KHAN

Your taxpayer identification number

216-23-9829

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 502.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 502.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 100.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 100.
11	Taxable income before qualified business income deduction (see instructions)	11 30,639.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 48,450.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ( 0. )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ( 0. )



**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return AFTAB A & SEEMI A KHAN	Taxpayer identification number 216-23-9829
Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer tax identification number P02082703

**Part I Due Diligence Requirements**

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

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

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

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

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

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

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

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

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

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

**Part VI Eligibility Certification**

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

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

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

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

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service

See separate instructions.  
Attach to Form 1040, 1040-SR, or 1041.  
Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

AFTAB A & SEEMI A KHAN

Identifying number

216-23-9829

**Part I 2023 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .	<b>1a</b>	21,690.		
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	<b>1b</b>	( 0. )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	<b>1c</b>	( 31,123. )		
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>			-9,433.

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>			
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( )		
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>			

<b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	<b>3</b>			-9,433.
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If line 3 is a loss and: • Line 1d is a loss, go to Part II.  
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>			9,433.
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>	150,000.		
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	<b>6</b>	68,806.		
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	81,194.		
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>			25,000.
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . .	<b>9</b>			9,433.

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>			21,690.
<b>11</b> <b>Total losses allowed from all passive activities for 2023.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>			31,123.

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
3132 ANTRIM CIRCLE	15,100.	0.	15,511.		411.
17366 SLIGO LOOP	6,590.	0.	15,612.		9,022.
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	21,690.	0.	31,123.		

For Paperwork Reduction Act Notice, see instructions.

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c					

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
3132 ANTRIM CIRCLE	E Ln 22	411.	0.04357044	411.	0.
17366 SLIGO LOOP	E Ln 22	9,022.	0.95642956	9,022.	0.
<b>Total</b>		9,433.	<b>1.00</b>	9,433.	0.

**Part VII Allocation of Unallowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			<b>1.00</b>	

**Part VIII Allowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				

# Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

AFTAB A & SEEMI A KHAN

Identifying number

216-23-9829

**Part I 2023 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .	<b>1a</b>	21,690.		
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	<b>1b</b>	( 0. )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		21,690.	

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>			
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( )		
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>			

<b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	<b>3</b>		21,690.	
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If line 3 is a loss and: • Line 1d is a loss, go to Part II.  
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>			
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>			
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	<b>6</b>			
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>			
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>			
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . .	<b>9</b>		0.	

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>			
<b>11 Total losses allowed from all passive activities for 2023.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>			

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
3132 ANTRIM CIRCLE	15,100.	0.		15,100.	
17366 SLIGO LOOP	6,590.	0.		6,590.	
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	21,690.	0.			

For Paperwork Reduction Act Notice, see instructions.

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c					

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total</b>			1.00		

**Part VII Allocation of Unallowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

**Part VIII Allowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				

# Student Information Worksheet

**2023**

▶ Keep for your records

Name of Student <b>NAUVEERA A KHAN</b>	Social Security Number <b>203-72-2428</b>
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## Part I – Student Status

- 1 Was this person a student during 2023? . . . . .  Yes  No
- 2 What kind of school did the student attend during 2023? (Check all that apply.)
 

<b>a</b> <input type="checkbox"/> Elementary	<b>d</b> <input type="checkbox"/> Vocational school	<b>g</b> <input type="checkbox"/> Not applicable
<b>b</b> <input type="checkbox"/> High school (secondary)	<b>e</b> <input type="checkbox"/> Military academy	
<b>c</b> <input checked="" type="checkbox"/> College (postsecondary)	<b>f</b> <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- 3 Qualified Tuition Program only:
  - a Did the student make any education loan payments to treat as expenses? . . . . .  Yes  No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2023? . . . . .  Yes  No  NA
- 2 Was this student enrolled at an eligible education institution during 2023? . . . . .  Yes  No  NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . .  Yes  No  NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . .  Yes  No  NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . .  Yes  No  NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . .  Yes  No  NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . .  Yes  No  NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ \_\_\_\_\_
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ▶ \_\_\_\_\_

## Part III – Education Credit Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . .  Yes  No  
 Already completed 4 years of college \_\_\_\_\_
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . .  Yes  No  
 \_\_\_\_\_
- 3 Reserved . . . . .  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

## Part IV – Educational Institution and Tuition Summary

	Received 2022 1098T with Box 2 filled and box 7 checked?			
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T
RUTGERS, BIOMEDICAL AND HEALTH SCIENCES 22-6001086	65 DAVIDSON ROAD, SUITE 208 PISCATAWAY NJ 08854	20,950.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals . . . . .		20,950.	0.	

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . .  Yes  No

**Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)**

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	_____		
<b>3</b> Scholarship reported in 2023 not allocable to 2023 expense . . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses		_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .		_____	
<b>6</b> Total qualified education expenses from Part VI below. . . . .	20,950.		
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
<b>8</b> Subtract line 7 from line 5. . . . .		_____	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		_____	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			_____

**Part VI – Education Expenses**

Description	Total	Amount eligible for						
		American Opportunity Credit  Not Qualified	Lifetime Learning Credit	Reserved	Qualified Higher Education Expense for 529 Plan  Not Applicable	Qualified Higher Education Expense for ESA  Not Applicable	Qualified Higher Education Expense for US Bonds  Not Applicable	Qualified Elementary and Secondary Expense for ESA and QTP  Not Applicable
<b>Expenses:</b>								
<b>1</b> Tuition paid from Part IV and qualified elementary and secondary tuition. . . . . Paid to institution as a condition of enrollment:	20,950.	20,950.	20,950.		20,950.	20,950.	20,950.	
<b>2</b> Fees . . . . .	_____	_____	_____		_____	_____		_____
<b>3</b> Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____	_____	_____		_____	_____		_____
<b>4</b> Books, supplies, equipment <b>5</b> Other course-related . . . . .	_____	_____			_____	_____		_____
<b>6</b> Room and board . . . . .	_____				_____	_____		_____
<b>7</b> Special needs expenses . . . . .	_____				_____	_____		_____
<b>8</b> Computer expenses . . . . .	_____				_____	_____		_____
<b>9</b> QTP or ESA contribution . . . . .	_____							
<b>10</b> Academic tutoring . . . . .	_____							
<b>11</b> Uniforms . . . . .	_____							
<b>12</b> Transportation . . . . .	_____							
<b>13</b> Total qualified expenses . . . . .	20,950.	20,950.	20,950.		20,950.	20,950.	20,950.	
<b>Adjustments:</b>								
<b>14</b> Refunds . . . . .	_____	_____	_____		_____	_____	_____	_____
<b>15</b> Tax-free assistance . . . . .	_____	_____	_____		_____	_____	_____	_____



16	Deducted on Sched A . . . . .							
17	Used for credit . . . . .							
18	Used for exclusion . . . . .		0.	0.				
	<b>See tax help</b>							
19	Total adjustments . . . . .		0.	0.				
20	Adjusted qualified expenses	20,950.	20,950.	20,950.		20,950.	20,950.	20,950. 0.

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome . . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Reserved . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2023 . . . . .	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments . . . . .	
b	Qualified Education Loan Payments applied . . . . .	
c	Qualified Apprenticeship Education Expenses . . . . .	
d	Qualified Apprenticeship Education Expenses applied . . . . .	
e	Qualified Elementary and Secondary Education Expenses . . . . .	
f	Qualified Elementary and Secondary Education Expenses applied . . . . .	
g	Adjusted Qualified Higher Education Expenses . . . . .	
h	Adjusted Qualified Higher Education Expenses applied . . . . .	
3	Total qualified education expenses attributable to this QTP . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . . . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2023 for this student . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

---

Street address

---

Street address

---

---

City

State Zip Code

---

---

City

State Zip Code

---

Taxpayer's name AFTAB A & SEEMI A KHAN	Social Security No. 216-23-9829
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**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution for 2023. . . . . Yes  No
- B** A Form 1098-T was received from this institution for **2022** with Box 2 filled in and Box 7 checked . . . . . Yes  No

**Identify Student (Required):**

- A** If student is AFTAB or SEEMI  
Check to indicate student . . . . . ▶  Taxpayer  Spouse
- B** If student is NAUVEERA  
**Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet** . . . . . ▶ NAUVEERA A KHAN

Filer's name <u>RUTGERS, BIOMEDICAL AND HEALTH SCIENCES</u> Street address <u>65 DAVIDSON ROAD, SUITE 208</u> City State Zip Code <u>PISCATAWAY NJ 08854</u> Foreign province/county _____ Foreign postal code Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ <u>20,950.</u>	
		<b>2</b>	
		<b>3</b>	
<b>Filer's Employer</b> Identification Number <u>22-6001086</u>	<b>Student's</b> Taxpayer Identification Number <u>203-72-2428</u>	<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Student's name <u>NAUVEERA A KHAN</u> Street address Apt. No. <u>53 HOWARD CT</u> City State Zip Code <u>NEWARK NJ 07103</u>		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2024 . . . . ▶ <input checked="" type="checkbox"/>
Service Provider/ Acct No _____	<b>8</b> Check if at least half-time student ▶ <input checked="" type="checkbox"/>	<b>9</b> Check if a graduate student . . ▶ <input checked="" type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A** Enter box 1 amount **not** paid during 2023 . . . . . 0.
- B** Enter box 1 amount actually paid during 2023 . . . . . 20,950.

**Reconciliation of Box 5, Scholarships or Grants**

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . \_\_\_\_\_
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . \_\_\_\_\_
- C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_

# Interest and Dividends Summary

**2023**

▶ Keep for your records

Name(s) Shown on Return  
AFTAB A & SEEMI A KHAN

Social Security Number  
216-23-9829

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . .				
2 From Schedule B, Part I. . . .	801.			
3 From Schedule B, Part II . . . .				
4 From K-1 Worksheets . . . . .				
5 Exempt-int.divs (net of adj.) . .				
6 From Forms 6252 . . . . .				
7 From Forms 8814 . . . . .				
8 <b>Subtotal</b> . . . . .	801.			
<b>Less Adjustments:</b>				
9 U.S. savings bond interest previously reported . . . . .				
10 Nominee distribution . . . . .				
11 OID adjustment . . . . .				
12 ABP adjustment . . . . .				
13 Accrued interest . . . . .				
14 Other adjustment . . . . .				
15 Series EE & I bond exclusion .				
16 <b>Total Adjustments</b> . . . . .				
17 Total to Schedule B, line 2 ▶	801.			
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . ▶				
20 Total to Form 6251, line 2g ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B . . . . .	48,264.	43,628.	7,879.	3,536.
2 From K-1 Worksheets . . . . .				
<b>Subtotal</b> . . . . .	48,264.	43,628.		
<b>Less Adjustments:</b>				
4 Nominee distribution . . . . .				
5 Other adjustment . . . . .				
6 <b>Total Adjustments</b> . . . . .				
7 Total to Schedule B, line 6 ▶	48,264.			
8 Total qualified dividends. . . ▶		43,628.		
9 Total capital gains . . . . . ▶			7,879.	
10 Total nontaxable dividends . ▶				3,536.

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B . . . . .				
<b>Less Adjustments:</b>				
2 Nominee distribution . . . . .				
3 Other adjustment . . . . .				
4 <b>Total Adjustments</b> . . . . .				
5 Total to Schedule D . . . . . ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B . . . . .		
<b>Less Adjustments:</b>		
2 Nominee distribution . . . . .		
3 Other adjustment . . . . .		
4 <b>Total Adjustments</b> . . . . .		
5 Total to Schedule D . . . . . ▶		

Name(s) Shown on Return
AFTAB A & SEEMI A KHAN

Social Security Number
216-23-9829

TSJ J

Payer . . . . . AMERITRADE

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends 502.
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 Box 11 - FATCA filing requirement

B Withholding information:

- 1 Federal income tax withheld Federal
2 State State identification no. State tax withheld
3 I confirm that the state withholding identification number(s) are accurate

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3)
2 Private activity bond amount included in line C-1 above
OR
3 Percent of private activity bond amount included in line C-1 above. ( Enter 75 percent as 75.00% ) %
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment: N Nominee H Other D ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 4952:

- 1 Margin interest paid

F Foreign tax information: All income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars 75.
Check this box if foreign tax is from a mutual fund or regulated investment company. See Tax Help for additional information.
2 Box 8 - Foreign country or U.S. possession (Imported name: ) Various
3 Report on Schedule A OR
DoubleClick to link to a copy of Form 1116 COPY 1
4 For Form 1116, select which column A X B C
5 Select whether taxes were paid (P) or accrued (A) P
6 Date paid or accrued 12/31/2023
7 Total foreign source income 1,064.
8 Section 897 ordinary dividends
9 Section 897 capital gain

Additional Payer and Recipient Information

Payer's TIN
Payer's address and ZIP code
Street
City
State ZIP Code
Foreign Country
Recipient's address and ZIP code
Transfer address from Federal Information Wks
Street
City
State ZIP Code
Foreign Country

**Forms 1099-MISC / 1099-NEC Summary**

**2023**

▶ Keep for your records

Name(s) Shown on Return  
AFTAB A & SEEMI A KHAN

Social Security Number  
216-23-9829

Box	Description	Taxpayer	Spouse	Total
<b>Form 1099-MISC Summary</b>				
1	Total Rents . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule E . . . . .			
	▶ Form 4835 . . . . .			
	▶ Other Income . . . . .			
2	Total Royalties . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule E . . . . .			
3	Total Other income . . . . .			
	▶ Schedule C . . . . .			
	▶ Schedule F . . . . .			
	▶ Form 4835 . . . . .			
	For Form 1040:			
	▶ Winnings (Prizes, etc.) . . . . .			
	▶ Tribal Gaming . . . . .			
	▶ Alaska Permanent Fund . . . . .			
	▶ Strike Benefit Income			
	▶ Medicaid waiver payments			
	▶ California Middle Class Tax Refund			
	▶ Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	Fishing boat proceeds . . . . .			
6	Medical and health care payments . . . . .			
8	Substitute payments . . . . .			
9	Total Crop insurance proceeds . . . . .			
	▶ Schedule F . . . . .			
	▶ Form 4835 . . . . .			
10	Gross proceeds paid to an attorney . . . . .			
	▶ Taxable amount . . . . .			
11	Fish purchased for resale . . . . .			
12	Section 409A deferrals . . . . .			
13	Excess golden parachute payments . . . . .			
14	Nonqualified deferred compensation . . . . .			
15	State tax withheld — total . . . . .			
<b>Total</b>	Boxes 1-3, 5-14 . . . . .			
<b>Form 1099-NEC Summary</b>				
1	Total Nonemployee compensation . . . . .	17,749.		17,749.
	▶ Schedule C . . . . .	17,749.		17,749.
	▶ Schedule F . . . . .			
	▶ Wages . . . . .			
	▶ Other Income . . . . .			
4	Federal tax withheld . . . . .			
5	State tax withheld — total . . . . .			

**Form 1099-NEC  
Nonemployee Compensation Worksheet**

**2023**

Name(s) Shown on Return AFTAB A KHAN	Social Security Number 216-23-9829
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**Payer's EIN** 91-1646860 **or** **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . AMAZON.COM, INC  
**Name (cont.)** . \_\_\_\_\_

**Spouse's 1099-NEC**  **Do not transfer this 1099-NEC to next year**

<b>Box 1</b>	Nonemployee compensation . . . . . <u>17,749.</u> Double click to link to: <a href="#">Schedule C</a> . ▶ <a href="#">REVIEW SERVICES</a> <a href="#">Schedule F</a> . ▶ _____ <input type="checkbox"/> Report on line 1 of Form 1040 or Form 1040-NR and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) . . . . . _____ Code on 8919 . . . . . _____ If Reason Code A or C, enter determination date . . . . . _____ <input type="checkbox"/> Other Income <input type="checkbox"/> Medicaid waiver payments excludible from gross income
--------------	--

<b>Box 2</b>	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale . . . . . <input type="checkbox"/>
--------------	--

<b>Box 4</b>	Federal income tax withheld . . . . . _____
--------------	---

<b>Box 5</b>	<b>First state</b>
<b>Box 6</b>	State tax withheld . . . . . _____
<b>Box 7</b>	State . _____ Payer's state no.. . . . . _____
<b>Box 7</b>	State income. . . . . _____
<b>Box 5</b>	<b>Second state</b>
<b>Box 6</b>	State tax withheld . . . . . _____
<b>Box 7</b>	State . _____ Payer's state no.. . . . . _____
<b>Box 7</b>	State income. . . . . _____
I confirm that the state withholding identification number(s) are accurate . . . . . <input type="checkbox"/>	

**Additional Payer and Recipient Information**

<b>Payer's address and ZIP code</b>	<b>Recipient's address and ZIP code</b>
Street _____	Transfer address from Federal Information Wks . <input type="checkbox"/>
City _____	Street _____
State _____ ZIP Code _____	City _____
Foreign Country _____	State _____ ZIP Code _____
	Foreign Country _____

# Qualified Business Income Deduction Summary

**2023**

▶ Keep for your records

Name(s) Shown on Return <u>AFTAB A &amp; SEEMI A KHAN</u>	Social Security Number <u>216-23-9829</u>
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- QuickZoom** to QBI Component Worksheet . . . . . ▶ \_\_\_\_\_
- QuickZoom** to Form 8995. . . . . ▶ \_\_\_\_\_
- QuickZoom** to Form 8995-A . . . . . ▶ \_\_\_\_\_

**1** Trade or business name Net QBI

---

- 2** Net qualified business income (QBI) from qualified trades or businesses . . . . . \_\_\_\_\_
- 3** Loss from previous year . . . . . \_\_\_\_\_
- 4** Sum of activities with gains (only positive amounts from table on line 1) . . . . . \_\_\_\_\_
- 5** Sum of activities with losses (only negative amounts from table on line 1) . . . . . \_\_\_\_\_

**6** Check if using Simplified Computation (Form 8995)

- 7** QBI component from Form 8995 line 5 or Form 8995A line 16 . . . . . \_\_\_\_\_
- 8** QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6 . . . . . 0.

- 9** Total REIT dividends . . . . . 502.
- 10** PTP Income from non-SSTBs . . . . . \_\_\_\_\_
- 11** PTP Income from SSTBs . . . . . \_\_\_\_\_
- 12** Allowed PTP Income from SSTBs . . . . . \_\_\_\_\_
- 13** Total Allowed PTP income (sum of line 10 and line 12). . . . . \_\_\_\_\_
- 14** Carryover REIT/PTP losses from prior year . . . . . \_\_\_\_\_
- 15** Total REIT/PTP income . . . . . 502.
- 16** 20% of total REIT/PTP income . . . . . 100.
- 17** Disallowed REIT/PTP loss . . . . . 0.

**18** Combined QBI Amount (QBI component plus 20% of REIT/PTP income). . . . . 100.

- 19** Taxable income before qualified business income deduction. . . . . 30,639.
- 20** Net capital gains . . . . . 48,450.
- 21** Taxable income minus net capital gains. If zero or less, enter -0- . . . . . 0.
- 22** 20% of taxable income minus net capital gains . . . . . 0.

**23** QBI deduction before DPAD. . . . . 0.  
*Lesser of Combined QBI Amount or 20% of taxable income minus cap gains*

**24** Section 199A(g) deduction for domestic production activities \_\_\_\_\_

**25** **Total 199A (QBI) deduction** (sum of lines 23 and 24) . . . . . 0.



**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**

**2023**

**Line 16**

► Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
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<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15. . . . .	<b>1</b>	<u>30,639.</u>
<b>2</b>	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	<b>2</b>	<u>43,628.</u>
<b>3</b>	Are you filing Schedule D? <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	<u>4,822.</u>
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	<u>48,450.</u>
<b>5</b>	Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	<b>5</b>	<u>0.</u>
<b>6</b>	Enter: <u>\$44,625</u> if single or married filing separately, <u>\$89,250</u> if mfj or qualifying surviving spouse, <u>\$59,750</u> if head of household.	<b>6</b>	<u>89,250.</u>
<b>7</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>7</b>	<u>30,639.</u>
<b>8</b>	Enter the smaller of line 5 or line 7 . . . . .	<b>8</b>	<u>0.</u>
<b>9</b>	Subtract line 8 from line 7 (this amount taxed at 0%) . . . . .	<b>9</b>	<u>30,639.</u>
<b>10</b>	Enter the smaller of line 1 or line 4 . . . . .	<b>10</b>	<u>30,639.</u>
<b>11</b>	Enter the amount from line 9 . . . . .	<b>11</b>	<u>30,639.</u>
<b>12</b>	Subtract line 11 from line 10. . . . .	<b>12</b>	<u>0.</u>
<b>13</b>	Enter: <u>\$492,300</u> if single, <u>\$276,900</u> if married filing separately, <u>\$553,850</u> if mfj or qualifying surviving spouse, <u>\$523,050</u> if head of household.	<b>13</b>	<u>553,850.</u>
<b>14</b>	Enter the smaller of line 1 or line 13 . . . . .	<b>14</b>	<u>30,639.</u>
<b>15</b>	Add lines 5 and 9 . . . . .	<b>15</b>	<u>30,639.</u>
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	<u>0.</u>
<b>17</b>	Enter the smaller of line 12 or line 16 . . . . .	<b>17</b>	<u>0.</u>
<b>18</b>	Multiply line 17 by 15% (0.15) . . . . .	<b>18</b>	<u>0.</u>
<b>19</b>	Add lines 9 and 17 . . . . .	<b>19</b>	<u>30,639.</u>
<b>20</b>	Subtract line 19 from line 10 . . . . .	<b>20</b>	<u>0.</u>
<b>21</b>	Multiply line 20 by 20% (0.20) . . . . .	<b>21</b>	<u>0.</u>
<b>22</b>	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>22</b>	<u>0.</u>
<b>23</b>	Add lines 18, 21, and 22 . . . . .	<b>23</b>	<u>0.</u>
<b>24</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>24</b>	<u>3,235.</u>
<b>25</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. . . . .	<b>25</b>	<u>0.</u>

Schedule D  
Lines 6 and 14

**Capital Loss Carryover Worksheet**

**2023**

Capital Loss Carryover from 2022 to 2023

► Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
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		Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the amount from your 2022 Form 1040, line 15. If a loss, enter as a negative amount . . . . .	128,147.	154,715.
<b>2</b>	Enter the loss from your 2022 Schedule D, line 21, as a positive amount . . . . .	3,000.	3,000.
<b>3</b>	Combine lines 1 and 2. If zero or less, enter -0-. . . . .	131,147.	157,715.
<b>4</b>	Enter the <b>smaller</b> of line 2 or line 3 . . . . .	3,000.	3,000.
	<b>If line 7 of your 2022 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>		
<b>5</b>	Enter the loss from your 2022 Schedule D, line 7, as a positive amount. . . . .	405.	405.
<b>6</b>	Enter any gain from your 2022 Schedule D, line 15. If a loss, enter -0- . . . . .	0.	0.
<b>7</b>	Add lines 4 and 6 . . . . .	3,000.	3,000.
<b>8</b>	<b>Short-term capital loss carryover for 2023.</b> Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount . . . . . ►	0.	0.
	<b>If line 15 of your 2022 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>		
<b>9</b>	Enter the loss from your 2022 Schedule D, line 15, as a positive amount . . . . .	8,087.	8,087.
<b>10</b>	Enter any gain from your 2022 Schedule D, line 7. If a loss, enter -0- . . . . .	0.	0.
<b>11</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	2,595.	2,595.
<b>12</b>	Add lines 10 and 11 . . . . .	2,595.	2,595.
<b>13</b>	<b>Long-term capital loss carryover for 2023.</b> Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount . . . . . ►	5,492.	5,492.

**Form 1099-B Worksheet**

► Keep for your records

**2023**

Name(s) Shown on Return  
AFTAB A & SEEMI A KHAN

Social Security No.  
216-23-9829

**Name of reporting financial institution** ► JANUS HENDERSON INVESTORS  
**Acct Number** . . . . . ► 74-203549846 **Reporter's Tax ID** . . . . . ►  
**Owner of account** . . . . . ► J  
**Transactions were not reported to IRS** . . . . . ►

**Form 8949 Reporting Exception Transactions**  
*Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.*

	Proceeds	Cost Basis
<b>Box A transactions to report directly on Sch D, Line 1a (short term)</b>		
<b>Box D transactions to report directly on Sch D, Line 8a (long term)</b>		

(Do not duplicate any transactions summarized above when making entries in the table below.)

**Quick Entry Table**  
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?		Yes	No
1	JANUS HENDERSON INVESTORS							
A		12/31/23	01/01/23	671.96	594.71			
			S	Yes	X	No	Yes	X
2	JANUS HENDERSON INVESTORS							
D		12/31/23	01/01/22	10,622.20	9,401.29			
			L	Yes	X	No	Yes	X
				Yes		No	Yes	
				Yes		No	Yes	

**Sale Results for Form 8949**

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	JANUS HENDERSON INVESTORS	671.96	594.71			77.25	S
2	D	JANUS HENDERSON INVESTORS	10,622.20	9,401.29			1,220.91	L

**Brokerage Statement (Form 1099-B or substitute) Summary Table**  
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	671.96	594.71	77.25		77.25	
Box B						
Box C						
Box D	10,622.20	9,401.29	1,220.91		1,220.91	
Box E						
Box F						
<b>Totals</b>	<b>11,294.16</b>	<b>9,996.00</b>	<b>1,298.16</b>		<b>1,298.16</b>	

<b>Form 8949 and Schedule D Totals</b>					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
<b>Location on tax return</b>	<b>Proceeds</b>	<b>Cost Basis</b>	<b>Adjustment Amt</b>	<b>Code(s)</b>	<b>Adj Gain/(Loss)</b>
Sch D, Line 1a					
Form 8949, Box A	672.00	595.00			77.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	10,622.00	9,401.00			1,221.00
Form 8949, Box E					
Form 8949, Box F					

**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain . . . . . ▶			
Maximum 60% exclusion gain . . . . . ▶			
Maximum 75% exclusion gain . . . . . ▶			
Maximum 100% exclusion gain . . . . . ▶			

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No

**Form 1099-B Worksheet**

► Keep for your records

**2023**

Name(s) Shown on Return  
AFTAB A & SEEMI A KHAN

Social Security No.  
216-23-9829

Name of reporting financial institution ► AMERITRADE  
 Acct Number . . . . . ► 88245577 Reporter's Tax ID . . . . . ►  
 Owner of account . . . . . ► J  
 Transactions were not reported to IRS . . . . . ►

**Form 8949 Reporting Exception Transactions**  
*Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.*

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

**Quick Entry Table**  
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?			
1	AMERITRADE							
A		12/31/23	01/01/23	4,053.60	3,840.24			
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
2	AMERITRADE							
D		12/31/23	01/01/22	225,303.13	289,015.15			
			L	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
3	AMERITRADE							
E		12/31/23	01/01/22	91,693.97	26,767.70			
			L	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Sale Results for Form 8949**

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	AMERITRADE	4,053.60	3,840.24			213.36	S
2	D	AMERITRADE	225,303.13	289,015.15			-63,712.02	L
3	E	AMERITRADE	91,693.97	26,767.70			64,926.27	L

**Brokerage Statement (Form 1099-B or substitute) Summary Table**  
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	4,053.60	3,840.24	213.36		213.36	
Box B						
Box C						
Box D	225,303.13	289,015.15	-63,712.02		-63,712.02	
Box E	91,693.97	26,767.70	64,926.27		64,926.27	
Box F						
<b>Totals</b>	<b>321,050.70</b>	<b>319,623.09</b>	<b>1,427.61</b>		<b>1,427.61</b>	

<b>Form 8949 and Schedule D Totals</b>					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
<b>Location on tax return</b>	<b>Proceeds</b>	<b>Cost Basis</b>	<b>Adjustment Amt</b>	<b>Code(s)</b>	<b>Adj Gain/(Loss)</b>
Sch D, Line 1a					
Form 8949, Box A	4,054.00	3,840.00			214.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	225,303.00	289,015.00			-63,712.00
Form 8949, Box E	91,694.00	26,768.00			64,926.00
Form 8949, Box F					

**Additional Summary Data**

*Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.*

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain/(Loss) . . . . . \_\_\_\_\_

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain . . . . . ▶			
Maximum 60% exclusion gain . . . . . ▶			
Maximum 75% exclusion gain . . . . . ▶			
Maximum 100% exclusion gain . . . . . ▶			

**PDF Attachment**

Does a statement need to be attached to this return? . . . . .  Yes  No

# Earned Income Worksheet

**2023**

▶ Keep for your records

Name(s) Shown on Return  
AFTAB A & SEEMI A KHAN

Social Security Number  
216-23-9829

## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	14,628.		14,628.
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .	14,628.		14,628.
<b>d</b> One-half of self-employment tax . . . . .	1,034.		1,034.
<b>e</b> Subtract line 1d from line 1c . . . . .	13,594.		13,594.
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .	13,594.		13,594.

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .	13,594.		13,594.
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .			
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .	13,594.		13,594.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	13,594.		13,594.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . . plus wages while incarcerated			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	13,594.		13,594.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .	13,594.		13,594.
<b>16 a</b> Wages, salaries, tips, etc . . . . .			
<b>b2</b> Amount of ln. b1 for graduate/postgrad studies			
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	13,594.		13,594.

## Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

<b>23</b> Self-employed, church and statutory employees . . . . .	13,594.		13,594.
<b>24</b> Wages, salaries, tips, etc . . . . .			
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3 . . . . .	13,594.		13,594.

Keep for your records

Name(s) shown on return
AFTAB A & SEEMI A KHAN

Social Security No.
216-23-9829

General Information:

Property description . . . . . 3132 ANTRIM CIRCLE
Property type . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) . . . . . 3132 ANTRIM CIRCLE
City . . . . . DUMFRIES State . . . . . VA ZIP code . . . . . 22026
If a foreign address: Foreign province or state . .
Foreign postal code . . . . Foreign country . . . .

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 269 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition — See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]
N Check this box if some or all assets for this property are located outside the United States or United States possessions (See tax help) . . . . . [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .



3132 ANTRIM CIRCLE, DUMFRIES, VA 22026

Income		% if Different	Total
<b>3</b>	<b>Enter</b> rental income (not reported elsewhere) . . . .		
	Rental income from Form 1099-MISC . . . . .		
	Rental income from Form 1099-K . . . . .		
	Rental Income from Cancellation of Debt Wks . . . .		
	Total rents received . . . . .	100.000000	30,000.
<b>4</b>	<b>Enter</b> royalties received (not reported elsewhere) .		
	Royalty income from Form 1099-MISC . . . . .		
	Royalty income from Form 1099-K . . . . .		
	Royalty Income from Cancellation of Debt Wks . . . .		
	Royalty Income from Schedule K-1 . . . . .		
	Total royalties received . . . . .		

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	113.		113.		
<b>7</b> Cleaning and maint . .					
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . .	840.		840.		
<b>12 a</b> Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . .					
<b>13</b> Other interest . . . . .	611.		611.		
<b>14</b> Repairs . . . . .	490.		490.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
<b>b</b> Other taxes . . . . .	3,652.		3,652.		
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .	7,658.		7,658.		
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . . .					
<b>a</b> ASSOCIATION FEE	1,536.		1,536.		
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	14,900.		14,900.		
<b>21</b> Income or (loss) . . . . .			15,100.		
<b>22</b> Deductible rental real estate loss . . . . .			-15,511.		



Keep for your records

Name(s) shown on return
AFTAB A & SEEMI A KHAN

Social Security No.
216-23-9829

General Information:

Property description . . . . . 17366 SLIGO LOOP
Property type . . 1 Single Family Residence If type is other, enter a description . .
Location (street address) . . . . . 17366 SLIGO LOOP
City . . . . . WOODBRIDGE State . . . . VA ZIP code . . . . 22026
If a foreign address: Foreign province or state . .
Foreign postal code . . . . Foreign country . . . .

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes [ ] No [X]
If yes, did you or will you file all required Form(s) 1099? . . . . . Yes [ ] No [ ]

Complete For All Rental Properties:

Days rented at fair rental value . . . . . 302 Days of personal use . . . . . 0

Check All That Apply:

- A Owned by spouse [ ] B Owned jointly [ ]
C Active participation [X] D Material participation [ ]
E Qualified joint venture [ ] F Some investment is not at risk [ ]
G Other passive exceptions [ ] H Complete taxable disposition — See Help [ ]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [ ] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . . Regular [ ] Extension [ ] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . . Yes [ ] No [X]
L Was this activity located in a Qualified Disaster Area? . . . . . Yes [ ] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX [ ]
N Check this box if some or all assets for this property are located outside the United States or United States possessions (See tax help) . . . . . [ ]

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage [ ]
O Enter ownership percentage . . . . . %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A [ ]
Q Percentage of rental use . . . . . %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method [ ]
S Number of days property owned if less than the entire year . . . . .

17366 SLIGO LOOP, WOODBRIDGE, VA 22026

Income		% if Different	Total
<b>3 Enter</b> rental income (not reported elsewhere) . . . . .	23,175.		
Rental income from Form 1099-MISC . . . . .			
Rental income from Form 1099-K . . . . .			
Rental Income from Cancellation of Debt Wks . . . . .			
Total rents received . . . . .	23,175.	100.000000	23,175.
<b>4 Enter</b> royalties received (not reported elsewhere) . . . . .			
Royalty income from Form 1099-MISC . . . . .			
Royalty income from Form 1099-K . . . . .			
Royalty Income from Cancellation of Debt Wks . . . . .			
Royalty Income from Schedule K-1 . . . . .			
Total royalties received . . . . .			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .					
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maint . . . . .	130.		130.		
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . . . . .					
From Form 1098 import . . . . .					
Total mort insur qual . . . . .					
<b>b</b> Other Insurance . . . . .					
<b>10</b> Legal & other prof fees . . . . .					
<b>11</b> Management fees . . . . .	770.		770.		
<b>12 a</b> Mortgage int qualified . . . . .					
From Form 1098 import . . . . .					
Total mort int qualified . . . . .					
<b>b</b> Mort int other . . . . .					
From Form 1098 import . . . . .					
Total mort int other . . . . .					
<b>13</b> Other interest . . . . .	596.		596.		
<b>14</b> Repairs . . . . .	792.		792.		
<b>15</b> Supplies . . . . .					
<b>16 a</b> Real estate taxes . . . . .					
From Form 1098 import . . . . .					
Total real estate taxes . . . . .					
<b>b</b> Other taxes . . . . .	3,637.		3,637.		
<b>17</b> Utilities . . . . .					
<b>18 a</b> Depreciation . . . . .	7,924.		7,924.		
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>19</b> Other expenses . . . . .					
<b>a</b> ASSOCIATION FEE . . . . .	1,536.		1,536.		
<b>b</b> RENTAL COMMISSION . . . . .	1,200.		1,200.		
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp . . . . .					
<b>f</b> Operating exp carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19 . . . . .	16,585.		16,585.		
<b>21</b> Income or (loss) . . . . .			6,590.		
<b>22</b> Deductible rental real estate loss . . . . .			-15,612.		



▶ Keep for your records

Partner's Name AFTAB A KHAN	Social Security Number 216-23-9829
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**Part I Information About the Partnership**

- A Partnership's Employer Identification Number . . . . . 76-0568219
- B Partnership's Name . . . . . ENTERPRISE PRODUCTS PARTNERS, L.P.  
Address . . . . . PO BOX 4018  
City, State, and ZIP Code . . . . . HOUSTON TX 77210
- C IRS Center where partnership filed return . . . . .
- D  Check if this is a publicly traded partnership (PTP)  
 Check if foreign partnership

**Part II Information About the Partner**

- Partner is Taxpayer . . .  Spouse . . .  Joint . . .
- G  General Partner or LLC manager  Limited Partner or other LLC member
- 2  If the partner is a disregarded entity (DE), enter the partner's:  
TIN . . . . . Name . . . . .
- 2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here . . . . .   
All investment in partnership is at-risk . . . . .   
Some investment in partnership is **not** at-risk . . . . .

**Final / Amended Final K-1 and Amended K-1 Checkboxes**

- Final K-1  
Check applicable box(es):  
 Partnership was discontinued during 2023  
 Partner sold or otherwise disposed of entire interest in the partnership in 2023  
 Partner sold a portion of interest in partnership in 2023
- Amended K-1

**Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items**

- 1 Ordinary business income (loss) . . . . . -945.  
Check if "materially" participated in the business activities . . . . .   
Check if "working interest" in oil or gas well . . . . .
- 2 Net rental real estate income (loss) . . . . .  
Check if "materially" participated in rental real estate activities . . . . .   
Check if "actively" participated in rental real estate activities . . . . .   
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental real estate activity is a trade or business . . . . .
- 3 Other net rental income (loss) . . . . .  
Check if rental of property is a type subject to recharacterization rules . . . . .   
Check if rental activity is a trade or business . . . . .
- 4 a Guaranteed payments for services . . . . .  
b Guaranteed payments for capital . . . . .  
c Total guaranteed payments . . . . .
- 5 Interest income . . . . . 0.  
Interest income from U.S. obligations included in box 5 . . . . .
- 6 a Ordinary dividends . . . . . 0.  
b Qualified dividends . . . . . 0.  
c Dividend equivalents . . . . . 0.  
Interest income from U.S. obligations included in box 6 . . . . .
- 7 Royalties . . . . .  
**Double-click** to link royalties to Schedule E Worksheet . . . . . ▶

Partnership Name ENTERPRISE PRODUCTS PARTNERS, L.P.

**Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items (continued)**

<b>8</b>	Net short-term capital gain (loss) . . . . .	_____
<b>9 a</b>	Net long-term capital gain (loss) . . . . .	0.
<b>9 b</b>	Collectibles (28%) gain (loss) . . . . .	_____
<b>9 c</b>	Unrecaptured section 1250 gain . . . . .	_____
<b>10</b>	Net section 1231 gain (loss) . . . . .	-7.

<b>11</b>	Other income (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____

<b>12</b>	Section 179 deduction . . . . .	
<b>13</b>	Other deductions	
	Code Description	Amount
	A Cash contributions (60%)	0.
	K Excess business interest expense *	0.

\* Not provided for in program. Manually enter on appropriate tax form.

<b>14</b>	Self-employment earnings (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____

<b>15</b>	Credits & credit recapture	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____

**16** Foreign transactions  
 Schedule K-3 is attached if checked . . . . .

<b>17</b>	Alternative minimum tax (AMT) items	
	Code Description	Amount
	A Post-1986 depreciation adjustment	11.
	_____	_____
	_____	_____

<b>18</b>	Tax-exempt income and nondeductible expenses	
	Code Description	Amount
	C Nondeductible expenses	2.
	_____	_____
	_____	_____

<b>19</b>	Distributions	
	Code Description	Amount
	A Cash and marketable securities	1,095.
	_____	_____
	_____	_____

<b>20</b>	Other information	
	Code Description	Amount
	A Investment income	0.
	V Unrelated business taxable income ***	-949.
	N Business interest expense	325.
	_____	_____

\*\*\* Not applicable to individual tax returns.

<b>21</b>	Foreign taxes paid or accrued . . . . .	
	_____	_____

Partnership Name ENTERPRISE PRODUCTS PARTNERS, L.P.

**Section A** Passive Activity Adjustment to Income or Loss – For Regular Tax Purposes

Activity net income (loss) . . . . . -952. Classification . . . . . Passive-PTP

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
<b>1 Ordinary income (loss) for Schedule E:</b>				
a Ordinary income (loss) pass through . . . . .	-945.		0.	-945.
b Section 179 expense . . . . .				
c Section 59(e)(2) expense . . . . .				
d Unreimbursed expenses . . . . .				
e Depletion expense . . . . .				
f Interest expense . . . . .				
g Total . . . . .	-945.		0.	-945.
<b>2 Ordinary income (loss) for Form 1040:</b>				
a Ordinary income from recoveries . . . . .				
b Cancellation of debt income . . . . .				
c Total . . . . .				
<b>3 Total ordinary income (loss) Add 1g, 2c.</b>	-945.		0.	-945.
<b>4 Commercial revitalization deduction:</b>				
a Commercial revitalization deduction . . . . .				
b Memo: Net to Sch E. Line 1g less 4a. . . . .	-945.		0.	-945.
<b>5 Short-term capital gain (loss) for Sch D:</b>				
a Non-portfolio capital gain (loss) . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>6 Long-term capital gain (loss) for Sch D:</b>				
a Non-portfolio capital gain (loss) . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>7 Section 1231 gain (loss) for Form 4797:</b>				
a Section 1231 gain (loss) pass through . . . . .	-7.		0.	-7.
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Total . . . . .	-7.		0.	-7.
<b>8 Ordinary gain (loss) for Form 4797:</b>				
a Ordinary gain (loss) pass through . . . . .				
b Installment sales . . . . .				
c Sale of assets . . . . .				
d Sale of partnership interest . . . . .				
e Total . . . . .				
<b>9 Total</b> Combine lines 3,4a,5e,6e,7d,8e. . . . .	-952.		0.	-952.



Partnership Name ENTERPRISE PRODUCTS PARTNERS, L.P.

**Section B** Passive Activity Adjustment to Income or Loss – Alternative Minimum Tax Purposes

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From Prior Year <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for Current Year
<b>1 Ordinary income (loss) for Schedule E:</b>				
<b>a</b> Ordinary income (loss) pass through . . . . .	-934 .		0 .	-934 .
<b>b</b> Section 179 expense . . . . .				
<b>c</b> Section 59(e)(2) expense . . . . .				
<b>d</b> Unreimbursed expenses . . . . .				
<b>e</b> Depletion expense . . . . .				
<b>f</b> Interest expense . . . . .				
<b>g</b> Total . . . . .	-934 .		0 .	-934 .
<b>2 Ordinary income (loss) for Form 1040:</b>				
<b>a</b> Ordinary income from recoveries . . . . .				
<b>b</b> Cancellation of debt income . . . . .				
<b>c</b> Total . . . . .				
<b>3 Total ordinary income (loss) Add 1g, 2c.</b>	-934 .		0 .	-934 .
<b>4 Commercial revitalization deduction:</b>				
<b>a</b> Commercial revitalization deduction . . . . .				
<b>b</b> Memo: Net to Sch E. Line 1g less 4a. . . . .	-934 .		0 .	-934 .
<b>5 Short-term capital gain (loss) for Sch D:</b>				
<b>a</b> Non-portfolio capital gain (loss) . . . . .				
<b>b</b> Installment sales . . . . .				
<b>c</b> Sale of assets . . . . .				
<b>d</b> Sale of partnership interest . . . . .				
<b>e</b> Total . . . . .				
<b>6 Long-term capital gain (loss) for Sch D:</b>				
<b>a</b> Non-portfolio capital gain (loss) . . . . .				
<b>b</b> Installment sales . . . . .				
<b>c</b> Sale of assets . . . . .				
<b>d</b> Sale of partnership interest . . . . .				
<b>e</b> Total . . . . .				
<b>7 Section 1231 gain (loss) for Form 4797:</b>				
<b>a</b> Section 1231 gain (loss) pass through . . . . .	-7 .		0 .	-7 .
<b>b</b> Installment sales . . . . .				
<b>c</b> Sale of assets . . . . .				
<b>d</b> Total . . . . .	-7 .		0 .	-7 .
<b>8 Ordinary gain (loss) for Form 4797:</b>				
<b>a</b> Ordinary gain (loss) pass through . . . . .				
<b>b</b> Installment sales . . . . .				
<b>c</b> Sale of assets . . . . .				
<b>d</b> Sale of partnership interest . . . . .				
<b>e</b> Total . . . . .				
<b>9 Total</b> Combine lines 3,4a,5e,6e,7d,8e. . . . .	-941 .		0 .	-941 .



Section D1 Qualified Business Income Deduction - Statement A Information

Enter information below from "Statement A - QBI Pass Through Entity Reporting"
IMPORTANT: If the statement reports information from more than one trade or business, please enter each activity on a separate K-1 entry worksheet.

Trade or Business:
EIN:
[X] PTP
Aggregated
SSTB
Shareholder's share of QBI or qualified PTP items subject to shareholder-specific determinations:
Ordinary business income (loss)
Rental income (loss)
Royalty income (loss)
Section 1231 gain (loss)
Other income (loss)
Total Ordinary 4797 gain (loss) included in amount(s) above
Section 179 deduction
Other deductions
W-2 wages
UBIA of qualified property
Section 199A dividends

Section D2 Qualified Business Income Deduction Info

A Does this K-1 include a Section 199A business? [ ] Yes [X] No
B Trade or Business Name
C Trade or Business ID Number
D 1 Is this a Specified Service Trade or Business (SSTB)? [ ] Yes [ ] No
2 If No, is income attributable to a SSTB? (see help) [ ] Yes [ ] No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)
4 Percentage of qualified income attributable to SSTB
E 1 Starting business income
2 Adjustments
a Section 179 expenses
b Reduced Sec 179 expenses, if deduction is limited
c RESERVED
d Total unreimbursed partnership expenses (UPE)
e UPE related to qualified business income
f Other adjustments to business income
g Total allowable QBI sec 179 expenses and other adjustments
3 Qualified business income
4 a Calculated QBI allowed after passive/at-risk limits
b Adjustments to allowed QBI
c Allowable QBI after loss limits
5 Self employed deductions connected to this business
a Self employed earnings from QBI
b RESERVED
c Total deduction for 1/2 self employment tax
d Deduction for 1/2 S.E. tax connected to this business
e Total deduction for S.E. retirement contributions
f S.E. retirement deduction connected to this business
f Total self employed deductions connected to this business
6 Partnership profit (loss) after S.E. deductions
7 Additional deductions related to this business reported on separate schedules
8 Net profit (loss) after adjustments, limitations, and deductions
9 Allowable QBI allocated to SSTB
10 Allowable QBI from this business
F 1 Short term gain (loss) from qualified business assets (not included in Row E)



**Carryovers to 2023 Additional Info for Section 199A Deduction**

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

		Percentage of SSTB income (by category) <i>Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)</i>			
		Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018	.....	_____	_____	_____	_____
2019	.....	_____	_____	_____	_____
2020	.....	_____	_____	_____	_____
2021	.....	_____	_____	_____	_____
2022	.....	_____	_____	_____	_____

		Regular Tax	QBI
<b>Disallowed Section 179 Deduction by Year</b>			
<b>Before 2018</b>	<b>A</b> Section 179 carryover	_____	_____
<b>2018</b>	<b>B</b> Section 179 carryover	_____	_____
<b>2019</b>	<b>C</b> Section 179 carryover	_____	_____
<b>2020</b>	<b>D</b> Section 179 carryover	_____	_____
<b>2021</b>	<b>E</b> Section 179 carryover	_____	_____
<b>2022</b>	<b>F</b> Section 179 carryover	_____	_____
<b>Disallowed At-Risk Losses by Year and Type</b>			
<b>Before 2018</b>	<b>A</b> Operating loss	_____	_____
	<b>B</b> Form 4797 ordinary loss	_____	_____
	<b>C</b> Form 4797 long-term loss	_____	_____
<b>2018</b>	<b>D</b> Operating loss	_____	_____
	<b>E</b> Form 4797 ordinary loss	_____	_____
	<b>F</b> Form 4797 long-term loss	_____	_____
<b>2019</b>	<b>G</b> Operating loss	_____	_____
	<b>H</b> Form 4797 ordinary loss	_____	_____
	<b>I</b> Form 4797 long-term loss	_____	_____
<b>2020</b>	<b>J</b> Operating loss	_____	_____
	<b>K</b> Form 4797 ordinary loss	_____	_____
	<b>L</b> Form 4797 long-term loss	_____	_____
<b>2021</b>	<b>M</b> Operating loss	_____	_____
	<b>N</b> Form 4797 ordinary loss	_____	_____
	<b>O</b> Form 4797 long-term loss	_____	_____
<b>2022</b>	<b>P</b> Operating loss	_____	_____
	<b>Q</b> Form 4797 ordinary loss	_____	_____
	<b>R</b> Form 4797 long-term loss	_____	_____
<b>Disallowed Passive Losses by Year and Type</b>			
<b>Before 2018</b>	<b>A</b> Operating loss	_____	_____
	<b>B</b> Form 4797 ordinary loss	_____	_____
	<b>C</b> Form 4797 long-term loss	_____	_____
<b>2018</b>	<b>D</b> Operating loss	_____	_____
	<b>E</b> Form 4797 ordinary loss	_____	_____
	<b>F</b> Form 4797 long-term loss	_____	_____
<b>2019</b>	<b>G</b> Operating loss	_____	_____
	<b>H</b> Form 4797 ordinary loss	_____	_____
	<b>I</b> Form 4797 long-term loss	_____	_____
<b>2020</b>	<b>J</b> Operating loss	_____	_____
	<b>K</b> Form 4797 ordinary loss	_____	_____
	<b>L</b> Form 4797 long-term loss	_____	_____
<b>2021</b>	<b>M</b> Operating loss	_____	_____
	<b>N</b> Form 4797 ordinary loss	_____	_____
	<b>O</b> Form 4797 long-term loss	_____	_____
<b>2022</b>	<b>P</b> Operating loss	_____	_____
	<b>Q</b> Form 4797 ordinary loss	_____	_____
	<b>R</b> Form 4797 long-term loss	_____	_____

# Schedule SE Adjustments Worksheet

**2023**

▶ Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
---	---------------------------------------

	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the Long Schedule SE . . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . . . .		
<b>C</b> <b>QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I</b> <b>Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code AQ . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II</b> <b>Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .	14,628.	
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 1h . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d</b> <b>QuickZoom</b> to the Explanation statement for entry on line 5c . . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .	14,628.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . . . .		
<b>Part III</b> <b>Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . . . . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV</b> <b>Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		

# Federal Carryover Worksheet

**2023**

▶ Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
---	---------------------------------------

**2022 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2022 State Extension Information**

(a) State	(b) Paid With Extension

**2022 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2022 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2022 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2022 State Taxes Due Information**

(a) State	(e) Paid With Return

**2022 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2022 State Refund Applied Information**

(a) State	(g) Applied Amount

**2022 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2022 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2022 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2022	2023
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4). . . . .		
3	Itemized deductions . . . . .		671.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		58,339.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		2,067.
7	Alternative minimum tax. . . . .		0.
8	Federal overpayment applied to next year estimated tax. . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31. . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31. . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2022	2023
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss. . . . .	0.	
b	AMT Short-term capital loss . . . . .	0.	
13 a	Long-term capital loss . . . . .	5,492.	
b	AMT Long-term capital loss. . . . .	5,492.	
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:		
	a 2023. . . . .		
	b 2022. . . . .		
	c 2021. . . . .		
	d 2020. . . . .		
	e 2019. . . . .		
	f 2018. . . . .		
17	AMT Nonrecap'd net Sec 1231 losses from:		
	a 2023. . . . .		
	b 2022. . . . .		
	c 2021. . . . .		
	d 2020. . . . .		
	e 2019. . . . .		
	f 2018. . . . .		

Credit Carryovers		2022	2023
18	General business credit . . . . .		
19	Adoption credit from:		
	a 2023 . . . . .		
	b 2022 . . . . .		
	c 2021 . . . . .		
	d 2020 . . . . .		
	e 2019 . . . . .		
	f 2018 . . . . .		
20	Mortgage interest credit from:		
	a 2023 . . . . .		
	b 2022 . . . . .		
	c 2021 . . . . .		
	d 2020 . . . . .		
21	Credit for prior year minimum tax. . . . .		
22	District of Columbia first-time homebuyer credit. . . . .		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit . . . . .		



► Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
---	---------------------------------------

Description	Amount
<b>Income</b>	
Wages . . . . .	
Interest income before Series EE bond exclusion . . . . .	801.
Dividend income . . . . .	48,264.
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	14,628.
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	0.
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	0.
Capital gains and losses . . . . .	5,113.
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income . . . . .</b>	<b>68,806.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments . . . . .</b>	
<b>Modified adjusted gross income . . . . .</b>	<b>68,806.</b>









## Schedule E Two-Year Comparison

**2023**

▶ Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
---	---------------------------------------

Property Location  
3132 ANTRIM CIRCLE, DUMFRIES, VA 22026

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet.

	2022	2022 Percent of Income*	2023	2023 Percent of Income*	2022 to 2023 Comparison	
					<input checked="" type="checkbox"/> as amount	<input type="checkbox"/> as percent
<b>Income:</b>						
<b>1</b> Rental income . . . . .			30,000.	100.00		30000.00
<b>2</b> Royalty income. . . . .						
<b>Expenses:</b>						
<b>3</b> Advertising . . . . .						
<b>4</b> Auto. . . . .						
<b>5</b> Travel . . . . .			113.	0.38		113.00
<b>6</b> Cleaning & maintenance						
<b>7</b> Commissions. . . . .						
<b>8</b> Insurance:						
<b>a</b> Mortgage Insur qualified.						
<b>b</b> Other insurance . . . . .						
<b>9</b> Legal & professional. . .						
<b>10</b> Management fees . . . .			840.	2.80		840.00
<b>11</b> Mortgage interest:						
<b>a</b> Qualified . . . . .						
<b>b</b> Other . . . . .						
<b>12</b> Other interest. . . . .			611.	2.04		611.00
<b>13</b> Repairs . . . . .			490.	1.63		490.00
<b>14</b> Supplies . . . . .						
<b>15 a</b> Real estate taxes . . . .						
<b>b</b> Other taxes . . . . .			3,652.	12.17		3652.00
<b>16</b> Utilities . . . . .						
<b>17 a</b> Depreciation . . . . .			7,658.	25.53		7658.00
<b>b</b> Depletion . . . . .						
<b>c</b> Depreciation carryover .						
<b>18 a</b> Other expenses . . . . .			1,536.	5.12		1536.00
<b>b</b> Indirect operating exp . .						
<b>c</b> Operating exp carryover.						
<b>d</b> Vehicle rental. . . . .						
<b>e</b> Amortization . . . . .						
<b>19</b> Total expenses. . . . .			14,900.	49.67		14900.00
<b>20</b> <b>Income or (loss)</b> . . . .			15,100.	50.33		15100.00
<b>21</b> <b>Deductible rental loss</b> .			-15,511.			-15511.00
<b>Passive suspended losses:</b>						
Schedule E . . . . .	-15,511.					15511.00
Form 4797. . . . .						
Schedule D . . . . .						

\*Lines 1 through 20 as a percentage of income.

## Schedule E Two-Year Comparison

**2023**

▶ Keep for your records

Name(s) Shown on Return AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
---	---------------------------------------

Property Location  
17366 SLIGO LOOP, WOODBRIDGE, VA 22026

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet.

	2022	2022 Percent of Income*	2023	2023 Percent of Income*	2022 to 2023 Comparison	
					<input checked="" type="checkbox"/> as amount	<input type="checkbox"/> as percent
<b>Income:</b>						
<b>1</b> Rental income . . . . .			23,175.	100.00		23175.00
<b>2</b> Royalty income. . . . .						
<b>Expenses:</b>						
<b>3</b> Advertising . . . . .						
<b>4</b> Auto. . . . .						
<b>5</b> Travel . . . . .						
<b>6</b> Cleaning & maintenance			130.	0.56		130.00
<b>7</b> Commissions. . . . .						
<b>8</b> Insurance:						
<b>a</b> Mortgage Insur qualified.						
<b>b</b> Other insurance . . . . .						
<b>9</b> Legal & professional. . .						
<b>10</b> Management fees . . . .			770.	3.32		770.00
<b>11</b> Mortgage interest:						
<b>a</b> Qualified . . . . .						
<b>b</b> Other . . . . .						
<b>12</b> Other interest. . . . .			596.	2.57		596.00
<b>13</b> Repairs . . . . .			792.	3.42		792.00
<b>14</b> Supplies . . . . .						
<b>15 a</b> Real estate taxes . . . .						
<b>b</b> Other taxes . . . . .			3,637.	15.69		3637.00
<b>16</b> Utilities . . . . .						
<b>17 a</b> Depreciation . . . . .			7,924.	34.19		7924.00
<b>b</b> Depletion . . . . .						
<b>c</b> Depreciation carryover .						
<b>18 a</b> Other expenses . . . . .			2,736.	11.81		2736.00
<b>b</b> Indirect operating exp . .						
<b>c</b> Operating exp carryover.						
<b>d</b> Vehicle rental. . . . .						
<b>e</b> Amortization . . . . .						
<b>19</b> Total expenses. . . . .			16,585.	71.56		16585.00
<b>20</b> <b>Income or (loss)</b> . . . .			6,590.	28.44		6590.00
<b>21</b> <b>Deductible rental loss</b> .			-15,612.			-15612.00
<b>Passive suspended losses:</b>						
Schedule E . . . . .	-15,612.					15612.00
Form 4797. . . . .						
Schedule D . . . . .						

\*Lines 1 through 20 as a percentage of income.

## Additional Information From 2023 Federal Tax Return

### Schedule C (REVIEW SERVICES): Profit or Loss from Business

Line 23

Itemization Statement

Description	Amount
PROPERTY TAXES	1,554.72
<b>Total</b>	<b>1,554.72</b>

### Schedule C (REVIEW SERVICES): Profit or Loss from Business

Line 15

Itemization Statement

Description	Amount
HOME OWNER INSURANCE	337.92
<b>Total</b>	<b>337.92</b>

### Schedule C (REVIEW SERVICES): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
ELECTRICITY BILL	230.50
INTERNET BILL	114.69
GAS BILL	134.24
WATER BILL	227.07
MOBILE BILL	72.
<b>Total</b>	<b>778.50</b>

### Schedule E: Supplemental Income and Loss

Income Or Loss From Rental Real Estate And Royalties (1) -- Line

19 Other Expenses: Property

Continuation Statement

Expense Description	Amount
ASSOCIATION FEE	1,536.
<b>Total</b>	<b>1,536.</b>

### Schedule E: Supplemental Income and Loss

Income Or Loss From Rental Real Estate And Royalties (2) -- Line

19 Other Expenses: Property

Continuation Statement

Expense Description	Amount
ASSOCIATION FEE	1,536.
RENTAL COMISSION	1,200.
<b>Total</b>	<b>2,736.</b>



— Cut Here —

**Form 760-PMT 2023 Tax Due Return Payment Coupon**

(DOC ID 761

**No Staples Please\***

**To Be Used For Payments On Previously  
Filed 2022 Individual Income Tax Returns Only**

Your Social Security Number

Spouse's Social Security Number

216239829

216237956

2162398299 7611555 123005

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

AFTAB A KHAN

SEEMI A KHAN

2394 SCUPPERS LANE

WOODBIDGE

VA 22191

Amount of  
Payment ➡

**1758.00**

Daytime Phone Number: 571-552-6166

REV 03/05/24 PRO



AFTAB A KHAN  
SEEMI A KHAN  
2394 SCUPPERS LANE

WOODBIDGE VA 22191

SSN - You	┌	KHAN	216239829	Vendor ID	1555	XXXXXX	┐
SSN - Spouse		KHAN	216237956				
Fed Adj Gross Income (FAGI)	1.		58339.	Withholding (VA) - You		19A.	
Additions	2.			Withholding (VA) - Spouse		19B.	
Subtotal	3.		58339.	Estimated Payments		20.	
Age Deduction - You	4A.			2022 Overpayment		21.	
Age Deduction - Spouse	4B.			Extension Payments		22.	
Soc Sec & Tier 1 Railroad	5.			Credit - Low-Income or EIC		23.	
State Income Tax Overpayment	6.			Credit - Schedule OSC		24.	
Subtractions	7.			Credits - Schedule CR		25.	
Subtotal Subtractions	8.			Total Payments / Credits		26.	
Total VA Adj Gross Income (VAGI)	9.		58339.	Tax You Owe		27.	1758.
Itemized Deductions - VA Sch A	10.			Tax Overpayment		28.	
Standard Deduction	11.		16000.	Overpayment Credited to Next Year		29.	
Exemptions	12.		2790.	VAC - Virginia 529 / ABLE		30.	
Deductions	13.			VAC - Other Contributions		31.	
Subtotal (Deductions & Exemptions)	14.		18790.	Addition to Tax, Penalty & Interest		32.	
VA Taxable Income	15.		39549.	Sales and Use Tax		33.	
Amount of Tax	16.		2017.	<b>Amount You Owe</b>			1758.
Spouse Tax Adjustment (STA)	17.		259.	Will Pay by Credit/Debit Card	N		
VAGI - Spouse	17A.		29726.	<b>Your Refund</b>			
Net Amount of Tax	18.		1758.	Bank Routing #			
				Bank Account #			





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 03121962

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse 01111959

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 153

Uninsured & Authorize DMAS

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You	1	65 & Over - You
Spouse	1	65 & Over - Spouse
Dependents	1	Blind - You
Total (A)	3	Blind - Spouse
		Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date \_\_\_\_\_ Phone - You 5715526166

Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse \_\_\_\_\_

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date 041224 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02082703

GLOBAL TAXES LLC

**File by May 1, 2024**  
 Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT  
 E BRUNSWICK NJ 08816 Page 2 of 2

# 2023 Schedule FED/CG

AFTAB                    A KHAN  
SEEMI                    A KHAN  
2394 SCUPPERS LANE



WOODBIDGE

VA 22191

216239829

216237956

153

## SCHEDULE C and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.
2. Gross Receipts or Sales	17749.		
3. Depreciation/Expense Deduction			
4. Business Activity Code	516000		
5. Business Locality Code	153		
6. Car & truck expenses			
7. Inventory at end of year			
8. # of miles you used your vehicle for: <b>Business</b>			
9. # of miles you used your vehicle for: <b>Commuting</b>			
10. # of miles you used your vehicle for: <b>Other</b>			

## SCHEDULE 2106 INFORMATION

- 11. # of miles you used your vehicle for: **Business**
- 12. # of miles you used your vehicle for: **Commuting**
- 13. # of miles you used your vehicle for: **Other**
- 14. % of business use of vehicle: **Vehicle 1**
- 15. % of business use of vehicle: **Vehicle 2**

## SCHEDULE 4562 INFORMATION

- 16. Property Used more than 50% in qualified business  
Type of Property
- 17. Date placed in service
- 18. Business/Investment Use %
- 19. Cost or other basis
- 20. Depreciation Deduction
- 21. Elected Section 179 Cost
- 22. Business Locality Code



# Virginia Information Worksheet

**2023**

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . AFTAB  
 Last Name . . . . . KHAN  
 Middle Initial . . . . . A Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . 216-23-9829  
 Date of Birth . . . . . 03/12/1962  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No . . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date . . . . . \_\_\_\_\_  
 E-mail Address . . . . . AFTABKHAN01@GMAIL.COM  
 Daytime Phone . . . . . (571) 552-6166 \*   
 Home Phone . . . . . (571) 552-6166 \*

### Spouse:

First Name . . . . . SEEMI  
 Last Name . . . . . KHAN  
 Middle Initial . . . . . A Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . 216-23-7956  
 Date of Birth . . . . . 01/11/1959  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No . . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date . . . . . \_\_\_\_\_  
 E-mail Address . . . . . AFTABKHAN01@GMAIL.COM  
 Daytime Phone . . . . . (571) 552-6166 \*

\* Check a box to print daytime and/or home phone numbers on the return.

**Important** - Clients may have received a Virginia Identity PIN from the Virginia Department of Revenue (See Part IV - Other Information below)

Address . . . . . 2394 SCUPPERS LANE Apartment Number . . . . . \_\_\_\_\_  
 City . . . . . WOODBIDGE State . . . . . VA ZIP Code . . . . . 22191  
 Locality \*. . . . . Prince William City  County

\* Select a Virginia city or county you were a resident of on January 1, 2024.  
If nonresident, select a city or county where the Virginia source income was located (see help).

## Part II – Main Form

- Form 760: Resident Tax Return . . . . . ▶
- Form 760PY: Part-Year Resident Tax Return . . . . . ▶
- Form 763: Nonresident Tax Return . . . . . ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld . . . . . Taxpayer ▶  
Spouse ▶

### Nonresident

• Enter state of residence . . . . . \_\_\_\_\_ **Taxpayer**      \_\_\_\_\_ **Spouse**

### Part-Year Resident

- If you moved out of Virginia during 2023, enter date you moved out . . . . . \_\_\_\_\_
- If you moved into Virginia during 2023, enter date you moved in . . . . . \_\_\_\_\_
- Choose the state from where you moved from or move to . . . . . \_\_\_\_\_
- Part-year residency ratio . . . . . \_\_\_\_\_

## Part III – Filing Status

### Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

### Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

### Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

### Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

## Part IV – Other Information

### Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at [www.tax.virginia.gov](http://www.tax.virginia.gov)
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Are you self-employed in farming/fishing or a merchant seaman? Return will be filed and tax due will be paid by March 1, 2024

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2023 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food and personal hygiene products purchased. Enter total cost of general merchandise items purchased. Check this box if home is in Northern Virginia, Hampton Roads or Central Virginia regions affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%).

Mandatory Electronic Payments

- Are you required to make Virginia tax payments electronically? Force print all payment vouchers even if required to pay electronically

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income. Enter last year's deductions. Enter last year's nonrefundable credits. Enter last year's total tax liability before credits. Enter last year's spouse tax adjustment credit (if you filed Form 760 last year).

Health Care Coverage Contact Information

If you are uninsured and would like to authorize the Department of Taxation to disclose certain information to the Department of Medical Assistance Services (DMAS) for purposes of enrolling in medical assistance, check this box and complete Schedule HCl. QuickZoom to Schedule HCl, Health Care Information Schedule

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and/or file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to Virginia Tax.

- The state return will be filed electronically. You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Date return was EFiled. Date return was accepted by the state. Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

- Do you want to elect direct deposit of state tax refund? Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)? Note: Electronic funds withdrawal occurs upon acceptance date. Do you want to pay the amount you owe by credit/debit card? Note: Payment occurs upon acceptance date

International ACH Transactions: Will the fund go to or originate from an account outside the U.S.? Virginia does not currently support International ACH transactions. If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below: Name of Financial Institution (optional) - BANK OF AMERICA

Check the appropriate box: Checking Savings. Routing number: 011400495. Account number: 000571610088

Enter the date to withdraw from the account above (Caution: See help for date to enter). State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet - 01

- I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

- Has the tax return due date been extended for a six month extension?

Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 760-IP Automatic Extension Payment . . . . . ▶

AFTAB A & SEEMI A KHAN

216-23-9829

**Part IX – Amended Return**

You are filing a Virginia amended return

\_\_\_\_ Reason you are filing a Virginia amended return

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment . . . . . ▶

**QuickZoom** to Form 760 . . . . . ▶

**QuickZoom** to Form 760PY . . . . . ▶

**QuickZoom** to Form 763 . . . . . ▶

**QuickZoom** to Form 763S (Taxpayer) . . . . . ▶

**QuickZoom** to Form 763S (Spouse) . . . . . ▶



# Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

**2023**

▶ Keep for your records

Name AFTAB A & SEEMI A KHAN	Social Security Number 216-23-9829
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<b>Part 1 – Separate Income and Exemptions</b>	<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b> Federal adjusted gross income . . . . .	28,613.	29,726.
<b>2</b> Additions:		
<b>a</b> Conformity additions . . . . .		
<b>b</b> Interest and obligations of other states . . . . .		
<b>c</b> Other additions . . . . .		
<b>d</b> Total additions. Add lines 2a, 2b and 2c . . . . .		
<b>3</b> Subtotal. Add lines 1 and 2d . . . . .	28,613.	29,726.
<b>4</b> Age Deduction . . . . .		
<b>5</b> Social Security Act and Tier 1 Railroad Retirement Act Benefits . . . . .		
<b>6</b> State income tax refund or overpayment credit reported as income on your federal return . . . . .		
<b>7</b> Other subtractions:		
<b>a</b> Conformity subtractions . . . . .		
<b>b</b> Income from obligations or securities of the United States . . . . .		
<b>c</b> Disability income reported as wages . . . . .		
<b>d</b> Other subtractions . . . . .		
<b>e</b> Add lines 7a through 7d . . . . .		
<b>8</b> Total subtractions. Add lines 4, 5, 6 and 7e . . . . .		
<b>9</b> <b>Virginia Adjusted Gross Income (VAGI)</b> . Subtract line 8 from line 3. Enter here and Spouse amount on Form 760, line 17a . . . . .	28,613.	29,726.
<b>10</b> Personal exemptions:		
You   \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = <u>0</u> x \$800 =	930.	
Spouse \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = <u>0</u> x \$800 =		930.
<b>11</b> Subtract line 10 from line 9. <b>If either amount is 0 or less, STOP;</b> you do not qualify for this credit. . . . .	27,683.	28,796.

**Part 2 – Virginia Taxable Income Allocation**

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

<b>12</b> Standard or itemized deduction amount . . . . .	16,000.	
<b>13 a</b> Enter number of dependents to allocate to each spouse . . . . .	1	
<b>b</b> Dependent exemptions: \$930 x number of dependents on line 13a . . . . .	930.	
<b>14</b> Deductions from VAGI . . . . .		
<b>15</b> <b>Virginia Taxable Income</b> . Line 11 minus lines 12, 13b and 14 . . . . .	10,753.	28,796.

**Part 3 – Spouse Tax Adjustment**

<b>16</b> Enter the taxable income from line 15 of Form 760 . . . . .	39,549.
<b>17</b> Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit . . . . .	27,683.
<b>18</b> Subtract line 17 from line 16 (if \$0 or less, enter \$0) . . . . .	
<b>19</b> Divide the amount on line 16 by 2 . . . . .	
<b>20</b> Enter the tax on the <b>smaller</b> of line 17 or line 19 . . . . .	
<b>21</b> Enter the tax on the <b>larger</b> of line 18 or line 19 . . . . .	
<b>22</b> Add lines 20 and 21 . . . . .	
<b>23</b> Enter the tax from line 16 of Form 760 . . . . .	
<b>24</b> <b>Tax Adjustment:</b> Subtract line 22 from line 23. <i>Also enter on Form 760, line 17</i> . . . . .	259.

# Taxpayer/Spouse Allocation Worksheet

**2023**

▶ Keep for your records

Name AFTAB A & SEEMI A KHAN	Social Security No. 216-23-9829
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<b>Part 1 – Income and Adjustments</b>	<b>Column A Taxpayer</b>	<b>Column B Spouse</b>
1 Wages, salaries, tips, etc . . . . .		
2 Taxable interest income . . . . .	510.	291.
3 Dividend income . . . . .	24,132.	24,132.
4 Taxable refunds, credits or offsets of state and local income taxes . .		
5 Alimony received . . . . .		
6 Business income or (loss). . . . .	14,628.	
7 Capital gain or (loss). . . . .	-190.	5,303.
8 Other gains or (losses) . . . . .		
9 Taxable amount of IRA distributions . . . . .		
10 Taxable amount of pensions and annuities . . . . .		
11 Rents, royalties, partnerships, estates, trusts . . . . .	-9,433.	
12 Farm income or (loss) . . . . .		
13 Unemployment compensation . . . . .		
14 Taxable social security benefits . . . . .		
15 Other income . . . . .		
16 <b>Total income</b> (add lines 1 through 15) . . . . .	29,647.	29,726.
17 Educator expenses . . . . .		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction . . . . .		
20 Moving expenses . . . . .		
21 Deductible part of self-employment tax . . . . .	1,034.	
22 Self-employed SEP, SIMPLE, and qualified plans . . . . .		
23 Self-employed health insurance deduction . . . . .		
24 Penalty on early withdrawal of savings. . . . .		
25 Alimony paid . . . . .		
26 IRA deduction . . . . .		
27 Student loan interest deduction . . . . .		
28 Other adjustments . . . . .		
29 <b>Total adjustments to income</b> (add lines 17 through 29) . . . . .	1,034.	
30 <b>Federal adjusted gross income</b> (line 16 minus line 30) . . . . .	28,613.	29,726.

<b>Part 2 – Conformity Adjustments</b>		
1 Other Conformity additions . . . . .		
2 Conformity subtraction . . . . .		
(above from depreciation adjustment plus any Other Additions Statement and Other Subtractions Statement manual entries)		

# Activity Worksheet

**2023**

Name as Shown on Return <u>AFTAB A &amp; SEEMI A KHAN</u>	Social Security Number <u>216-23-9829</u>
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Activity Description . . . . . ENTERPRISE PRODUCTS PARTNERS, L.P.  
 Form or Worksheet Type. . . K-1P Copy number. . . 1

- A** If this activity was operated by spouse, check this box . . . . .
- B** If this activity was operated jointly by taxpayer and spouse, check this box . . . . .
- C** Check this box if you completely disposed of the property in the current year . . . . .
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) . . . . .
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) . . . . .
- F** Did you materially participate in this activity? (Not for K-1's) . . . . . Yes  No
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) . . . . .
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) . . . . .
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) . . . . .

**If this is a Schedule E, check the appropriate boxes:**

- J** Rental property . . . . .
- K** Royalty property . . . . .
- L** Commercial property . . . . .
- M** Other passive exceptions . . . . .

**If this is a K-1, check the appropriate boxes:**

- N** This is a K-1 with ordinary income with material participation . . . . .
- O** This is a K-1 with rental real estate with material participation . . . . .
- P** This is a publicly traded partnership . . . . .
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 . . . . .
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) . . . . .

**S** At-risk status . . . . . All At-Risk  
**T** Passive status . . . . . Passive-PTP

**Part I - Section 179 Adjustments**

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

**Part II - Regular Income/Loss**

	Income/Loss
<b>1</b> Federal income/loss . . . . .	-945.
<b>2</b> Adjustments:	
<b>a</b> Special Depreciation Allowance (Bonus Depreciation) . . . . .	
<b>b</b> Other depreciation adjustment(s) . . . . .	
<b>c</b> Section 179 adjustment . . . . .	
<b>d</b> Other adjustments . . . . .	
<b>3</b> Total . . . . .	-945.
<b>4</b> At-Risk adjustment. . . . . <b>a</b> Adjust amount . . . . . <b>b</b>	
<b>5</b> Total . . . . .	-945.
<b>6</b> Passive carryover loss . . . . .	
<b>7</b> Passive disallowed loss (carryover to next year) . . . . .	-945.
<b>8</b> Net profit or (loss) allowed . . . . .	0.
<b>9</b> Net federal profit or (loss) allowed . . . . .	0.
<b>10</b> Federal/State adjustment . . . . .	0.

Activity Description . . . . . ENTERPRISE PRODUCTS PARTNERS, L.P.

<b>Part III - Schedule K-1 Partnership and S Corporations</b>		<b>Section 179 Expense</b>	<b>Misc Income</b>	<b>Commercial Revitalization</b>	
<b>1</b>	Federal income/loss . . . . .				
<b>2</b>	Adjustments . . . . .				
<b>3</b>	Total . . . . .				
<b>4 a</b>	At-Risk adjustment amount . . . . .				
<b>b</b>	At-Risk adjustment. . . . .				
<b>5</b>	Total . . . . .				
<b>6</b>	Passive carryover loss . . . . .				
<b>7</b>	Passive disallowed loss (carryover to next year) . . . . .				
<b>8</b>	Net profit or (loss) allowed . . . . .				
<b>9</b>	Net federal profit or (loss) allowed . . . . .				
<b>10</b>	Federal/State adjustment . . . . .				
<b>Part IV - Dispositions</b>		<b>Schedule D Short-Term</b>	<b>Schedule D Long-Term</b>	<b>Form 4797 Short-Term</b>	<b>Form 4797 Long-Term</b>
<b>1</b>	Federal income/loss . . . . .				-7.
<b>2</b>	Adjustments:				
<b>a</b>	Adjustments transferred from the federal return . . . . .				
<b>b</b>	Other adjustments . . . . .				
<b>c</b>	Total adjustments . . . . .				
<b>3</b>	Total . . . . .				-7.
<b>4 a</b>	At-Risk adjustment amount . . . . .				
<b>b</b>	At-Risk adjustment. . . . .				
<b>5</b>	Total . . . . .				-7.
<b>6</b>	Passive carryover loss . . . . .				
<b>7</b>	Passive disallowed loss . . . . .				-7.
<b>8</b>	Net profit or (loss) allowed . . . . .				0.
<b>9</b>	Net federal profit or (loss) allowed . . . . .				0.
<b>10</b>	Federal/State adjustment . . . . .				0.

