

# 2022 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

**FOR THE YEAR ENDING**

December 31, 2022

---

**Prepared For:**

Aftab A. & Seemi A. Khan  
2394 Scuppers Ln.  
Woodbridge, VA 22191

---

**Prepared By:**

Deloitte Tax Services India Pvt. Ltd  
Deloitte Towers, Survey #41, Gachibowli  
Hyderabad, Telangana 500032  
India

---

**Amount of Tax:**

|                              |    |        |
|------------------------------|----|--------|
| Total tax                    | \$ | 20,501 |
| Less: payments and credits   | \$ | 28,507 |
| Plus: interest and penalties | \$ | 0      |
| Overpayment                  | \$ | 8,006  |

---

**Overpayment:**

|                                |    |       |
|--------------------------------|----|-------|
| Credited to your estimated tax | \$ | 0     |
| Refunded to you                | \$ | 8,006 |

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS.

---

**Return Must Be Mailed On Or Before:**

Return federal Form 8879 to us by April 18, 2023.

---

**Special Instructions:**

Your refund will be deposited directly into your account ending in 0088.

# 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) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>AFTAB A. KHAN</b> | Social security number<br>216 23 9829          |
| Spouse's name<br><b>SEEMI A. KHAN</b>   | Spouse's social security number<br>216 23 7956 |

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

Enter whole dollars only on lines 1 through 5.

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

|   |   |          |
|---|---|----------|
| 1 Adjusted gross income   | 1 | 154,143. |
| 2 Total tax   | 2 | 20,501.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 28,507.  |
| 4 Amount you want refunded to you                               | 4 | 8,006.   |
| 5 Amount you owe  | 5 |          |


**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 **DELOITTE TAX SERVICES INDIA PVT. LT** to enter or generate my PIN **7 9 8 2 9** as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

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

Your signature ▶  Date ▶ **0 4 A P R 2 0 2 3**

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

I authorize **DELOITTE TAX SERVICES INDIA PVT. LT** to enter or generate my PIN **7 7 9 5 6** as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

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 ▶ **0 4 A P R 2 0 2 3**

**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. **9 8 0 8 6 9 1 1 2 2 0**  
**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 ▶ **SYED ABDUL RAZZAK** Date ▶ **04/03/2023**

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

---

**Tax Year 2022 e-file Jurat/Disclosure  
for Form 1040 or 1040NR  
using Practitioner PIN method  
(with or without Electronic Funds Withdrawal)**

---

**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

**I am signing this Tax Return by entering my PIN below.**

ERO's PIN     98086911220  
(enter EFIN plus 5 self-selected numerics)

---

**Taxpayer Declarations**

**Perjury Statement**

**Perjury Statement (1040 and 1040NR)**

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 the taxpayer) is based on all information of which the preparer has any knowledge.

**Perjury Statement (104X)**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

**Electronic Funds Withdrawal Consent**

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 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 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.**

---

Taxpayer's PIN: 79829                      Date 04032023

Spouse's PIN: 77956

---

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including names (AFTAB A., SEEMI A.), social security numbers (216 23 9829, 216 23 7956), and home address (2394 SCUPPERS LN., WOODBRIDGE, VA 22191).

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

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

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

Dependents table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents. Entry: NAUVEERA A KHAN, 203-72-2428, DAUGHTER, [X]

Income section table with rows 1a through 15. Includes sub-rows for tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, and total income. Total taxable income: 128,147.

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

|                        |  |   |                |                |
|------------------------|--|---|----------------|----------------|
| <b>Tax and Credits</b> | <b>16</b>  | Tax (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>      | <b>20,147.</b> |
|                        | <b>17</b>  | Amount from Schedule 2, line 3  | <b>17</b>      |                |
|                        | <b>18</b>  | Add lines 16 and 17   | <b>18</b>      | <b>20,147.</b> |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812  | <b>19</b>      | <b>500.</b>    |
|                        | <b>20</b>  | Amount from Schedule 3, line 8  | <b>20</b>      | <b>290.</b>    |
|                        | <b>21</b>  | Add lines 19 and 20   | <b>21</b>      | <b>790.</b>    |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b>      | <b>19,357.</b> |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21  | <b>23</b>      | <b>1,144.</b>  |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>   | <b>20,501.</b> |                |

|                 |   |   |                |                |
|-----------------|---|---|----------------|----------------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |                |                |
|                 | <b>a</b>  | Form(s) W-2 <b>SEE STATEMENT 5</b>                              | <b>25a</b>     | <b>28,507.</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>28,507.</b> |
|                 | <b>26</b>   | 2022 estimated tax payments and amount applied from 2021 return | <b>26</b>      |                |
|                 | <b>27</b>   | Earned income credit (EIC)                                      | <b>27</b>      |                |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>      |                |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>      |                |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>      |                |
| <b>31</b>       | Amount from Schedule 3, line 15   | <b>31</b>   |                |                |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   |                |                |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   | <b>28,507.</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>8,006.</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>8,006.</b> |
|               | <b>b</b>   | Routing number <b>011400495</b> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |               |
|               | <b>d</b>   | Account number <b>000571610088</b>  |            |               |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2023 estimated tax</b> | <b>36</b>   |            |               |

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

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

Designee's name **SYED ABDUL RAZZAK** Phone no. **(678) 299-0844** Personal identification number (PIN) **11220**

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

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

|                               |                          |                          |                 |                  |  |
|-------------------------------|--------------------------|--------------------------|-----------------|------------------|--|
| <b>Paid Preparer Use Only</b> | Preparer's name          | Preparer's signature     | Date            | PTIN             | Check if: <input type="checkbox"/> Self-employed |
|                               | <b>SYED ABDUL RAZZAK</b> | <b>SYED ABDUL RAZZAK</b> | <b>04/03/23</b> | <b>P01471220</b> |  |

|                |  |            |                       |
|----------------|--|------------|-----------------------|
| Firm's name    | <b>DELOITTE TAX SERVICES INDIA PVT. LTD</b>                                      | Phone no.  | <b>(678) 299-6000</b> |
| Firm's address | <b>DELOITTE TOWERS, SURVEY #41, GACHIBOWLI HYDERABAD, TELANGANA 500032 INDIA</b> | Firm's EIN | <b>98-0432569</b>     |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2022)

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

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.

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>  |                    |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 .....   | <b>4</b>  |                    |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....   | <b>5</b>  | <b>0.</b>          |
| <b>6</b>  | Farm income or (loss). Attach Schedule F .....  | <b>6</b>  |                    |
| <b>7</b>  | Unemployment compensation .....   | <b>7</b>  |                    |
| <b>8</b>  | Other income:   |           |                    |
| <b>a</b>  | Net operating loss .....  | <b>8a</b> | ( )                |
| <b>b</b>  | Gambling .....  | <b>8b</b> |                    |
| <b>c</b>  | Cancellation of debt .....  | <b>8c</b> |                    |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 .....  | <b>8d</b> | ( <b>31,920.</b> ) |
| <b>e</b>  | Income from Form 8853 .....   | <b>8e</b> |                    |
| <b>f</b>  | Income from Form 8889 .....   | <b>8f</b> |                    |
| <b>g</b>  | Alaska Permanent Fund dividends .....   | <b>8g</b> |                    |
| <b>h</b>  | Jury duty pay .....   | <b>8h</b> |                    |
| <b>i</b>  | Prizes and awards .....   | <b>8i</b> |                    |
| <b>j</b>  | Activity not engaged in for profit income .....   | <b>8j</b> |                    |
| <b>k</b>  | Stock options .....   | <b>8k</b> |                    |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property ..... | <b>8l</b> |                    |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) .....   | <b>8m</b> |                    |
| <b>n</b>  | Section 951(a) inclusion (see instructions) .....   | <b>8n</b> |                    |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) .....  | <b>8o</b> |                    |
| <b>p</b>  | Section 461(l) excess business loss adjustment .....  | <b>8p</b> |                    |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) .....  | <b>8q</b> |                    |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 .....  | <b>8r</b> |                    |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d .....  | <b>8s</b> | ( )                |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan .....                                   | <b>8t</b> |                    |
| <b>u</b>  | Wages earned while incarcerated .....   | <b>8u</b> |                    |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> | <b>6,418.</b>      |
| <b>9</b>  | Total other income. Add lines 8a through 8z .....   | <b>9</b>  | <b>-25,502.</b>    |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 .....   | <b>10</b> | <b>-25,502.</b>    |

**SEE STATEMENT 6**

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |      |
|------------|--|------------|------|
| <b>11</b>  | Educator expenses .....  | <b>11</b>  |      |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....  | <b>12</b>  |      |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 .....   | <b>13</b>  |      |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 .....  | <b>14</b>  |      |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE .....   | <b>15</b>  | 572. |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans .....   | <b>16</b>  |      |
| <b>17</b>  | Self-employed health insurance deduction .....   | <b>17</b>  |      |
| <b>18</b>  | Penalty on early withdrawal of savings .....   | <b>18</b>  |      |
| <b>19a</b> | Alimony paid .....   | <b>19a</b> |      |
| <b>b</b>   | Recipient's SSN .....  |            |      |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): .....   |            |      |
| <b>20</b>  | IRA deduction .....  | <b>20</b>  |      |
| <b>21</b>  | Student loan interest deduction .....  | <b>21</b>  |      |
| <b>22</b>  | Reserved for future use .....  | <b>22</b>  |      |
| <b>23</b>  | Archer MSA deduction .....   | <b>23</b>  |      |
| <b>24</b>  | Other adjustments:   |            |      |
| <b>a</b>   | Jury duty pay (see instructions) .....   | <b>24a</b> |      |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit .....                                       | <b>24b</b> |      |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m .....   | <b>24c</b> |      |
| <b>d</b>   | Reforestation amortization and expenses .....  | <b>24d</b> |      |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 .....  | <b>24e</b> |      |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans .....   | <b>24f</b> |      |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans .....   | <b>24g</b> |      |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .....  | <b>24h</b> |      |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations ..... | <b>24i</b> |      |
| <b>j</b>   | Housing deduction from Form 2555 .....   | <b>24j</b> |      |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .....  | <b>24k</b> |      |
| <b>z</b>   | Other adjustments. List type and amount: .....   | <b>24z</b> |      |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z .....   | <b>25</b>  |      |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a .....   | <b>26</b>  | 572. |

**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

**2022**  
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> | <b>0.</b> |

**Part II Other Taxes**

|           |  |           |               |
|-----------|--|-----------|---------------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE .....  | <b>4</b>  | <b>1,144.</b> |
| <b>5</b>  | Social security and Medicare tax on unreported tip income.<br>Attach Form 4137 .....   | <b>5</b>  |               |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach<br>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<br>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<br>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<br>and timeshares .....                                      | <b>14</b> |               |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price<br>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)*

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

Schedule 2 (Form 1040) 2022



**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>  | <b>1,144.</b> |

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

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

OMB No. 1545-0074

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

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

**AFTAB A. & SEEMI A. KHAN**

Your social security number

**216-23-9829**

**Part I Nonrefundable Credits**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required .....                                       | <b>1</b>  | <b>290.</b> |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 ..... | <b>2</b>  |             |
| <b>3</b> | Education credits from Form 8863, line 19 .....  | <b>3</b>  |             |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 .....                              | <b>4</b>  |             |
| <b>5</b> | Residential energy credits. Attach Form 5695 .....   | <b>5</b>  |             |
| <b>6</b> | Other nonrefundable credits:   |           |             |
| <b>a</b> | General business credit. Attach Form 3800 .....  | <b>6a</b> |             |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 .....                                    | <b>6b</b> |             |
| <b>c</b> | Adoption credit. Attach Form 8839 .....  | <b>6c</b> |             |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R .....                                  | <b>6d</b> |             |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 .....                                     | <b>6e</b> |             |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 .....                               | <b>6f</b> |             |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 .....   | <b>6g</b> |             |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 .....                     | <b>6h</b> |             |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 .....                                    | <b>6i</b> |             |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 .....                   | <b>6j</b> |             |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 .....                                | <b>6k</b> |             |
| <b>l</b> | Amount on Form 8978, line 14. See instructions .....   | <b>6l</b> |             |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____                                     | <b>6z</b> |             |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z .....                             | <b>7</b>  |             |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 ..... | <b>8</b>  | <b>290.</b> |

(continued on page 2)

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

Schedule 3 (Form 1040) 2022

**Part II Other Payments and Refundable Credits**

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

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Go to [www.irs.gov/Form2210](http://www.irs.gov/Form2210) for instructions and the latest information.

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

Name(s) shown on tax return

**AFTAB A. & SEEMI A. KHAN**

Identifying number

**216-23-9829**

## Do You Have To File Form 2210?

|  |     |   |
|--|-----|---|
| Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?   | Yes | <b>Don't file Form 2210.</b> You don't owe a penalty.   |
| No   |     |   |
| Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?  | Yes | You <b>don't</b> owe a penalty. <b>Don't</b> file Form 2210 unless <b>box E</b> in Part II applies, then file page 1 of Form 2210.  |
| No   |     |   |
| You may owe a penalty. Does any box in Part II below apply?  | Yes | You <b>must</b> file Form 2210. Does box <b>B, C, or D</b> in Part II apply?  |
| No   |     |   |
| <b>Don't file Form 2210.</b> You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but <b>don't file Form 2210.</b> | No  | You <b>aren't</b> required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but <b>file only page 1 of Form 2210.</b> |
|  | Yes | You must figure your penalty.   |

### Part I Required Annual Payment

|  |   |         |
|--|---|---------|
| 1 Enter your 2022 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)            | 1 | 19,357. |
| 2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions) | 2 | 1,144.  |
| 3 Other payments and refundable credits (see instructions)   | 3 | ( )     |
| 4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210      | 4 | 20,501. |
| 5 Multiply line 4 by 90% (0.90)  | 5 | 18,451. |
| 6 Withholding taxes. <b>Don't</b> include estimated tax payments. See instructions   | 6 | 28,507. |
| 7 Subtract line 6 from line 4. If less than \$1,000, <b>stop</b> ; you don't owe a penalty. <b>Don't</b> file Form 2210                      | 7 | 0.      |
| 8 Maximum required annual payment based on prior year's tax (see instructions)   | 8 |         |
| 9 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 5 or line 8   | 9 |         |

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box E below applies.
- Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.
- If box **B, C, or D** applies, you must figure your penalty and file Form 2210.
  - If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.**

### Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

- A**  You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B**  You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C**  Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D**  Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E**  You filed or are filing a joint return for either 2021 or 2022, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

**SCHEDULE A**  
**(Form 1040)**

**DOES NOT APPLY - NOT USED**  
**Itemized Deductions**

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service

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

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

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

Your social security number

**AFTAB A. & SEEMI A. KHAN**

**216 23 9829**

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

|          |   |          |                 |           |
|----------|---|----------|-----------------|-----------|
| <b>1</b> | Medical and dental expenses (see instructions) <b>SEE STATEMENT 7</b> | <b>1</b> | <b>5,575.</b>   |           |
| <b>2</b> | Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b>              | <b>2</b> | <b>154,143.</b> |           |
| <b>3</b> | Multiply line 2 by 7.5% (0.075)                                       | <b>3</b> | <b>11,561.</b>  |           |
| <b>4</b> | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | <b>4</b> |                 | <b>0.</b> |

**Taxes You Paid**

|          |  |           |  |  |
|----------|--|-----------|--|--|
| <b>5</b> | State and local taxes.   |           |  |  |
| <b>a</b> | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | <b>5a</b> |  |  |
| <b>b</b> | State and local real estate taxes (see instructions)   | <b>5b</b> |  |  |
| <b>c</b> | State and local personal property taxes  | <b>5c</b> |  |  |
| <b>d</b> | Add lines 5a through 5c  | <b>5d</b> |  |  |
| <b>e</b> | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | <b>5e</b> |  |  |
| <b>6</b> | Other taxes. List type and amount:   | <b>6</b>  |  |  |
| <b>7</b> | Add lines 5e and 6   | <b>7</b>  |  |  |

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited. See instructions.

|           |   |           |  |  |
|-----------|---|-----------|--|--|
| <b>8</b>  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>                              |           |  |  |
| <b>a</b>  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | <b>8a</b> |  |  |
| <b>b</b>  | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | <b>8b</b> |  |  |
| <b>c</b>  | Points not reported to you on Form 1098. See instructions for special rules   | <b>8c</b> |  |  |
| <b>d</b>  | Reserved for future use   | <b>8d</b> |  |  |
| <b>e</b>  | Add lines 8a through 8c   | <b>8e</b> |  |  |
| <b>9</b>  | Investment interest. Attach Form 4952 if required. See instructions   | <b>9</b>  |  |  |
| <b>10</b> | Add lines 8e and 9  | <b>10</b> |  |  |

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

|           |  |           |               |               |
|-----------|--|-----------|---------------|---------------|
| <b>11</b> | Gifts by cash or check. If you made any gift of \$250 or more, see instructions  | <b>11</b> |               |               |
| <b>12</b> | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 | <b>12</b> | <b>1,430.</b> |               |
| <b>13</b> | Carryover from prior year  | <b>13</b> |               |               |
| <b>14</b> | Add lines 11 through 13  | <b>14</b> |               | <b>1,430.</b> |

**Casualty and Theft Losses**

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>15</b> | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | <b>15</b> |  |  |
|-----------|--|-----------|--|--|

**Other Itemized Deductions**

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>16</b> | Other - from list in instructions. List type and amount: | <b>16</b> |  |  |
|-----------|--|-----------|--|--|

**Total Itemized Deductions**

|           |  |           |  |               |
|-----------|--|-----------|--|---------------|
| <b>17</b> | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12           | <b>17</b> |  | <b>1,430.</b> |
| <b>18</b> | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> |           |  |               |

**SCHEDULE B**  
(Form 1040)

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

**Interest and Ordinary Dividends**

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **08**

**AFTAB A. & SEEMI A. KHAN**

Your social security number  
**216 23 9829**

**Part I**

**Interest**

- 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.  
TD AMERITRADE 55777

**Amount**

1,124.  
51.  
1,050.  
164.

**1**

**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.

- 2** Add the amounts on line 1 ..... **2** **2,389.**
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 ..... **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ..... **4** **2,389.**

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

**Amount**

**Part II**

**Ordinary Dividends**

- 5** List name of payer \_\_\_\_\_
- BALANCED FUND D SHARES  
GLOBAL SELECT FUND D SHARES  
GROWTH & INCOME FUND D SHARES  
RESEARCH FUND D SHARES  
TD AMERITRADE 55777  
FROM K-1 - ENTERPRISE PRODUCTS PARTNERS, L.P.

299.  
102.  
719.  
90.  
42,360.  
1.

**5**

**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.

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ..... **6** **43,571.**

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

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file Fin CEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instr. 227501 12-07-22

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.

- 7a** At any time during 2022, 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 ..... **X**
- 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 ..... **X**
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located ..... SAUDI ARABIA, UNITED ARAB EMIRATES
- 8** During 2022, 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 ..... **X**

|           | Yes      | No       |
|-----------|----------|----------|
| <b>7a</b> | <b>X</b> |          |
|           | <b>X</b> |          |
| <b>8</b>  |          | <b>X</b> |

# Interest and Dividend Summary

Name: AFTAB A. & SEEMI A. KHAN

FEIN/SSN:

| Payer   | Interest      | Interest on U.S. Savings Bonds | Tax-Exempt Interest | Private Activity Interest | Market Discount | Original Issue Discount (OID) | Ordinary Dividends | Qualified Dividends |
|---|---------------|--------------------------------|---------------------|---------------------------|-----------------|-------------------------------|--------------------|---------------------|
| A AMERICAN EXPRESS NATIONAL BANK                | 1,124.        |                                |                     |                           |                 |                               |                    |                     |
| B BANK OF AMERICA, N.A.                         | 51.           |                                |                     |                           |                 |                               |                    |                     |
| C CAPITAL ONE N.A.                              | 1,050.        |                                |                     |                           |                 |                               |                    |                     |
| D BALANCED FUND D SHARES                        |               |                                |                     |                           |                 |                               | 299.               | 243.                |
| E GLOBAL SELECT FUND D SHARES                   |               |                                |                     |                           |                 |                               | 102.               | 102.                |
| F GROWTH & INCOME FUND D SHARES                 |               |                                |                     |                           |                 |                               | 719.               | 719.                |
| G RESEARCH FUND D SHARES                        |               |                                |                     |                           |                 |                               | 90.                | 74.                 |
| H TRITON FUND D SHARES                          |               |                                |                     |                           |                 |                               |                    |                     |
| I TD AMERITRADE 55777                           | 164.          |                                |                     |                           |                 |                               |                    |                     |
| J TD AMERITRADE 55777                           |               |                                |                     |                           |                 |                               | 42,360.            | 40,017.             |
| K FROM K-1 - ENTERPRISE PRODUCTS PARTNERS, L.P. |               |                                |                     |                           |                 |                               | 1.                 | 1.                  |
| <b>Totals</b>                                   | <b>2,389.</b> |                                |                     |                           |                 |                               | <b>43,571.</b>     | <b>41,156.</b>      |

|               | Capital Gain Distributions | Unrecaptured Section 1250 Gain | Section 1202 Gain | Collectibles | Section 199A Dividends | Investment Expenses | Federal Tax Withheld | State Tax Withheld | Foreign Tax Paid |
|---------------|----------------------------|--------------------------------|-------------------|--------------|------------------------|---------------------|----------------------|--------------------|------------------|
| A             |                            |                                |                   |              |                        |                     |                      |                    |                  |
| B             |                            |                                |                   |              |                        |                     |                      |                    |                  |
| C             |                            |                                |                   |              |                        |                     |                      |                    |                  |
| D             | 229.                       |                                |                   |              |                        |                     |                      |                    |                  |
| E             | 195.                       |                                |                   |              |                        |                     |                      |                    |                  |
| F             | 3,051.                     |                                |                   |              |                        |                     |                      |                    |                  |
| G             | 112.                       |                                |                   |              |                        |                     |                      |                    |                  |
| H             | 636.                       |                                |                   |              |                        |                     |                      |                    |                  |
| I             |                            |                                |                   |              |                        |                     |                      |                    |                  |
| J             | 51.                        | 14.                            |                   |              | 479.                   |                     |                      |                    | 290.             |
| K             |                            |                                |                   |              |                        |                     |                      |                    |                  |
| <b>Totals</b> | <b>4,274.</b>              | <b>14.</b>                     |                   |              | <b>479.</b>            |                     |                      |                    | <b>290.</b>      |

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

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

OMB No. 1545-0074

**2022**

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.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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   | 566.                             | 971.                            |   | <405.>  |
| <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</b> <b>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 page 2   |                                  |                                 |   | <b>7</b> <405.>   |

**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.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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  | 12,243.                          | 24,604.                         |  | <12,361.>   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |   |
| <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>STMT 8</b>  |                                  |                                 |  | <b>13</b> 4,274.  |
| <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> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on page 2  |                                  |                                 |  | <b>15</b> <8,087.>  |

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

Schedule D (Form 1040) 2022



**Part III Summary**

|   |           |           |
|---|-----------|-----------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result .....</p> <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>16</b> | <8,492.>  |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?<br/> <input type="checkbox"/> <b>Yes.</b> Go to line 18.<br/> <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |           |           |
| <p><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 .....</p>   | <b>18</b> |           |
| <p><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 .....</p>   | <b>19</b> |           |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><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. <b>Don't</b> complete lines 21 and 22 below.</p> <p><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.</p>   |           |           |
| <p><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:</p> <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 style="text-align: right;">} ..... <b>SEE STATEMENT 9</b> .....</p>   | <b>21</b> | ( 3,000.) |
| <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  |           |           |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><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.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>  |           |           |





**Qualified Dividends and Capital Gain Tax Worksheet - Line 16**

Keep for Your Records

|  |                                |
|--|--------------------------------|
| Name(s) shown on return<br><b>AFTAB A. &amp; SEEMI A. KHAN</b> | Your SSN<br><b>216-23-9829</b> |
|--|--------------------------------|

**Before you begin:**

- ✓ See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

|   |          |                 |                 |
|---|----------|-----------------|-----------------|
| 1. Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet .....   | 1.       | <u>160,067.</u> |                 |
| 2. Enter the amount from Form 1040 or 1040-SR, line 3a* .....   | 2.       | <u>41,156.</u>  |                 |
| 3. Are you filing Schedule D?*  |          |                 |                 |
| <input checked="" type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.   | } ... 3. | <u>0.</u>       |                 |
| <input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.   |          |                 |                 |
| 4. Add lines 2 and 3 .....  | 4.       | <u>41,156.</u>  |                 |
| 5. Subtract line 4 from line 1. If zero or less, enter -0- .....  | 5.       | <u>118,911.</u> |                 |
| 6. Enter:<br>\$ 41,675 if single or married filing separately,<br>\$ 83,350 if married filing jointly or qualifying surviving spouse,<br>\$ 55,800 if head of household.  | } .....  | 6.              | <u>83,350.</u>  |
| 7. Enter the smaller of line 1 or line 6 .....  | 7.       | <u>83,350.</u>  |                 |
| 8. Enter the smaller of line 5 or line 7 .....  | 8.       | <u>83,350.</u>  |                 |
| 9. Subtract line 8 from line 7. This amount is taxed at 0% .....  | 9.       | <u>0.</u>       |                 |
| 10. Enter the smaller of line 1 or line 4 .....   | 10.      | <u>41,156.</u>  |                 |
| 11. Enter the amount from line 9 .....  | 11.      | <u>0.</u>       |                 |
| 12. Subtract line 11 from line 10 .....   | 12.      | <u>41,156.</u>  |                 |
| 13. Enter:<br>\$ 459,750 if single,<br>\$ 258,600 if married filing separately,<br>\$ 517,200 if married filing jointly or qualifying surviving spouse,<br>\$ 488,500 if head of household.   | } .....  | 13.             | <u>517,200.</u> |
| 14. Enter the smaller of line 1 or line 13 .....  | 14.      | <u>160,067.</u> |                 |
| 15. Add lines 5 and 9 .....   | 15.      | <u>118,911.</u> |                 |
| 16. Subtract line 15 from line 14. If zero or less, enter -0- .....   | 16.      | <u>41,156.</u>  |                 |
| 17. Enter the smaller of line 12 or line 16 .....   | 17.      | <u>41,156.</u>  |                 |
| 18. Multiply line 17 by 15% (0.15) .....  | 18.      | <u>6,173.</u>   |                 |
| 19. Add lines 9 and 17 .....  | 19.      | <u>41,156.</u>  |                 |
| 20. Subtract line 19 from line 10 .....   | 20.      | <u>0.</u>       |                 |
| 21. Multiply line 20 by 20% (0.20) .....  | 21.      | <u>0.</u>       |                 |
| 22. 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 .....  | 22.      | <u>17,394.</u>  |                 |
| 23. Add lines 18, 21, and 22 .....  | 23.      | <u>23,567.</u>  |                 |
| 24. 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 the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet .....  | 24.      | <u>26,449.</u>  |                 |
| 25. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet ..... | 25.      | <u>23,567.</u>  |                 |

\* If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

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.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**AFTAB A. & SEEMI A. KHAN**

**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 2022 that would require you to file Form(s) 1099? See instructions  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099?  Yes  No

|           |   |
|-----------|---|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |
| <b>A</b>  | 17366 SLIGO LOOP, WOODBRIDGE, VA 22026                            |
| <b>B</b>  | 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026                            |
| <b>C</b>  |   |

|          | 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|----------|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|          |                                       |  | A                | B |                   |                          |
| <b>A</b> | 1                                     |  | 146              |   |                   | <input type="checkbox"/> |
| <b>B</b> | 1                                     |  | 81               |   |                   | <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  | 9,495.     | 6,782.   |    |
| <b>4</b>         | Royalties received  |            |          |    |
| <b>Expenses:</b> |   |            |          |    |
| <b>5</b>         | Advertising   |            | 1,285.   |    |
| <b>6</b>         | Auto and travel (see instructions)  | 761.       |          |    |
| <b>7</b>         | Cleaning and maintenance  | 150.       | 150.     |    |
| <b>8</b>         | Commissions   |            |          |    |
| <b>9</b>         | Insurance   | 2,676.     | 1,924.   |    |
| <b>10</b>        | Legal and other professional fees   | 1,985.     | 2,028.   |    |
| <b>11</b>        | Management fees   | 350.       | 180.     |    |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  |            |          |    |
| <b>13</b>        | Other interest  |            |          |    |
| <b>14</b>        | Repairs   | 150.       | 513.     |    |
| <b>15</b>        | Supplies  |            |          |    |
| <b>16</b>        | Taxes   | 1,814.     | 1,895.   |    |
| <b>17</b>        | Utilities   |            | 213.     |    |
| <b>18</b>        | Depreciation expense or depletion   | 4,648.     | 7,296.   |    |
| <b>19</b>        | Other (list) <u>STMT 10</u> <u>STMT 11</u>  | 630.       | 1,301.   |    |
| <b>20</b>        | Total expenses. Add lines 5 through 19  | 13,164.    | 16,785.  |    |
| <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 Form 6198   | -3,669.    | -10,003. |    |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)  | 0.         | 0.       |    |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties   |            | 16,277.  |    |
| <b>23b</b>       | Total of all amounts reported on line 4 for all royalty properties  |            |          |    |
| <b>23c</b>       | Total of all amounts reported on line 12 for all properties   |            |          |    |
| <b>23d</b>       | Total of all amounts reported on line 18 for all properties   |            | 11,944.  |    |
| <b>23e</b>       | Total of all amounts reported on line 20 for all properties   |            | 29,949.  |    |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses   |            |          | 0. |
| <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>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 |            |          | 0. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

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 6 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 1: 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, (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 and sub-totals for lines 34a, 35, 36, 37.

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. Line 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: Description, Amount. Line 40: Net farm rental income or (loss) from Form 4835. Line 41: Total income or (loss). Line 42: Reconciliation of farming and fishing income. Line 43: Reconciliation for real estate professionals.

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 1**

**2022**

**SCHEDULE E**

**Name** AFTAB A. & SEEMI A. KHAN

**SSN/EIN** 216-23-9829

**Passthrough** ENTERPRISE PRODUCTS PARTNERS, L.P.

**ID** 76-0568219

JOINT

PARTNERSHIP

| OTHER PASSIVE                            | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| <b>SCHEDULE E, PAGE 2</b>                |           |                                 |                                    |                                   |                           |                         |                         |            |
| Ordinary business income (loss) .....    | - 859 .   |                                 |                                    |                                   |                           |                         |                         |            |
| Rental real estate income (loss) .....   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Other net rental income (loss) .....     |           |                                 |                                    |                                   |                           |                         |                         |            |
| Intangible drilling costs/dry hole costs |           |                                 |                                    |                                   |                           |                         |                         |            |
| Self-charged passive interest expense    |           |                                 |                                    |                                   |                           |                         |                         |            |
| Guaranteed payments .....                |           |                                 |                                    |                                   |                           |                         |                         |            |
| Section 179 and carryover .....          |           |                                 |                                    |                                   |                           |                         |                         |            |
| Disallowed section 179 expense .....     |           |                                 |                                    |                                   |                           |                         |                         |            |
| Excess farm loss .....                   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Net income (loss) .....                  | - 859 .   |                                 |                                    |                                   |                           | 1,022 .                 | 1,881 .                 |            |
| First passive other .....                |           |                                 |                                    |                                   |                           |                         |                         |            |
| Second passive other .....               |           |                                 |                                    |                                   |                           |                         |                         |            |
| Cost depletion .....                     |           |                                 |                                    |                                   |                           |                         |                         |            |
| Percentage depletion .....               |           |                                 |                                    |                                   |                           |                         |                         |            |
| Depletion carryover .....                |           |                                 |                                    |                                   |                           |                         |                         |            |
| Disallowed due to 65% limitation .....   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Unreimbursed expenses (nonpassive)       |           |                                 |                                    |                                   |                           |                         |                         |            |
| Nonpassive other .....                   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Total Schedule E (page 2) .....          | - 859 .   |                                 |                                    |                                   |                           | 1,022 .                 | 1,881 .                 |            |
| <b>FORM 4797</b>                         |           |                                 |                                    |                                   |                           |                         |                         |            |
| Section 1231 gain (loss) .....           | - 14 .    |                                 |                                    |                                   |                           | 45 .                    | 59 .                    |            |
| Section 179 recapture on disposition     |           |                                 |                                    |                                   |                           |                         |                         |            |
| <b>SCHEDULE D</b>                        |           |                                 |                                    |                                   |                           |                         |                         |            |
| Net short-term cap. gain (loss) .....    |           |                                 |                                    |                                   |                           |                         |                         |            |
| Net long-term cap. gain (loss) .....     |           |                                 |                                    |                                   |                           |                         |                         |            |
| Section 1256 contracts & straddles ...   |           |                                 |                                    |                                   |                           |                         |                         |            |
| <b>FORM 4952</b>                         |           |                                 |                                    |                                   |                           |                         |                         |            |
| Investment interest expense - Sch. A     |           |                                 |                                    |                                   |                           |                         |                         |            |
| Other net investment income .....        |           |                                 |                                    |                                   |                           |                         |                         |            |
| <b>ITEMIZED DEDUCTIONS</b>               |           |                                 |                                    |                                   |                           |                         |                         |            |
| Charitable contributions .....           |           |                                 |                                    |                                   |                           |                         |                         |            |
| Deductions related to portfolio income   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Other .....                              |           |                                 |                                    |                                   |                           |                         |                         |            |

**INCOME FROM PASSTHROUGH STATEMENT, PAGE 2**

**2022**

**SCHEDULE E**

**Name** AFTAB A. & SEEMI A. KHAN

**SSN/EIN** 216-23-9829

**Passthrough** ENTERPRISE PRODUCTS PARTNERS, L.P.

**ID** 76-0568219

JOINT

PARTNERSHIP

| OTHER PASSIVE                            | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| <b>INTEREST AND DIVIDENDS</b>            |           |                                 |                                    |                                   |                           |                         |                         |            |
| Interest income .....                    |           |                                 |                                    |                                   |                           |                         |                         |            |
| Interest from U.S. bonds .....           |           |                                 |                                    |                                   |                           |                         |                         |            |
| Ordinary dividends .....                 | 1.        |                                 |                                    |                                   |                           |                         |                         | 1.         |
| Qualified dividends .....                | 1.        |                                 |                                    |                                   |                           |                         |                         | 1.         |
| Tax-exempt interest income .....         |           |                                 |                                    |                                   |                           |                         |                         |            |
| <b>FORM 6251</b>                         |           |                                 |                                    |                                   |                           |                         |                         |            |
| Depreciation adjustment after 12/31/86   | 35.       |                                 |                                    |                                   |                           |                         |                         | 35.        |
| Adjusted gain or loss .....              |           |                                 |                                    |                                   |                           |                         |                         |            |
| Beneficiary's AMT adjustment .....       |           |                                 |                                    |                                   |                           |                         |                         |            |
| Depletion (other than oil) .....         |           |                                 |                                    |                                   |                           |                         |                         |            |
| Other .....                              |           |                                 |                                    |                                   |                           |                         |                         |            |
| <b>MISCELLANEOUS</b>                     |           |                                 |                                    |                                   |                           |                         |                         |            |
| Self-employment earnings (loss)/Wages    |           |                                 |                                    |                                   |                           |                         |                         |            |
| Gross farming & fishing inc .....        |           |                                 |                                    |                                   |                           |                         |                         |            |
| Royalties .....                          |           |                                 |                                    |                                   |                           |                         |                         |            |
| Royalty expenses/depletion .....         |           |                                 |                                    |                                   |                           |                         |                         |            |
| Undistributed capital gains credit ..... |           |                                 |                                    |                                   |                           |                         |                         |            |
| Backup withholding .....                 |           |                                 |                                    |                                   |                           |                         |                         |            |
| Credit for estimated tax .....           |           |                                 |                                    |                                   |                           |                         |                         |            |
| Cancellation of debt .....               |           |                                 |                                    |                                   |                           |                         |                         |            |
| Medical insurance - 1040 .....           |           |                                 |                                    |                                   |                           |                         |                         |            |
| Dependent care benefits .....            |           |                                 |                                    |                                   |                           |                         |                         |            |
| Retirement plans .....                   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Passthrough adjustment to Form 1040      |           |                                 |                                    |                                   |                           |                         |                         |            |
| Penalty on early withdrawal of savings   |           |                                 |                                    |                                   |                           |                         |                         |            |
| NOL .....                                |           |                                 |                                    |                                   |                           |                         |                         |            |
| Other taxes/recapture of credits .....   |           |                                 |                                    |                                   |                           |                         |                         |            |
| Credits .....                            |           |                                 |                                    |                                   |                           |                         |                         |            |
| Casualty and theft loss .....            |           |                                 |                                    |                                   |                           |                         |                         |            |
| <b>FORM 8995</b>                         |           |                                 |                                    |                                   |                           |                         |                         |            |
| Qualified business income .....          |           |                                 |                                    |                                   |                           |                         |                         |            |
| Qualified service income .....           |           |                                 |                                    |                                   |                           |                         |                         |            |
| Section 199A W-2 wages .....             |           |                                 |                                    |                                   |                           |                         |                         |            |
| Section 199A unadjusted basis .....      |           |                                 |                                    |                                   |                           |                         |                         |            |



**Schedule E PASSTHROUGH RECAP - BASIC INFORMATION 2022**

AFTAB A. & SEEMI A. KHAN 216-23-9829

| TYP<br>S<br>J<br>E   | Schedule K-1 Line Reference: (1065/1120S/1041) |          |                                 | 1/1/6                       | 2/2/7                          | 3/3/8                       | *                         | *                             | 5/4/1              | *                         | 6a/5a/2a           | 6b/5b/2b            | 7/6/*              | 8/7/3                          | 9a/8a/4a                          |
|----------------------|--|----------|---------------------------------|-----------------------------|--------------------------------|-----------------------------|---------------------------|-------------------------------|--------------------|---------------------------|--------------------|---------------------|--------------------|--------------------------------|-----------------------------------|
|                      | Entity No.                                     | Act. No. | Name                            | Ordinary Income (Loss)      | Rental Real Estate Inc. (Loss) | Other Rental Income (Loss)  | Passive Activity Loss C/O | AMT Passive Activity Loss C/O | Interest           | US Treasury Bond Interest | Dividends          | Qualified Dividends | Royalties          | Short-Term Capital Gain (Loss) | Net Long-Term Capital Gain (Loss) |
| J                    | 1  | 1        | ENTERPRISE PRODUCTS PARTNERS, L | -859.                       |                                |                             | 1,022.                    | 956.                          |                    |                           | 1.                 | 1.                  |                    |                                |                                   |
| <b>Totals</b> .....  |  |          |                                 | -859.                       |                                |                             | 1,022.                    | 956.                          |                    |                           | 1.                 | 1.                  |                    |                                |                                   |
| <b>Component of:</b> |  |          |                                 | Schedule E, Page 2, Various | Schedule E, Page 2, Various    | Schedule E, Page 2, Various | Form 8582 Line 2c         | Form 8582 AMT, Line 2c        | Schedule B, Line 1 | Schedule B, Line 1        | Schedule B, Line 5 | Form 1040 Line 3a   | Schedule E, Line 4 | Schedule D, Line 5             | Schedule D, Line 12               |

| Schedule K-1 Line Reference: (1065/1120S/1041) |          |                                |                             |                                |                    |                              |                           |                   |                                      |                                      |                             |                             |                                     |                   |                                   |                        |                    |                |
|--|----------|--------------------------------|-----------------------------|--------------------------------|--------------------|------------------------------|---------------------------|-------------------|--------------------------------------|--------------------------------------|-----------------------------|-----------------------------|-------------------------------------|-------------------|-----------------------------------|------------------------|--------------------|----------------|
| Entity No.                                     | Act. No. | Guaranteed Payments to Partner | 4/*/*                       | 10/9/*                         | *                  | 11/10/*                      | 13/12/*                   | 12/11/*           | 13/12/*                              | 13/12/*                              | */*                         | 20/17/14                    | 13/*/*                              | *                 | 14/*/*                            | 17/15/12               | */*/12             | */*/12         |
|  |          |                                | Section 1231 Gain (Loss)    | Ordinary Gain (Loss) Form 4797 | Other Income       | Charitable Contributions 60% | Section 179 Expense       | Other Deductions  | Investment Int. Expense (Schedule A) | Investment Int. Expense (Schedule E) | Investment Income           | SE Health Insurance Premium | Wages for More Than 2% Shareholders | Net SE Earnings   | AMT Depr Adj on Post '86 Property | Minimum Tax Adjustment | Exclusion Items    |                |
| 1  | 1        |                                | -14.                        |                                |                    |                              |                           |                   |                                      |                                      |                             | 1.                          |                                     |                   |                                   | 35.                    |                    |                |
| <b>Totals</b> .....                            |          |                                | -14.                        |                                |                    |                              |                           |                   |                                      |                                      |                             | 1.                          |                                     |                   |                                   | 35.                    |                    |                |
| <b>Component of:</b>                           |          |                                | Schedule E, Page 2, Various | Form 4797, Line 2              | Form 4797, Line 10 | Schedule E, Page 2, Various  | Schedule A, Lines 11 & 12 | Form 4562, Line 6 | Schedule E, Page 2, Various          | Schedule A, Line 9                   | Schedule E, Page 2, Various | Form 4952, Line 4a          | Form 1040, Schedule 1, Line 17      | Form 1040, Line 1 | Schedule SE, Line 2               | Form 6251, Line 2m     | Form 6251, Line 2j | 2022 Form 8801 |

\* - No specific Schedule K-1 line reference for these amounts.

| Schedule E PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS 2022 |          |                       |          |                                |                      |                                  |                            |                         |                              |                            |                                |                    |                        |                    |                        |                            |                           |
|--|----------|-----------------------|----------|--------------------------------|----------------------|----------------------------------|----------------------------|-------------------------|------------------------------|----------------------------|--------------------------------|--------------------|------------------------|--------------------|------------------------|----------------------------|---------------------------|
| AFTAB A. & SEEMI A. KHAN   |          |                       |          |                                |                      |                                  |                            |                         |                              |                            |                                |                    |                        |                    | 216-23-9829            |                            |                           |
| Schedule K-1<br>Line Reference:<br>(1065/1120S/1041)   |          |                       |          |                                |                      |                                  |                            |                         |                              |                            |                                |                    |                        |                    |                        |                            |                           |
|  |          | 17/15/*               |          | 15/13/13                       | */*/10               | */*/11                           | 18/16/14                   | 18/16/*                 | 18/16/*                      | *                          | *                              | *                  | *                      | *                  | *                      | *                          |                           |
| Entity No.   | Act. No. | AMT Adj. Gain or Loss | Reserved | Low Income Housing Cr Post '07 | Estate Tax Deduction | Excess Deductions on Termination | Tax-exempt Interest Income | Other Tax-exempt Income | Nondeductible Expenses       | Section 1231 PAL Carryover | AMT Section 1231 PAL Carryover | ST Capital PAL C/O | AMT ST Capital PAL C/O | LT Capital PAL C/O | AMT LT Capital PAL C/O | Form 4797 Ordinary PAL C/O | AMT 4797 Ordinary PAL C/O |
| 1  | 1        |                       |          |                                |                      |                                  |                            |                         | 2.                           | 45.                        | 45.                            |                    |                        |                    |                        |                            |                           |
| Totals .....   |          |                       |          |                                |                      |                                  |                            |                         | 2.                           | 45.                        | 45.                            |                    |                        |                    |                        |                            |                           |
| Component of:  |          | Form 6251, Line 2m    |          | Form 8586 Line 4               | Schedule A, Line 16  | Schedule A, Line 16              | Schedule B, Line 1         | Schedule B, Line 1      | Form 6198, Line 4 Basic Lmt. | Form 8582, Line 2c         | Form 8582 AMT, Line 2c         | Form 8582, Line 2c | Form 8582 AMT, Line 2c | Form 8582, Line 2c | Form 8582 AMT, Line 2c | Form 8582, Line 2c         | Form 8582 AMT, Line 2c    |

| Schedule K-1<br>Line Reference:<br>(1065/1120S/1041) |          |                       |                                      |                                      |                              |                                |                                |                                |                               |                                      |                                |                     |  |  |   |                               |                              |
|--|----------|-----------------------|--------------------------------------|--------------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------------|--------------------------------|---------------------|--|--|---|-------------------------------|------------------------------|
|  |          | */*                   | 13/12/*                              | 13/12/*                              | 13/12/*                      | 13/*/*                         | 13/*/*                         | 13/*/*                         | 11/10/5                       | *                                    | 9c/8c/4c                       | 20/17/*             | *  | */*/9                                    | 13/12/*   | *                             | 13/12/*                      |
| Entity No.   | Act. No. | Section 179 Carryover | Charitable Contributions 30% Regular | Charitable Contributions 30% Special | Charitable Contributions 20% | Keogh Payments                 | SEP Payments                   | IRA Contributions              | Other Portfolio Income (loss) | Other Nonportfolio Nonpassive income | Unrecaptured Section 1250 Gain | Investment Expenses | Investment Interest Expense C/O (Sch. E) | Nonpassive Depreciation and Amortization | Deductions Related to Portfolio Income (not 2%) | Medical Payments for 2% Owner | Section 59(e)(2) Expenditure |
| Totals .....   |          |                       |                                      |                                      |                              |                                |                                |                                |                               |                                      |                                |                     |  |  |   |                               |                              |
| Component of:  |          | Form 4562, Line 10    | Schedule A, Lines 11 & 12            | Schedule A, Lines 11 & 12            | Schedule A, Lines 11 & 12    | Form 1040, Schedule 1, Line 16 | Form 1040, Schedule 1, Line 16 | Form 1040, Schedule 1, Line 20 | Schedule E, Page 2, Various   | Schedule E, Page 2, Various          | Schedule D, Line 19            | Form 4952, Line 5   | Form 4952, Line 2                        | Schedule E, Line 33                      | Schedule A, Line 16                             | Schedule A, Line 1            | Schedule E, Page 2, Various  |

228072 10-03-22 \* - No specific Schedule K-1 line reference for these amounts.

| Schedule E               |          | PASSTHROUGH RECAP - CARRYOVERS TO NEXT YEAR |  |                    |                        |                    |                        |                      |                          |                  |                      |                              |                                  |                              | 2022                             |                              |                                  |
|--------------------------|----------|---|--|--------------------|------------------------|--------------------|------------------------|----------------------|--------------------------|------------------|----------------------|------------------------------|----------------------------------|------------------------------|----------------------------------|------------------------------|----------------------------------|
| AFTAB A. & SEEMI A. KHAN |          |   |  |                    |                        |                    |                        |                      |                          |                  |                      |                              | 216-23-9829                      |                              |                                  |                              |                                  |
| Entity No.               | Act. No. | Schedule E Passive Activity Loss C/O        | AMT Schedule E Passive Activity Loss C/O | ST Capital PAL C/O | AMT ST Capital PAL C/O | LT Capital PAL C/O | AMT LT Capital PAL C/O | Section 1231 PAL C/O | AMT Section 1231 PAL C/O | Ordinary PAL C/O | AMT Ordinary PAL C/O | Schedule E At-Risk Carryover | AMT Schedule E At-Risk Carryover | ST Capital At-Risk Carryover | AMT ST Capital At-Risk Carryover | LT Capital At-Risk Carryover | AMT LT Capital At-Risk Carryover |
| 1                        | 1        | 1,881.                                      | 1,780.                                   |                    |                        |                    |                        | 59.                  | 59.                      |                  |                      |                              |                                  |                              |                                  |                              |                                  |
| Totals .....             |          | 1,881.                                      | 1,780.                                   |                    |                        |                    |                        | 59.                  | 59.                      |                  |                      |                              |                                  |                              |                                  |                              |                                  |

| Entity No.   | Act. No. | Section 1231 At-Risk Carryover | AMT Section 1231 At-Risk Carryover | Form 4797 Ordinary At-Risk Carryover | AMT Form 4797 Ordinary At-Risk C/O | Charitable Contributions At-Risk Carryover | AMT Charitable Contributions At-Risk C/O | Section 179 Expense At-Risk C/O | AMT Section 179 Expense At-Risk C/O | Portfolio Income Deductions At-Risk C/O | Keogh, SEP, IRA At-Risk C/O | AMT Keogh, SEP, IRA At-Risk C/O | Other At-Risk Carryovers | AMT Other At-Risk Carryovers |  |  |  |
|--------------|----------|--------------------------------|------------------------------------|--------------------------------------|------------------------------------|--|--|---------------------------------|-------------------------------------|---|-----------------------------|---------------------------------|--------------------------|------------------------------|--|--|--|
| Totals ..... |          |                                |                                    |                                      |                                    |  |  |                                 |                                     |   |                             |                                 |                          |                              |  |  |  |

228074 04-01-22 \* - No specific Schedule K-1 line reference for these amounts.

2022 DEPRECIATION AND AMORTIZATION REPORT

HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES,

SCHEDULE E- 2

| Asset No. | Description              | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 3         | FURNISHING               | 10/10/22      | 200DB  | 5.00  |      | MC19E    | 4,750.                   |            |                     | 4,750.               | 0.                     |                                    |                         | 4,750.                 | 0.                              |
| 9         | BUILDING                 | 10/10/22      | SL     | 27.50 |      | 16       | 279,999.                 |            |                     |                      | 279,999.               |                                    |                         | 2,546.                 | 2,546.                          |
| 10        | LAND                     | 10/10/22      | L      |       |      |          | 70,000.                  |            |                     |                      | 70,000.                |                                    |                         | 0.                     | 0.                              |
|           | TOTAL SCH E DEPRECIATION |               |        |       |      |          | 354,749.                 |            |                     | 4,750.               | 349,999.               |                                    |                         | 7,296.                 | 2,546.                          |
|           | CURRENT YEAR ACTIVITY    |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           | BEGINNING BALANCE        |               |        |       |      |          | 0.                       |            | 0.                  | 0.                   | 0.                     | 0.                                 |                         |                        | 0.                              |
|           | ACQUISITIONS             |               |        |       |      |          | 354,749.                 |            | 0.                  | 4,750.               | 349,999.               | 0.                                 |                         |                        | 2,546.                          |
|           | DISPOSITIONS/RETIRED     |               |        |       |      |          | 0.                       |            | 0.                  | 0.                   | 0.                     | 0.                                 |                         |                        | 0.                              |
|           | ENDING BALANCE           |               |        |       |      |          | 354,749.                 |            | 0.                  | 4,750.               | 349,999.               | 0.                                 |                         |                        | 2,546.                          |

2022 DEPRECIATION AND AMORTIZATION REPORT

HOUSE - 17366 SLIGO LOOP, WOODBRIDGE,

SCHEDULE E- 3

| Asset No.                | Description | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------------------|-------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 4                        | LAND        | 08/08/22      | L      |       |      |          | 76,684.                  |            |                     |                      | 76,684.                |                                    |                         | 0.                     | 0.                              |
| 5                        | BUILDING    | 08/08/22      | SL     | 27,50 |      | 16       | 306,734.                 |            |                     |                      | 306,734.               |                                    |                         | 4,648.                 | 4,648.                          |
| TOTAL SCH E DEPRECIATION |             |               |        |       |      |          | 383,418.                 |            |                     |                      | 383,418.               |                                    |                         | 4,648.                 | 4,648.                          |
| CURRENT YEAR ACTIVITY    |             |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| BEGINNING BALANCE        |             |               |        |       |      |          | 0.                       |            | 0.                  | 0.                   | 0.                     | 0.                                 |                         |                        | 0.                              |
| ACQUISITIONS             |             |               |        |       |      |          | 383,418.                 |            | 0.                  | 0.                   | 383,418.               | 0.                                 |                         |                        | 4,648.                          |
| DISPOSITIONS/RETIRED     |             |               |        |       |      |          | 0.                       |            | 0.                  | 0.                   | 0.                     | 0.                                 |                         |                        | 0.                              |
| ENDING BALANCE           |             |               |        |       |      |          | 383,418.                 |            | 0.                  | 0.                   | 383,418.               | 0.                                 |                         |                        | 4,648.                          |

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

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

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 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.

|  |           |                 |
|--|-----------|-----------------|
| <b>1a</b> Net farm profit or (loss) from Sch. F, line 34, and farm partnerships, Sch. K-1 (Form 1065), box 14, code A ...<br>If you received social security retirement or disability benefits, enter the amount of Conservation Reserve               | <b>1a</b> |                 |
| <b>b</b> Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH  | <b>1b</b> |                 |
| Skip line 2 if you use the nonfarm optional method in Part II. See instructions.   |           |                 |
| <b>2</b> 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 <b>SEE STATEMENT 12</b> | <b>2</b>  | <b>8,097.</b>   |
| <b>3</b> Combine lines 1a, 1b, and 2   | <b>3</b>  | <b>8,097.</b>   |
| <b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3<br><b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions                 | <b>4a</b> | <b>7,478.</b>   |
| <b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here   | <b>4b</b> |                 |
| <b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue   | <b>4c</b> | <b>7,478.</b>   |
| <b>5a</b> Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income  | <b>5a</b> |                 |
| <b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-  | <b>5b</b> |                 |
| <b>6</b> Add lines 4c and 5b   | <b>6</b>  | <b>7,478.</b>   |
| <b>7</b> 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 2022   | <b>7</b>  | <b>147,000</b>  |
| <b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11  | <b>8a</b> |                 |
| <b>b</b> Unreported tips subject to social security tax from Form 4137, line 10  | <b>8b</b> |                 |
| <b>c</b> Wages subject to social security tax from Form 8919, line 10  | <b>8c</b> |                 |
| <b>d</b> Add lines 8a, 8b, and 8c  | <b>8d</b> |                 |
| <b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11  | <b>9</b>  | <b>147,000.</b> |
| <b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)   | <b>10</b> | <b>927.</b>     |
| <b>11</b> Multiply line 6 by 2.9% (0.029)  | <b>11</b> | <b>217.</b>     |
| <b>12</b> <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4</b>   | <b>12</b> | <b>1,144.</b>   |
| <b>13</b> <b>Deduction for one-half of self-employment tax.</b><br>Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 15</b>  | <b>13</b> | <b>572.</b>     |

**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 \$9,060, or (b) your net farm profits<sup>2</sup> were less than \$6,540.

|   |           |              |
|---|-----------|--------------|
| <b>14</b> Maximum income for optional methods   | <b>14</b> | <b>6,040</b> |
| <b>15</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$6,040. 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 \$6,540 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 (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or 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.

# Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name **AFTAB A. & SEEMI A. KHAN** Identifying number as shown on page 1 of your tax return **216-23-9829**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A category income    c  Passive category income    e  Section 901(j) income    g  Lump-sum distributions  
b  Foreign branch category income    d  General category income    f  Certain income re-sourced by treaty

h Resident of (name of country) **SAUDI ARABIA/UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

|   | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
|   | A                                  | B | C |                                   |
| <b>i Enter the name of the foreign country or U.S. possession</b> OTHER COUNTRIES   |                                    |   |   |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:   | 2,539.                             |   |   | <b>1a</b> 2,539.                  |
| <b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions.):</b>  |                                    |   |   |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)   |                                    |   |   |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>  |                                    |   |   |                                   |
| <b>a</b> Certain itemized deductions or standard deduction  | 25,900.                            |   |   |                                   |
| <b>b</b> Other deductions (attach statement)  |                                    |   |   |                                   |
| <b>c</b> Add lines 3a and 3b  | 25,900.                            |   |   |                                   |
| <b>d</b> Gross foreign source income  | 2,539.                             |   |   |                                   |
| <b>e</b> Gross income from all sources  | 210,186.                           |   |   |                                   |
| <b>f</b> Divide line 3d by line 3e  | .012079777                         |   |   |                                   |
| <b>g</b> Multiply line 3c by line 3f  | 313.                               |   |   |                                   |
| <b>4</b> Pro rata share of interest expense:  |                                    |   |   |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |   |   |                                   |
| <b>b</b> Other interest expense   |                                    |   |   |                                   |
| <b>5</b> Losses from foreign sources  |                                    |   |   |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5   | 313.                               |   |   | <b>6</b> 313.                     |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |   |   | <b>7</b> 2,226.                   |

**Part II Foreign Taxes Paid or Accrued**

| Country  | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                 |   |               | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|--|--|-------------------------------|---------------|-------------------------|-----------------|---|---------------|---|---|
|  |  | In foreign currency           |               |                         | In U.S. dollars |   |               |   |   |
|  |  | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties | (o) Interest    | (p) Other foreign taxes paid or accrued | (q) Dividends |   |   |
| <b>A</b>   | <b>1099 TAX</b>  |                               |               |                         |                 | 290.                                    |               |   | 290.  |
| <b>B</b>   |  |                               |               |                         |                 |   |               |   |   |
| <b>C</b>   |  |                               |               |                         |                 |   |               |   |   |
| <b>8</b> Add lines A through C, column (u). Enter the total here and on line 9, page 2 |  |                               |               |                         |                 |   |               |   | <b>8</b> 290.   |

LHA For Paperwork Reduction Act Notice, see instructions.

| <b>Part III Figuring the Credit</b>                       |   |           |          |
|---|---|-----------|----------|
| <b>9</b>  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....  | <b>9</b>  | 290.     |
| <b>10</b>   | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year .....<br>(If your income was section 951A category income (box a above Part I), leave line 10 blank.)   | <b>10</b> |          |
| <b>11</b>   | Add lines 9 and 10 .....  | <b>11</b> | 290.     |
| <b>12</b>   | Reduction in foreign taxes .....  | <b>12</b> |          |
| <b>13</b>   | Taxes reclassified under high tax kickout .....   | <b>13</b> |          |
| <b>14</b>   | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....  | <b>14</b> | 290.     |
| <b>15</b>   | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....   | <b>15</b> | 2,226.   |
| <b>16</b>   | Adjustments to line 15 .....  | <b>16</b> |          |
| <b>17</b>   | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) .....   | <b>17</b> | 2,226.   |
| <b>18</b>   | <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption ..... <b>SEE STATEMENT 13</b>   | <b>18</b> | 103,676. |
| <b>19</b>   | <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....  | <b>19</b> | .02147   |
| <b>20</b>   | <b>Individuals:</b> Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. .... | <b>20</b> | 20,147.  |
| <b>21</b>   | Multiply line 20 by line 19 (maximum amount of credit) .....  | <b>21</b> | 433.     |
| <b>22</b>   | Increase in limitation (section 960(c)) .....   | <b>22</b> |          |
| <b>23</b>   | Add lines 21 and 22 .....   | <b>23</b> | 433.     |
| <b>24</b>   | Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV .....  | <b>24</b> | 290.     |
| <b>Part IV Summary of Credits From Separate Parts III</b> |   |           |          |
| <b>25</b>   | Credit for taxes on section 951A category income .....  | <b>25</b> |          |
| <b>26</b>   | Credit for taxes on foreign branch category income .....  | <b>26</b> |          |
| <b>27</b>   | Credit for taxes on passive category income .....   | <b>27</b> | 290.     |
| <b>28</b>   | Credit for taxes on general category income .....   | <b>28</b> |          |
| <b>29</b>   | Credit for taxes on section 901(j) income .....   | <b>29</b> |          |
| <b>30</b>   | Credit for taxes on certain income re-sourced by treaty .....   | <b>30</b> |          |
| <b>31</b>   | Credit for taxes on lump-sum distributions .....  | <b>31</b> |          |
| <b>32</b>   | Add lines 25 through 31 .....   | <b>32</b> | 290.     |
| <b>33</b>   | Enter the <b>smaller</b> of line 20 or line 32 .....  | <b>33</b> | 290.     |
| <b>34</b>   | Reduction of credit for international boycott operations .....  | <b>34</b> |          |
| <b>35</b>   | Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a .....  | <b>35</b> | 290.     |



# Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name **AFTAB A. & SEEMI A. KHAN** Identifying number as shown on page 1 of your tax return **216-23-9829**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A category income    c  Passive category income    e  Section 901(j) income    g  Lump-sum distributions  
 b  Foreign branch category income    d  General category income    f  Certain income re-sourced by treaty

h Resident of (name of country) **SAUDI ARABIA/UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

|  | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
|  | A                                  | B | C |                                   |
| i Enter the name of the foreign country or U.S. possession<br><b>SAUDI ARABIA</b>  |                                    |   |   |                                   |
| 1a Gross income from sources within country shown above and of the type checked above:   |                                    |   |   |                                   |
|  | 103,658.                           |   |   | 1a 103,658.                       |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions.):</b>   |                                    |   |   |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)   |                                    |   |   |                                   |
| 3 Pro rata share of other deductions <b>not definitely related:</b>  |                                    |   |   |                                   |
| a Certain itemized deductions or standard deduction  | 25,900.                            |   |   |                                   |
| b Other deductions (attach statement)  |                                    |   |   |                                   |
| c Add lines 3a and 3b  | 25,900.                            |   |   |                                   |
| d Gross foreign source income  | 135,578.                           |   |   |                                   |
| e Gross income from all sources  | 210,186.                           |   |   |                                   |
| f Divide line 3d by line 3e  | .645038204                         |   |   |                                   |
| g Multiply line 3c by line 3f  | 16,706.                            |   |   |                                   |
| 4 Pro rata share of interest expense:  |                                    |   |   |                                   |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |   |   |                                   |
| b Other interest expense   |                                    |   |   |                                   |
| 5 Losses from foreign sources  |                                    |   |   |                                   |
| 6 Add lines 2, 3g, 4a, 4b, and 5   | 16,706.                            |   |   | 6 16,706.                         |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |   |   | 7 86,952.                         |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                 |   |               | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|---------|--|-------------------------------|---------------|-------------------------|-----------------|---|---------------|---|---|
|         |  | In foreign currency           |               |                         | In U.S. dollars |   |               |   |   |
|         |  | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties | (o) Interest    | (p) Other foreign taxes paid or accrued | (q) Dividends |   |   |
| A       |  |                               |               |                         |                 |   |               |   |   |
| B       |  |                               |               |                         |                 |   |               |   |   |
| C       |  |                               |               |                         |                 |   |               |   |   |

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**

LHA For Paperwork Reduction Act Notice, see instructions.

| <b>Part III Figuring the Credit</b>  |           |          |         |
|--|-----------|----------|---------|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....   | <b>9</b>  |          |         |
| 10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year .....<br>(If your income was section 951A category income (box a above Part I), leave line 10 blank.)   | <b>10</b> |          |         |
| 11 Add lines 9 and 10 .....  | <b>11</b> |          |         |
| 12 Reduction in foreign taxes .....  | <b>12</b> |          |         |
| 13 Taxes reclassified under high tax kickout .....   | <b>13</b> |          |         |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....  | <b>14</b> |          |         |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....   | <b>15</b> | 86,952.  |         |
| 16 Adjustments to line 15 .....  | <b>16</b> |          |         |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) .....   | <b>17</b> | 86,952.  |         |
| 18 <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....   | <b>18</b> | 103,676. |         |
| <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.   |           |          |         |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....   | <b>19</b> |          | .83869  |
| 20 <b>Individuals:</b> Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. .... | <b>20</b> |          | 20,147. |
| 21 Multiply line 20 by line 19 (maximum amount of credit) .....  | <b>21</b> |          | 16,897. |
| 22 Increase in limitation (section 960(c)) .....   | <b>22</b> |          |         |
| 23 Add lines 21 and 22 .....   | <b>23</b> |          | 16,897. |
| 24 Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV .....  | <b>24</b> |          |         |
| <b>Part IV Summary of Credits From Separate Parts III</b>  |           |          |         |
| 25 Credit for taxes on section 951A category income .....  | <b>25</b> |          |         |
| 26 Credit for taxes on foreign branch category income .....  | <b>26</b> |          |         |
| 27 Credit for taxes on passive category income .....   | <b>27</b> |          |         |
| 28 Credit for taxes on general category income .....   | <b>28</b> |          |         |
| 29 Credit for taxes on section 901(j) income .....   | <b>29</b> |          |         |
| 30 Credit for taxes on certain income re-sourced by treaty .....   | <b>30</b> |          |         |
| 31 Credit for taxes on lump-sum distributions .....  | <b>31</b> |          |         |
| 32 Add lines 25 through 31 .....   | <b>32</b> |          |         |
| 33 Enter the <b>smaller</b> of line 20 or line 32 .....  | <b>33</b> |          |         |
| 34 Reduction of credit for international boycott operations .....  | <b>34</b> |          |         |
| 35 Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a .....  | <b>35</b> |          |         |

DOES NOT APPLY

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Form 6251

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form6251 for instructions and the latest information.

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

2022 Attachment Sequence No. 32

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

Your social security number

AFTAB A. & SEEMI A. KHAN

216 23 9829

Part I Alternative Minimum Taxable Income

Table with 2 columns: Description and Amount. Rows include 1 (128,147), 2a (25,900), 2b, 2c, 2d, 2e, 2f, 2g, 2h, 2i, 2j, 2k, 2l, 2m (0), 2n, 2o, 2p, 2q, 2r, 2s, 2t, 3, 4 (154,047).

Part II Alternative Minimum Tax (AMT)

Table with 2 columns: Description and Amount. Rows include 5 (118,100), 6 (35,947), 7 (5,392), 8 (101), 9 (5,291), 10 (19,857), 11 (0).

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

|   |   |    |          |
|---|---|----|----------|
| 12  | Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7 .....  | 12 | 67,867.  |
| 13  | Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter .....  | 13 | 35,947.  |
| 14  | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary). See instructions. If you are filing Form 2555, see instructions for the amount to enter ..... <b>STMT 15</b>  | 14 |          |
| 15  | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter .....  | 15 | 35,947.  |
| 16  | Enter the <b>smaller</b> of line 12 or line 15 .....  | 16 | 35,947.  |
| 17  | Subtract line 16 from line 12 .....   | 17 | 31,920.  |
| 18  | If line 17 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result   | 18 | 8,299.   |
| 19  | Enter:<br><ul style="list-style-type: none"> <li>• \$83,350 if married filing jointly or qualifying widow(er),</li> <li>• \$41,675 if single or married filing separately, or</li> <li>• \$55,800 if head of household.</li> </ul>  | 19 | 83,350.  |
| 20  | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter ..... | 20 | 118,911. |
| 21  | Subtract line 20 from line 19. If zero or less, enter -0- .....   | 21 | 0.       |
| 22  | Enter the <b>smaller</b> of line 12 or line 13 .....  | 22 | 35,947.  |
| 23  | Enter the <b>smaller</b> of line 21 or line 22. This amount is taxed at 0% .....  | 23 | 0.       |
| 24  | Subtract line 23 from line 22 .....   | 24 | 35,947.  |
| 25  | Enter:<br><ul style="list-style-type: none"> <li>• \$459,750 if single,</li> <li>• \$258,600 if married filing separately,</li> <li>• \$517,200 if married filing jointly or qualifying widow(er), or</li> <li>• \$488,500 if head of household.</li> </ul>   | 25 | 517,200. |
| 26  | Enter the amount from line 21 .....   | 26 | 0.       |
| 27  | Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0-. If you are filing Form 2555, see instructions for the amount to enter ..... | 27 | 118,911. |
| 28  | Add line 26 and line 27 .....   | 28 | 118,911. |
| 29  | Subtract line 28 from line 25. If zero or less, enter -0- .....   | 29 | 398,289. |
| 30  | Enter the smaller of line 24 or line 29 .....   | 30 | 35,947.  |
| 31  | Multiply line 30 by 15% (0.15) .....  | 31 | 5,392.   |
| 32  | Add lines 23 and 30 .....   | 32 | 35,947.  |
| <b>If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.</b> |   |    |          |
| 33  | Subtract line 32 from line 22 .....   | 33 | 0.       |
| 34  | Multiply line 33 by 20% (0.20) .....  | 34 |          |
| <b>If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.</b>     |   |    |          |
| 35  | Add lines 17, 32, and 33 .....  | 35 |          |
| 36  | Subtract line 35 from line 12 .....   | 36 |          |
| 37  | Multiply line 36 by 25% (0.25) .....  | 37 |          |
| 38  | Add lines 18, 31, 34, and 37 .....  | 38 | 13,691.  |
| 39  | If line 12 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result   | 39 | 17,645.  |
| 40  | Enter the <b>smaller</b> of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 .....   | 40 | 13,691.  |



**ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit**

OMB No. 1545-0121

Form **1116**  
Department of the Treasury  
Internal Revenue Service

(Individual, Estate, or Trust)  
Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.  
Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **19**

Name **AFTAB A. & SEEMI A. KHAN** Identifying number as shown on page 1 of your tax return **216-23-9829**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A category income    c  Passive category income    e  Section 901(j) income    g  Lump-sum distributions  
b  Foreign branch category income    d  General category income    f  Certain income re-sourced by treaty

h Resident of (name of country) **SAUDI ARABIA/UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

|   | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
|   | A                                  | B | C |                                   |
| <b>i Enter the name of the foreign country or U.S. possession</b> OTHER COUNTRIES   |                                    |   |   |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:   | 2,539.                             |   |   | 2,539.                            |
| <b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions.):</b>  |                                    |   |   |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)   |                                    |   |   |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>  |                                    |   |   |                                   |
| <b>a</b> Certain itemized deductions or standard deduction  |                                    |   |   |                                   |
| <b>b</b> Other deductions (attach statement)  |                                    |   |   |                                   |
| <b>c</b> Add lines 3a and 3b  |                                    |   |   |                                   |
| <b>d</b> Gross foreign source income  | 2,539.                             |   |   |                                   |
| <b>e</b> Gross income from all sources  | 210,186.                           |   |   |                                   |
| <b>f</b> Divide line 3d by line 3e  | .012079777                         |   |   |                                   |
| <b>g</b> Multiply line 3c by line 3f  |                                    |   |   |                                   |
| <b>4</b> Pro rata share of interest expense:  |                                    |   |   |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |   |   |                                   |
| <b>b</b> Other interest expense   |                                    |   |   |                                   |
| <b>5</b> Losses from foreign sources  |                                    |   |   |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5   |                                    |   |   | 6                                 |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |   |   | 7      2,539.                     |

**Part II Foreign Taxes Paid or Accrued**

| Country  | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                 |   |               | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
|----------|--|-------------------------------|---------------|-------------------------|-----------------|---|---------------|---|---|
|          |  | In foreign currency           |               |                         | In U.S. dollars |   |               |   |   |
|          |  | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties | (o) Interest    | (p) Other foreign taxes paid or accrued | (q) Dividends |   |   |
| <b>A</b> | <b>1099 TAX</b>  |                               |               |                         |                 | 290.                                    |               | 290.                                    |   |
| <b>B</b> |  |                               |               |                         |                 |   |               |   |   |
| <b>C</b> |  |                               |               |                         |                 |   |               |   |   |
| <b>8</b> |  |                               |               |                         |                 |   |               | 8      290.                             |   |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2022)

ALTERNATIVE MINIMUM TAX

**Part III Figuring the Credit**

|  |           |          |        |
|--|-----------|----------|--------|
| <b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....  | <b>9</b>  | 290.     |        |
| <b>10</b> Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year .....  | <b>10</b> |          |        |
| (If your income was section 951A category income (box a above Part I), leave line 10 blank.)   |           |          |        |
| <b>11</b> Add lines 9 and 10 .....   | <b>11</b> | 290.     |        |
| <b>12</b> Reduction in foreign taxes .....   | <b>12</b> |          |        |
| <b>13</b> Taxes reclassified under high tax kickout .....  | <b>13</b> |          |        |
| <b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....   | <b>14</b> |          | 290.   |
| <b>15</b> Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....  | <b>15</b> | 2,539.   |        |
| <b>16</b> Adjustments to line 15 .....   | <b>16</b> |          |        |
| <b>17</b> Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) .....  | <b>17</b> | 2,539.   |        |
| <b>18</b> <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption <b>SEE STATEMENT 16</b> .....  | <b>18</b> | 134,938. |        |
| <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.   |           |          |        |
| <b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....  | <b>19</b> |          | .01882 |
| <b>20</b> <b>Individuals:</b> Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. .... | <b>20</b> |          | 5,392. |
| <b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....   | <b>21</b> |          | 101.   |
| <b>22</b> Increase in limitation (section 960(c)) .....  | <b>22</b> |          |        |
| <b>23</b> Add lines 21 and 22 .....  | <b>23</b> |          | 101.   |
| <b>24</b> Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV .....   | <b>24</b> |          | 101.   |

**Part IV Summary of Credits From Separate Parts III**

|  |           |      |      |
|--|-----------|------|------|
| <b>25</b> Credit for taxes on section 951A category income .....   | <b>25</b> |      |      |
| <b>26</b> Credit for taxes on foreign branch category income .....   | <b>26</b> |      |      |
| <b>27</b> Credit for taxes on passive category income .....  | <b>27</b> | 101. |      |
| <b>28</b> Credit for taxes on general category income .....  | <b>28</b> |      |      |
| <b>29</b> Credit for taxes on section 901(j) income .....  | <b>29</b> |      |      |
| <b>30</b> Credit for taxes on certain income re-sourced by treaty .....  | <b>30</b> |      |      |
| <b>31</b> Credit for taxes on lump-sum distributions .....   | <b>31</b> |      |      |
| <b>32</b> Add lines 25 through 31 .....  | <b>32</b> |      | 101. |
| <b>33</b> Enter the <b>smaller</b> of line 20 or line 32 .....   | <b>33</b> |      | 101. |
| <b>34</b> Reduction of credit for international boycott operations .....   | <b>34</b> |      |      |
| <b>35</b> Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a ..... | <b>35</b> |      | 101. |

AMT  
**SCHEDULE B  
(Form 1116)**

(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service

Name

**Foreign Tax Carryover Reconciliation Schedule**

For calendar year 2022, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

See separate instructions.

Attach to Form 1116.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown  
on page 1 of your tax return

216-23-9829

**AFTAB A. & SEEMI A. KHAN**

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule. Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a**  Reserved for future use      **c**  Passive category income      **e**  Section 901(j) income      **g**  Lump-sum distributions  
**b**  Foreign branch category income      **d**  General category income      **f**  Certain income re-sourced by treaty

- h** If box e is checked, enter the country code for the sanctioned country. See instructions .....  
**i** If box f is checked, enter the country code for the treaty country. See instructions .....

| Foreign Tax Carryover Reconciliation   | (i)<br>10th Preceding Tax Year | (ii)<br>9th Preceding Tax Year | (iii)<br>8th Preceding Tax Year | (iv)<br>7th Preceding Tax Year | (v)<br>6th Preceding Tax Year | (vi)<br>5th Preceding Tax Year | (vii)<br>Subtotal<br>(add columns (i) through (vi)) |
|--|--------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------|---|
| <b>1</b> Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B(see instructions)) |                                |                                |                                 |                                |                               |                                |   |
| <b>2</b> Adjustments to line 1 (enter description - see instructions):   |                                |                                |                                 |                                |                               |                                |   |
| <b>a</b> Carryback adjustment (see instructions)   |                                |                                |                                 |                                |                               |                                |   |
| Adjustments for section 905(c)   |                                |                                |                                 |                                |                               |                                |   |
| <b>b</b> redeterminations (see instructions)   |                                |                                |                                 |                                |                               |                                |   |
| <b>c</b>   |                                |                                |                                 |                                |                               |                                |   |
| <b>d</b>   |                                |                                |                                 |                                |                               |                                |   |
| <b>e</b>   |                                |                                |                                 |                                |                               |                                |   |
| <b>f</b>   |                                |                                |                                 |                                |                               |                                |   |
| <b>g</b>   |                                |                                |                                 |                                |                               |                                |   |
| <b>3</b> Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)  |                                |                                |                                 |                                |                               |                                |   |
| <b>4</b> Foreign tax carryover used in current tax year (enter as a negative number)   |                                |                                |                                 |                                |                               |                                |   |
| <b>5</b> Foreign tax carryover expired unused in current tax year (enter as a negative number)   |                                |                                |                                 |                                |                               |                                |   |
| <b>6</b> Foreign tax carryover generated in current tax year   |                                |                                |                                 |                                |                               |                                |   |
| <b>7</b> Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)  |                                |                                |                                 |                                |                               |                                |   |
| <b>8</b> Foreign tax carryover to the following tax year. Combine lines 3 through 7.   | -0-                            |                                |                                 |                                |                               |                                |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule B (Form 1116) (Rev. 12-2022)



| Foreign Tax Carryover<br>Reconciliation  | (viii)<br>Subtotal from page 1<br>(enter the amounts from<br>column (vii) on page 1) | (ix)<br>4th Preceding<br>Tax Year | (x)<br>3rd Preceding<br>Tax Year | (xi)<br>2nd Preceding<br>Tax Year | (xii)<br>1st Preceding<br>Tax Year | (xiii)<br>Current<br>Tax Year | (xiv)<br>Totals<br>(add columns (viii)<br>through (xiii)) |
|--|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|---|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))         |  |                                   |                                  |                                   | -3,854.                            |                               | -3,854.   |
| 2 Adjustments to line 1 (enter description - see instructions):  |  |                                   |                                  |                                   |                                    |                               |   |
| a Carryback adjustment (see instructions)  |  |                                   |                                  |                                   | 189.                               |                               | 189.  |
| b Adjustments for section 905(c)   |  |                                   |                                  |                                   |                                    |                               |   |
| c redeterminations (see instructions)  |  |                                   |                                  |                                   |                                    |                               |   |
| d  |  |                                   |                                  |                                   |                                    |                               |   |
| e  |  |                                   |                                  |                                   |                                    |                               |   |
| f  |  |                                   |                                  |                                   |                                    |                               |   |
| g  |  |                                   |                                  |                                   |                                    |                               |   |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. |  |                                   |                                  |                                   | 0.                                 |                               | 0.  |
| 4 Foreign tax carryover used in current tax year (enter as a negative number)  |  |                                   |                                  |                                   |                                    |                               |   |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number)  |  |                                   |                                  |                                   |                                    |                               |   |
| 6 Foreign tax carryover generated in current tax year  |  |                                   |                                  |                                   |                                    | 189.                          | 189.  |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)   |  |                                   |                                  |                                   |                                    | -189.                         | -189.   |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.  |  |                                   |                                  |                                   |                                    | 0.                            | 0.  |

**ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit**

OMB No. 1545-0121

Form **1116**

Department of the Treasury  
Internal Revenue Service

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **19**

Name **AFTAB A. & SEEMI A. KHAN** Identifying number as shown on page 1 of your tax return **216-23-9829**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A category income    c  Passive category income    e  Section 901(j) income    g  Lump-sum distributions  
b  Foreign branch category income    d  General category income    f  Certain income re-sourced by treaty

h Resident of (name of country) **SAUDI ARABIA/UNITED STATES**

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

|  | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
|  | A                                  | B | C |                                   |
| i Enter the name of the foreign country or U.S. possession<br><b>SAUDI ARABIA</b>  |                                    |   |   |                                   |
| 1a Gross income from sources within country shown above and of the type checked above:   |                                    |   |   |                                   |
|  | 103,658.                           |   |   | 1a 103,658.                       |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions.):</b>   |                                    |   |   |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)   |                                    |   |   |                                   |
| 3 Pro rata share of other deductions <b>not definitely related:</b>  |                                    |   |   |                                   |
| a Certain itemized deductions or standard deduction  |                                    |   |   |                                   |
| b Other deductions (attach statement)  |                                    |   |   |                                   |
| c Add lines 3a and 3b  |                                    |   |   |                                   |
| d Gross foreign source income  | 135,578.                           |   |   |                                   |
| e Gross income from all sources  | 210,186.                           |   |   |                                   |
| f Divide line 3d by line 3e  | .645038204                         |   |   |                                   |
| g Multiply line 3c by line 3f  |                                    |   |   |                                   |
| 4 Pro rata share of interest expense:  |                                    |   |   |                                   |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |   |   |                                   |
| b Other interest expense   |                                    |   |   |                                   |
| 5 Losses from foreign sources  |                                    |   |   |                                   |
| 6 Add lines 2, 3g, 4a, 4b, and 5   |                                    |   |   | 6                                 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |   |   | 7 103,658.                        |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                              |   |               | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |  |  |
|---------|--|-------------------------------|---------------|-------------------------|------------------------------|---|---------------|---|---|--|--|
|         |  | In foreign currency           |               |                         | In U.S. dollars              |   |               |   |   |  |  |
|         |  | Taxes withheld at source on:  |               |                         | Taxes withheld at source on: |   |               |   |   |  |  |
|         |  | (l) Date paid or accrued      | (m) Dividends | (n) Rents and royalties | (o) Interest                 | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties                 | (s) Interest  |  |  |
| A       |  |                               |               |                         |                              |   |               |   |   |  |  |
| B       |  |                               |               |                         |                              |   |               |   |   |  |  |
| C       |  |                               |               |                         |                              |   |               |   |   |  |  |

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2022)

**ALTERNATIVE MINIMUM TAX**

**Part III Figuring the Credit**

|  |           |          |        |
|--|-----------|----------|--------|
| <b>9</b> Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....  | <b>9</b>  |          |        |
| <b>10</b> Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year .....<br>(If your income was section 951A category income (box a above Part I), leave line 10 blank.)  | <b>10</b> |          |        |
| <b>11</b> Add lines 9 and 10 .....   | <b>11</b> |          |        |
| <b>12</b> Reduction in foreign taxes .....   | <b>12</b> |          |        |
| <b>13</b> Taxes reclassified under high tax kickout .....  | <b>13</b> |          |        |
| <b>14</b> Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....   | <b>14</b> |          |        |
| <b>15</b> Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....  | <b>15</b> | 103,658. |        |
| <b>16</b> Adjustments to line 15 .....   | <b>16</b> |          |        |
| <b>17</b> Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) .....  | <b>17</b> | 103,658. |        |
| <b>18</b> <b>Individuals:</b> Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....  | <b>18</b> | 134,938. |        |
| <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.   |           |          |        |
| <b>19</b> Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....  | <b>19</b> |          | .76819 |
| <b>20</b> <b>Individuals:</b> Enter the total of Form 1040, 1040-SR or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions. <b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | <b>20</b> |          | 5,392. |
| <b>21</b> Multiply line 20 by line 19 (maximum amount of credit) .....   | <b>21</b> |          | 4,142. |
| <b>22</b> Increase in limitation (section 960(c)) .....  | <b>22</b> |          |        |
| <b>23</b> Add lines 21 and 22 .....  | <b>23</b> |          | 4,142. |
| <b>24</b> Enter the <b>smaller</b> of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV .....   | <b>24</b> |          |        |

**Part IV Summary of Credits From Separate Parts III**

|  |           |  |  |
|--|-----------|--|--|
| <b>25</b> Credit for taxes on section 951A category income .....   | <b>25</b> |  |  |
| <b>26</b> Credit for taxes on foreign branch category income .....   | <b>26</b> |  |  |
| <b>27</b> Credit for taxes on passive category income .....  | <b>27</b> |  |  |
| <b>28</b> Credit for taxes on general category income .....  | <b>28</b> |  |  |
| <b>29</b> Credit for taxes on section 901(j) income .....  | <b>29</b> |  |  |
| <b>30</b> Credit for taxes on certain income re-sourced by treaty .....  | <b>30</b> |  |  |
| <b>31</b> Credit for taxes on lump-sum distributions .....   | <b>31</b> |  |  |
| <b>32</b> Add lines 25 through 31 .....  | <b>32</b> |  |  |
| <b>33</b> Enter the <b>smaller</b> of line 20 or line 32 .....   | <b>33</b> |  |  |
| <b>34</b> Reduction of credit for international boycott operations .....   | <b>34</b> |  |  |
| <b>35</b> Subtract line 34 from line 33. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a ..... | <b>35</b> |  |  |

# Foreign Earned Income

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/Form2555](http://www.irs.gov/Form2555) for instructions and the latest information.

## For Use by U.S. Citizens and Resident Aliens Only

|  |   |
|--|---|
| Name shown on Form 1040 or 1040-SR<br><b>AFTAB A. KHAN</b> | Your social security number<br><b>216 23 9829</b> |
|--|---|

**Part I General Information**

1 Your foreign address (including country)  
**C/O SAUDI ARAMCO BOX 13763, DHAHRAN 31311 SAUDI ARABIA**

2 Your occupation  
**ENGINEER**

3 Employer's name **SAUDI ARABIAN OIL COMPANY**

4a Employer's U.S. address \_\_\_\_\_  
b Employer's foreign address **BOX 5000, DHAHRAN 31311 SAUDI ARABIA**

5 Employer is (check any that apply):  
 a  A foreign entity  
 b  A U.S. company  
 c  Self  
 d  A foreign affiliate of a U.S. company  
 e  Other (specify) \_\_\_\_\_

6a If you previously filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. .... **2021**  
 b If you didn't previously file Form 2555 or Form 2555-EZ to claim either of the exclusions, check here .....  and go to line 7.  
 c Have you ever revoked either of the exclusions? .....  Yes  No  
 d If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ....

7 Of what country are you a citizen/national? **UNITED STATES**

8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?  
 See **Second foreign household** in the instructions .....  Yes  No  
 b If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. \_\_\_\_\_

9 List your tax home(s) during your tax year and date(s) established.  
**UNITED STATES FROM 04/15/22; SAUDI ARABIA FROM 01/15/01 UNTIL 04/14/22**

**Next, complete either Part II or Part III. If an item doesn't apply, enter "N/A." If you don't give the information asked for, any exclusion or deduction you claim may be disallowed.**

**Part II Taxpayers Qualifying Under Bona Fide Residence Test**

**Note:** Only U.S. citizens and resident aliens who are citizens or nationals of U.S. treaty countries can use this test. See instructions.

10 Date bona fide residence began **01/15/01**, and ended **04/14/22**

11 Kind of living quarters in foreign country: .....  
 a  Purchased house  
 b  Rented house or apartment  
 c  Rented room  
 d  Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? .....  Yes  No  
 b If "Yes," who and for what period? **SEEMI A. KHAN, SPOUSE - ENTIRE PERIOD**

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you aren't a resident of that country? See instructions .....  Yes  No  
 b Are you required to pay income tax to the country where you claim bona fide residence? See instructions ..... \*  Yes  No

**If you answered "Yes" to 13a and "No" to 13b, you don't qualify as a bona fide resident. Don't complete the rest of this part.**

14 If you were present in the United States or its possessions during the tax year, complete columns (a) - (d) below. **Don't** include the income from column (d) in Part IV, but report it on Form 1040 or 1040-SR.

| (a) Date arrived in U.S. | (b) Date left U.S. | (c) Number of days in U.S. on business | (d) Income earned in U.S. on business (attach computation) | (a) Date arrived in U.S. | (b) Date left U.S. | (c) Number of days in U.S. on business | (d) Income earned in U.S. on business (attach computation) |
|--------------------------|--------------------|--|--|--------------------------|--------------------|--|--|
|                          |                    |  |  |                          |                    |  |  |
|                          |                    |  |  |                          |                    |  |  |
|                          |                    |  |  |                          |                    |  |  |
|                          |                    |  |  |                          |                    |  |  |

15a List any contractual terms or other conditions relating to the length of your employment abroad.  
**NONE**

b Enter the type of visa under which you entered the foreign country. **RESIDENT**

c Did your visa limit the length of your stay or employment in a foreign country? .....  Yes  No  
 If "Yes," attach explanation \_\_\_\_\_

d Did you maintain a home in the United States while living abroad? .....  Yes  No

e If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you.  
**2394 SCUPPERS LN WOODBRIDGE, VA 22191. OCCUPANTS: ZAARA A. KHAN - DAUGHTER.**

**Part III Taxpayers Qualifying Under Physical Presence Test**

**Note:** U.S. citizens and all resident aliens can use this test. See instructions.

- 16 The physical presence test is based on the 12-month period from \_\_\_\_\_ through \_\_\_\_\_
- 17 Enter your principal country of employment during your tax year. \_\_\_\_\_
- 18 If you traveled abroad during the 12-month period entered on line 16, complete columns (a)-(f) below. Exclude travel between foreign countries that didn't involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." **Don't** include the income from column (f) below in Part IV, but report it on Form 1040 or 1040-SR.

| (a) Name of country (including U.S.) | (b) Date arrived | (c) Date left | (d) Full days present in country | (e) Number of days in U.S. on business | (f) Income earned in U.S. on business (attach computation) |
|--------------------------------------|------------------|---------------|----------------------------------|--|--|
|                                      |                  |               |                                  |  |  |
|                                      |                  |               |                                  |  |  |
|                                      |                  |               |                                  |  |  |
|                                      |                  |               |                                  |  |  |

**Part IV All Taxpayers**

**Note:** Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2022 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Don't** include income from line 14, column (d), or line 18, column (f). Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 or 1040-SR all income you received in 2022, no matter when you performed the service.

| 2022 Foreign Earned Income |   | Amount (in U.S. dollars) |          |
|----------------------------|---|--------------------------|----------|
| 19                         | Total wages, salaries, bonuses, commissions, etc. <b>SEE STATEMENT 17</b>   | 19                       | 106,911. |
| 20                         | Allowable share of income for personal services performed:  |                          |          |
| a                          | In a business (including farming) or profession   | 20a                      |          |
| b                          | In a partnership. List partnership's name and address and type of income.   | 20b                      |          |
| 21                         | Noncash income (market value of property or facilities furnished by employer - attach statement showing how it was determined): |                          |          |
| a                          | Home (lodging)  | 21a                      |          |
| b                          | Meals   | 21b                      |          |
| c                          | Car   | 21c                      |          |
| d                          | Other property or facilities. List type and amount.   | 21d                      |          |
| 22                         | Allowances, reimbursements, or expenses paid on your behalf for services you performed:   |                          |          |
| a                          | Cost of living and overseas differential  | 22a                      |          |
| b                          | Family  | 22b                      |          |
| c                          | Education   | 22c                      |          |
| d                          | Home leave  | 22d                      |          |
| e                          | Quarters  | 22e                      |          |
| f                          | For any other purpose. List type and amount.  | 22f                      |          |
| g                          | Add lines 22a through 22f   | 22g                      |          |
| 23                         | Other foreign earned income. List type and amount.  | 23                       |          |
| 24                         | Add lines 19 through 21d, line 22g, and line 23   | 24                       | 106,911. |
| 25                         | Total amount of meals and lodging included on line 24 that is excludable  | 25                       | 1,679.   |
| 26                         | Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your <b>2022 foreign earned income</b>   | 26                       | 105,232. |

|  |             |
|--|-------------|
| <b>Part V All Taxpayers</b>                                  |             |
| 27 Enter the amount from line 26 .....                       | 27 105,232. |
| Are you claiming the housing exclusion or housing deduction? |             |
| <input type="checkbox"/> Yes. Complete Part VI.              |             |
| <input checked="" type="checkbox"/> No. Go to Part VII.      |             |

|   |             |
|---|-------------|
| <b>Part VI Taxpayers Claiming the Housing Exclusion and/or Deduction</b>  |             |
| 28 Qualified housing expenses for the tax year .....  | 28          |
| 29a Enter location where housing expenses incurred. ....  |             |
| b Enter limit on housing expenses .....   | 29b         |
| 30 Enter the <b>smaller</b> of line 28 or line 29b .....  | 30          |
| 31 Number of days in your qualifying period that fall within your 2022 tax year .....   | 31 104 days |
| 32 Multiply \$49.10 by the number of days on line 31. If 365 is entered on line 31, enter \$17,920 here .....   | 32          |
| 33 Subtract line 32 from line 30. If the result is zero or less, don't complete the rest of this part or any of Part IX .....                                     | 33          |
| 34 Enter employer-provided amounts .....  | 34          |
| 35 Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but don't enter more than "1.000" .....                           | 35 X        |
| 36 <b>Housing exclusion.</b> Multiply line 33 by line 35. Enter the result but don't enter more than the amount on line 34. Also, complete Part VIII .....        | 36          |
| <b>Note:</b> The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX. |             |

|   |             |
|---|-------------|
| <b>Part VII Taxpayers Claiming the Foreign Earned Income Exclusion</b>  |             |
| 37 Maximum foreign earned income exclusion. Enter \$112,000 .....   | 37 112,000. |
| 38 • If you completed Part VI, enter the number from line 31.<br>• All others, enter the number of days in your qualifying period that fall within your 2022 tax year. See the instructions for line 31. ....   | 38 104 days |
| 39 • If line 38 and the number of days in your 2022 tax year (usually 365) are the same, enter "1.000."<br>• Otherwise, divide line 38 by the number of days in your 2022 tax year and enter the result as a decimal (rounded to at least three places). .... | 39 X .285   |
| 40 Multiply line 37 by line 39 .....  | 40 31,920.  |
| 41 Subtract line 36 from line 27 .....  | 41 105,232. |
| 42 <b>Foreign earned income exclusion.</b> Enter the <b>smaller</b> of line 40 or line 41. Also, complete Part VIII .....   | 42 31,920.  |

|  |            |
|--|------------|
| <b>Part VIII Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion, or Both</b>  |            |
| 43 Add lines 36 and 42 .....   | 43 31,920. |
| 44 Deductions allowed in figuring your adjusted gross income (Form 1040 or 1040-SR, line 11) that are allocable to the excluded income. See instructions and attach computation .....  | 44         |
| 45 Subtract line 44 from line 43. Enter the result here and on Schedule 1 (Form 1040), line 8d. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on this line ..... | 45 31,920. |

|   |    |
|---|----|
| <b>Part IX Taxpayers Claiming the Housing Deduction - Complete this part only if (a) line 33 is more than line 36, and (b) line 27 is more than line 43.</b>  |    |
| 46 Subtract line 36 from line 33 .....  | 46 |
| 47 Subtract line 43 from line 27 .....  | 47 |
| 48 Enter the <b>smaller</b> of line 46 or line 47 .....   | 48 |
| <b>Note:</b> If line 47 is <b>more than</b> line 48 and you couldn't deduct all of your 2021 housing deduction because of the 2021 limit, use the Housing Deduction Carryover Worksheet in the instructions to figure the amount to enter on line 49. Otherwise, go to line 50. |    |
| 49 Housing deduction carryover from 2021 (from the Housing Deduction Carryover Worksheet in the instructions) .....   | 49 |
| 50 <b>Housing deduction.</b> Add lines 48 and 49. Enter the total here and on Schedule 1 (Form 1040), line 24j. Complete the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040 if you enter an amount on this line .....                                    | 50 |

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

**AFTAB A. & SEEMI A. KHAN**

Your social security number

**216-23-9829**

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

|  |   |           |                 |
|--|---|-----------|-----------------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....  | <b>1</b>  | <b>154,143.</b> |
| <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> | <b>31,920.</b>  |
| <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> | <b>31,920.</b>  |
| <b>3</b>   | Add lines 1 and 2d .....  | <b>3</b>  | <b>186,063.</b> |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number ...   | <b>4</b>  |                 |
| <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>  | <b>1</b>        |
| <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>  | <b>500.</b>     |
| <b>8</b>   | Add lines 5 and 7 .....   | <b>8</b>  | <b>500.</b>     |
| <b>9</b>   | Enter the amount shown below for your filing status.<br><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>  | <b>400,000.</b> |
| <b>10</b>  | Subtract line 9 from line 3.<br><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> | <b>0.</b>       |
| <b>11</b>  | Multiply line 10 by 5% (0.05) .....   | <b>11</b> | <b>0.</b>       |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? .....  | <b>12</b> | <b>500.</b>     |
| <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. |   |           |                 |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |                 |
| <b>13</b>  | Enter the amount from the <b>Credit Limit Worksheet A</b> .....   | <b>13</b> | <b>19,857.</b>  |
| <b>14</b>  | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> .....  | <b>14</b> | <b>500.</b>     |

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

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

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

Schedule 8812 (Form 1040) 2022

**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 <span style="float:right"><input type="checkbox"/></span>  |            |  |  |
| <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> |  |  |
| <b>b</b> Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.<br>Enter -0- on line 27  | <b>16b</b> |  |  |
| <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.  |            |  |  |
| <b>17</b> Enter the <b>smaller</b> of line 16a or line 16b   | <b>17</b>  |  |  |
| <b>18a</b> Earned income (see instructions)  | <b>18a</b> |  |  |
| <b>b</b> Nontaxable combat pay (see instructions)  | <b>18b</b> |  |  |
| <b>19</b> Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><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<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><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.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>  |  |  |

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

|  |           |  |  |
|--|-----------|--|--|
| <b>21</b> Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions |           |  |  |
| <b>22</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13   | <b>22</b> |  |  |
| <b>23</b> Add lines 21 and 22  | <b>23</b> |  |  |
| <b>24</b> <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.<br><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<br><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>  |  |  |  |



## Qualified Business Income Deduction Simplified Computation

# 2022

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

Your taxpayer identification number

**AFTAB A. & SEEMI A. KHAN**

**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 \$170,050 (\$340,100 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) .....   | <b>2</b>                           |   |
| 3   | Qualified business net (loss) carryforward from the prior year .....   | <b>3</b> ( )                       |   |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- .....   | <b>4</b>                           |   |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20) .....   |                                    | <b>5</b>                                |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) ..... <b>SEE STATEMENT 20</b>                 | <b>6</b> <b>479.</b>               |   |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year .....   | <b>7</b> ( )                       |   |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- .....   | <b>8</b> <b>479.</b>               |   |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20) .....  |                                    | <b>9</b> <b>96.</b>                     |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 and 9 .....  |                                    | <b>10</b> <b>96.</b>                    |
| 11  | Taxable income before qualified business income deduction .....  | <b>11</b> <b>128,243.</b>          |   |
| 12  | Net capital gain (see instructions) .....  | <b>12</b> <b>41,156.</b>           |   |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0- .....  | <b>13</b> <b>87,087.</b>           |   |
| 14  | Income limitation. Multiply line 13 by 20% (0.20) .....  |                                    | <b>14</b> <b>17,417.</b>                |
| 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 ..... |                                    | <b>15</b> <b>96.</b>                    |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- .....                                       |                                    | <b>16</b> ( )                           |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- .....                         |                                    | <b>17</b> ( )                           |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8995** (2022)

## 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<br><b>AFTAB A. &amp; SEEMI A. KHAN</b> | Taxpayer identification number<br><b>216-23-9829</b>   |
| Preparer's name<br><b>SYED ABDUL RAZZAK</b>                             | Preparer tax identification number<br><b>P01471220</b> |

**Part I Due Diligence Requirements**

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

|   | Yes                                 | No                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <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, or 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.<br><ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information?  | <input type="checkbox"/>            | <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"/>            | <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)<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input 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"/>            | <input type="checkbox"/>            |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>a</b> Did you complete the required recertification Form 8862?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

| <b>Part II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go to Part III.)  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       | N/A                      |
| 9a 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"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| c 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"/> |

| <b>Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)   |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
|  | Yes                                 | No                       | N/A                                 |
| 10 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"/> | <input type="checkbox"/>            |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? .....   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| <b>Part IV Due Diligence Questions for Returns Claiming AOTC</b> (If the return does not claim AOTC, go to Part V.)   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 13 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"/> |

| <b>Part V Due Diligence Questions for Claiming HOH</b> (If the return does not claim HOH filing status, go to Part VI.)   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 14 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"/> |

| <b>Part VI Eligibility Certification</b>  |                                     |                          |
|---|-------------------------------------|--------------------------|
| <b>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:</b>   |                                     |                          |
| 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; <b>and</b>  |                                     |                          |
| D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i> .  |                                     |                          |
| 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).   |                                     |                          |
| <b>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).</b>  |                                     |                          |
| 15 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"/> |



**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 |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
|   |                          |                        |                              |                      |          |
| SEE ATTACHED STATEMENT FOR PART V                       |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ... |                          | -873.                  | -1,067.                      |                      |          |

**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> ..... |   |          |           |                       |   |

**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 |
|-------------------------------------|---|----------|-------------|--------------------|
|                                     |   |          |             |                    |
|                                     |   |          |             |                    |
|                                     |   |          |             |                    |
|                                     |   |          |             |                    |
| SEE ATTACHED STATEMENT FOR PART VII |   |          |             |                    |
| <b>Total</b> .....                  |   | 15,612.  | 1.000000000 | 15,612.            |

**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 |
|--------------------------------------|---|----------|--------------------|------------------|
|                                      |   |          |                    |                  |
|                                      |   |          |                    |                  |
|                                      |   |          |                    |                  |
|                                      |   |          |                    |                  |
| SEE ATTACHED STATEMENT FOR PART VIII |   |          |                    |                  |
| <b>Total</b> .....                   |   | 13,672.  | 13,672.            |                  |

**Part IX Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

| Name of activity:   | (a) | (b)    | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|--------|-----------|--------------------|------------------|
| <b>Form or schedule and line number to be reported on (see instructions):</b> ..... |     |        |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....       |     |        |           |                    |                  |
| <b>b</b> Net income from form or schedule .....                                     |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>Form or schedule and line number to be reported on (see instructions):</b> ..... |     |        |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....       |     |        |           |                    |                  |
| <b>b</b> Net income from form or schedule .....                                     |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>Form or schedule and line number to be reported on (see instructions):</b> ..... |     |        |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....       |     |        |           |                    |                  |
| <b>b</b> Net income from form or schedule .....                                     |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>SEE ATTACHED STATEMENT FOR PART IX</b>   |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>OVERALL</b>  |     |        |           |                    |                  |
| <b>Total</b> .....  |     | 1,940. | 1.0000000 | 1,940.             |                  |



**ALTERNATIVE MINIMUM TAX**

**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>SEE ATTACHED STATEMENT FOR PART V</b>                |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c ... |                          | -838.                  | -1,001.                      |                      |          |

**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> ..... |   |          |           |                       |   |

**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>SEE ATTACHED STATEMENT FOR PART VII</b> |   |          |             |                    |
| <b>Total</b> .....                         |   | 15,511.  | 1.000000000 | 15,511.            |

**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>SEE ATTACHED STATEMENT FOR PART VIII</b> |   |          |                    |                  |
| <b>Total</b> .....                          |   | 13,672.  | 13,672.            |                  |



**ALTERNATIVE MINIMUM TAX**

**Part IX Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

| Name of activity:   | (a) | (b)    | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|--------|-----------|--------------------|------------------|
| <b>Form or schedule and line number to be reported on (see instructions):</b> ..... |     |        |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....       |     |        |           |                    |                  |
| <b>b</b> Net income from form or schedule .....                                     |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>Form or schedule and line number to be reported on (see instructions):</b> ..... |     |        |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....       |     |        |           |                    |                  |
| <b>b</b> Net income from form or schedule .....                                     |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>Form or schedule and line number to be reported on (see instructions):</b> ..... |     |        |           |                    |                  |
| <b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....       |     |        |           |                    |                  |
| <b>b</b> Net income from form or schedule .....                                     |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>SEE ATTACHED STATEMENT FOR PART IX</b>   |     |        |           |                    |                  |
| <b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....            |     |        |           |                    |                  |
| <b>OVERALL</b>  |     |        |           |                    |                  |
| <b>Total</b> .....  |     | 1,839. | 1.0000000 | 1,839.             |                  |

# Noncash Charitable Contributions

**Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.**  
**Go to [www.irs.gov/Form8283](http://www.irs.gov/Form8283) for instructions and the latest information.**

Name(s) shown on your income tax return

**Identifying number**

**AFTAB A. & SEEMI A. KHAN**

**216-23-9829**

**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** - List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

**Part I Information on Donated Property** - If you need more space, attach a statement.

| 1 | (a) Name and address of the donee organization  | (b) If donated property is a vehicle, check the box. Also enter the vehicle identification number (unless Form 1098-C is attached) | (c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.) |
|---|---|--|---|
| A | GOODWILL<br>1140, WASHINGTON, DC, DC 20002      | <input type="checkbox"/>   | GOODS (E.G. CLOTHES, FURNITURE, HOUSEHOLD ITEM  |
| B | LPF<br>9170, SILVER SPRING, MD 20910            | <input type="checkbox"/>   | GOODS (E.G. CLOTHES, FURNITURE, HOUSEHOLD ITEM  |
| C | MARY'S CENTER<br>2333 ONT, WASHINGTON, DC 20009 | <input type="checkbox"/>   | GOODS (E.G. CLOTHES, FURNITURE, HOUSEHOLD ITEM  |
| D |   | <input type="checkbox"/>   |   |
| E |   | <input type="checkbox"/>   |   |

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

|   | (d) Date of the contribution | (e) Date acquired by donor (mo., yr.) | (f) How acquired by donor | (g) Donor's cost or adjusted basis | (h) Fair market value (see instructions) | (i) Method used to determine the fair market value |
|---|------------------------------|---------------------------------------|---------------------------|------------------------------------|--|--|
| A | 12/12/22                     | VAR.                                  | PURCHASE                  | 1,500.                             | 450.                                     | COMPARABLE SALES                                   |
| B | 10/15/22                     | VAR.                                  | PURCHASE                  | 900.                               | 350.                                     | COMPARABLE SALES                                   |
| C | 07/05/22                     | VAR.                                  | PURCHASE                  | 2,100.                             | 630.                                     | COMPARABLE SALES                                   |
| D |                              |                                       |                           |                                    |  |  |
| E |                              |                                       |                           |                                    |  |  |

**Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)** - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

**Part I Information on Donated Property**

2 Check the box that describes the type of property donated.

- |  |  |   |
|--|--|---|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more)   | e <input type="checkbox"/> Other Real Estate     | i <input type="checkbox"/> Vehicles                     |
| b <input type="checkbox"/> Qualified Conservation Contribution       | f <input type="checkbox"/> Securities            | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment                                 | g <input type="checkbox"/> Collectibles**        | k <input type="checkbox"/> Other                        |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property |   |

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

\*\*Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

**Note:** In certain cases, you must attach a qualified appraisal of the property. See instructions.

| 3 | (a) Description of donated property (if you need more space, attach a separate statement) | (b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift | (c) Appraised fair market value |
|---|---|--|---------------------------------|
| A |   |  |                                 |
| B |   |  |                                 |
| C |   |  |                                 |

|   | (d) Date acquired by donor (mo., yr.) | (e) How acquired by donor | (f) Donor's cost or adjusted basis | (g) For bargain sales, enter amount received | (h) Amount claimed as a deduction (see instructions) | (i) Date of contribution (see instructions) |
|---|---------------------------------------|---------------------------|------------------------------------|--|--|---|
| A |                                       |                           |                                    |  |  |   |
| B |                                       |                           |                                    |  |  |   |
| C |                                       |                           |                                    |  |  |   |

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return. **SCHEDULE E- 2**

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|  |  |  |
|--|--|--|
| Name(s) shown on return<br><b>AFTAB A. &amp; SEEMI A. KHAN</b> | Business or activity to which this form relates<br><b>HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 220</b> | Identifying number<br><b>216-23-9829</b> |
|--|--|--|

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|   |                             |                              |
|---|-----------------------------|------------------------------|
| 1 Maximum amount (see instructions) .....   | <b>1</b>                    |                              |
| 2 Total cost of section 179 property placed in service (see instructions) .....   | <b>2</b>                    |                              |
| 3 Threshold cost of section 179 property before reduction in limitation .....   | <b>3</b>                    |                              |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | <b>4</b>                    |                              |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... | <b>5</b>                    |                              |
| <b>6</b>  | (a) Description of property | (b) Cost (business use only) |
|   |                             | (c) Elected cost             |
|   |                             |                              |
|   |                             |                              |
|   |                             |                              |
| 7 Listed property. Enter the amount from line 29 .....  | <b>7</b>                    |                              |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....  | <b>8</b>                    |                              |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....   | <b>9</b>                    |                              |
| 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 .....  | <b>10</b>                   |                              |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | <b>11</b>                   |                              |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....   | <b>12</b>                   |                              |
| 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 .....  | <b>13</b>                   |                              |

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

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

|   |           |        |
|---|-----------|--------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year ..... | <b>14</b> | 4,750. |
| 15 Property subject to section 168(f)(1) election .....   | <b>15</b> |        |
| 16 Other depreciation (including ACRS) .....  | <b>16</b> | 2,546. |

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

**Section A**

|   |           |  |
|---|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2022 .....   | <b>17</b> |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |           |  |

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

| (a) Classification of property        | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| <b>h</b> Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                       | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                       | /                                    |  |                     | MM             | S/L        |                            |

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

|                       |   |  |         |    |     |
|-----------------------|---|--|---------|----|-----|
| <b>20a</b> Class life |   |  |         |    | S/L |
| <b>b</b> 12-year      |   |  | 12 yrs. |    | S/L |
| <b>c</b> 30-year      | / |  | 30 yrs. | MM | S/L |
| <b>d</b> 40-year      | / |  | 40 yrs. | MM | S/L |

**Part IV Summary (See instructions.)**

|  |           |        |
|--|-----------|--------|
| 21 Listed property. Enter amount from line 28 .....  | <b>21</b> |        |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .... | <b>22</b> | 7,296. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....   | <b>23</b> |        |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2022 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

## Form 1116

## U.S. and Foreign Source Income Summary

| NAME                                       |          | 216-23-9829 |          |         |  |
|--|----------|-------------|----------|---------|--|
| AFTAB A. & SEEMI A. KHAN                   |          |             |          |         |  |
| INCOME TYPE                                | TOTAL    | U.S.        | FOREIGN  |         |  |
|  |          |             | GENERAL  | PASSIVE |  |
| Compensation                               | 137,257. |             | 137,257. |         |  |
| Dividends/Distributions                    | 43,571.  | 41,032.     |          | 2,539.  |  |
| Interest                                   | 2,389.   | 2,389.      |          |         |  |
| Capital Gains                              | 4,274.   | 4,274.      |          |         |  |
| Business/Profession                        |          |             |          |         |  |
| Rent/Royalty                               | 16,277.  | 16,277.     |          |         |  |
| State/Local Refunds                        |          |             |          |         |  |
| Partnership/S Corporation                  |          |             |          |         |  |
| Trust/Estate                               |          |             |          |         |  |
| Other Income                               | 6,418.   | 8,097.      | -1,679.  |         |  |
| Gross Income                               | 210,186. | 72,069.     | 135,578. | 2,539.  |  |
| Less:                                      |          |             |          |         |  |
| Section 911 Exclusion                      | 31,920.  |             | 31,920.  |         |  |
| Capital Losses                             | 7,274.   | 7,274.      |          |         |  |
| Capital Gains Tax Adjustment               |          |             |          |         |  |
| Total Income - Form 1116                   | 170,992. | 64,795.     | 103,658. | 2,539.  |  |
| Deductions:                                |          |             |          |         |  |
| Business/Profession Expenses               |          |             |          |         |  |
| Rent/Royalty Expenses                      | 16,277.  | 16,277.     |          |         |  |
| Partnership/S Corporation Losses           |          |             |          |         |  |
| Trust/Estate Losses                        |          |             |          |         |  |
| Capital Losses                             |          |             |          |         |  |
| Non-capital Losses                         |          |             |          |         |  |
| Individual Retirement Account              |          |             |          |         |  |
| Moving Expenses                            |          |             |          |         |  |
| Self-employment Tax Deduction              | 572.     | 572.        |          |         |  |
| Self-employment Health Insurance           |          |             |          |         |  |
| Keogh Contributions                        |          |             |          |         |  |
| Alimony                                    |          |             |          |         |  |
| Forfeited Interest                         |          |             |          |         |  |
| Foreign Housing Deduction                  |          |             |          |         |  |
| Other Adjustments                          |          |             |          |         |  |
| Capital Gains Tax Adjustment               |          |             |          |         |  |
| Total Deductions                           | 16,849.  | 16,849.     |          |         |  |
| Adjusted Gross Income                      | 154,143. | 47,946.     | 103,658. | 2,539.  |  |
| Less Itemized Deductions:                  |          |             |          |         |  |
| Specifically Allocated                     |          |             |          |         |  |
| Home Mortgage Interest                     |          |             |          |         |  |
| Other Interest                             |          |             |          |         |  |
| Ratably Allocated                          | 25,900.  | 8,881.      | 16,706.  | 313.    |  |
| Total Adjustments to Adjusted Gross Income | 25,900.  | 8,881.      | 16,706.  | 313.    |  |
| Taxable Income                             | 128,243. | 39,065.     | 86,952.  | 2,226.  |  |

Form 1116

Foreign Wages, Salaries, Business and Profession Income

NAME

AFTAB A. & SEEMI A. KHAN

216-23-9829

Wages and Salaries:

| Source                           | Amount   |
|----------------------------------|----------|
| SAUDI ARABIAN OIL COMPANY        | 137,257. |
|                                  |          |
|                                  |          |
|                                  |          |
|                                  |          |
|                                  |          |
| Total Foreign Wages and Salaries | 137,257. |

Business and Profession Income:

| Source                                       | Amount |
|--|--------|
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
| Total Foreign Business and Profession Income |        |

Reduction for Foreign Earned Income Exclusion/Deduction:

|  |           |
|--|-----------|
| Total Foreign Wages and Salaries                 | 137,257.  |
| Foreign Earned Income Exclusion/Deduction        | 31,920.   |
| Percent Applicable to Foreign Wages and Salaries | 100.0000% |

Reduction Amount 31,920.

Wages and Salaries Included on Form 1116, line 1 105,337.

|  |  |
|--|--|
| Total Foreign Business and Profession Income                 |  |
| Foreign Earned Income Exclusion/Deduction                    |  |
| Percent Applicable to Foreign Business and Profession Income |  |
| Reduction Amount   |  |

Business and Profession Income Included on Form 1116, line 1

**INDIVIDUAL RETIREMENT ACCOUNT  
COMPUTATION FOR  
FEDERAL 1040**

Name: AFTAB A. KHAN

SSN: 216-23-9829

**Traditional IRA Deduction Computation**

Covered by an employer retirement plan?  Yes  No

|    |   |          |          |
|----|---|----------|----------|
| 1  | Traditional IRA limitation  | 7,000.   |          |
| 2  | Less: Amount contributed to Roth IRA  |          |          |
| 3  | Net traditional IRA amount  |          | 7,000.   |
| 4  | Wages and other earned income after Keogh deduction                                   | 144,782. |          |
| 5  | Enter foreign housing and earned income exclusion                                     | 31,920.  |          |
| 6  | Net compensation (line 4 minus line 5)  |          | 112,862. |
| 7  | Amount contributed to traditional IRA   |          | 0.       |
| 8  | Allowable contribution (lesser of line 3, line 6 or line 7)                           |          | 0.       |
| 9  | Contribution credit:  |          |          |
| a  | IRA limitation  |          |          |
| b  | IRA contributions from line 7   |          |          |
| c  | Contribution credit, line 9a minus line 9b  |          |          |
| d  | Prior year excess contribution not previously eliminated                              |          |          |
| e  | Additional allowable contribution (lesser of line 9c or line 9d)                      |          |          |
| 10 | Total allowable contribution, line 8 plus line 9e                                     |          |          |
| 11 | Excess Contribution   |          |          |
| 12 | Limitation Reduction:   |          |          |
| a  | Traditional IRA limitation  |          |          |
| b  | Adjusted gross income before traditional IRA deduction                                |          |          |
| c  | Phaseout level  |          |          |
| d  | Excess AGI, line 12b minus line 12c   |          |          |
| e  | Reduction ratio, line 12d divided by \$10,000 or \$20,000                             |          |          |
| f  | Amount of limitation reduction, line 12a times line 12e (round down to previous \$10) |          |          |
| g  | Reduced limitation, line 12a minus line 12f. Not less than \$200 if ratio under 100%  |          |          |
| 13 | Traditional IRA deduction, lesser of line 10 or line 12g                              |          | 0.       |

**Roth IRA Contribution Computation**

|   |   |          |          |
|---|---|----------|----------|
| 1 | Roth IRA limitation   | 7,000.   |          |
| 2 | Amount contributed to traditional IRA   | 0.       |          |
| 3 | Net Roth IRA limitation   |          | 7,000.   |
| 4 | Wages and other earned income after Keogh deduction and foreign earned income exclusion                   |          | 112,862. |
| 5 | Amount contributed to Roth IRA  |          | 7,000.   |
| 6 | Allowable Roth IRA contribution before AGI limitation (lesser of line 3, 4 or 5)                          |          | 7,000.   |
| 7 | Limitation Reduction:   |          |          |
| a | Modified AGI for Roth IRA purposes  | 186,063. |          |
| b | Phaseout level  | 204,000. |          |
| c | Excess AGI, line 7a minus line 7b   | 0.       |          |
| d | Reduction ratio, line 7c divided by \$10,000 or \$15,000  |          |          |
| e | Amount of limitation reduction, line 1 times line 7d (round down to previous \$10)                        |          |          |
| 8 | Roth IRA contribution (lesser of line 1 minus line 7e or line 6). Not less than \$200 if ratio under 100% |          | 7,000.   |

## IRA - Modified AGI for Roth IRA Purposes

|   |          |
|---|----------|
| 1. Adjusted gross income (AGI) from Form 1040 (not taking into account any social security benefits, deduction for contributions to a traditional IRA, student loan interest deduction, tuition and fees deduction, or exclusion of interest from savings bonds on Form 8815) ..... | 154,143. |
| 2. Income resulting from conversion of an IRA (other than a Roth IRA) to a Roth IRA and a rollover from a qualified retirement plan to a Roth IRA .....   | 154,143. |
| 3. Subtract line 2 from line 1 .....  | 154,143. |
| 4. Fifty percent of all social security benefits received .....   |          |
| 5. Total of any foreign earned income exclusion, foreign housing exclusion, exclusion of employer-paid adoption benefits, or exclusion of income from bona fide residents of Puerto Rico .....  | 31,920.  |
| 6. Total amount of any tax-exempt interest reported on line 2a of Form 1040 .....   |          |
| 7. Total of lines 3, 4, 5, and 6 .....  | 186,063. |
| 8. Base amount listed below for your filing status .....  |          |
| * \$25,000 if single, head of household, surviving spouse, or married filing separately and lived apart from spouse during the entire year;   |          |
| * \$32,000 if married filing jointly;   |          |
| * \$0- if married filing separately and lived with spouse at any time during the year   |          |
| 9. Line 7 minus line 8. If zero or less, enter zero .....   |          |
| 10. 50% of the amount between \$25,000 and \$34,000 (\$32,000 and \$44,000 if MFJ; \$0 if MFS and you lived with spouse at any time during the year). Limited to line 2 above .....   |          |
| 11. 85% of the amount over \$34,000 (\$44,000 if MFJ; \$0 if MFS and lived with spouse at any time during the year). .....  |          |
| 12. 85% of all social security benefits received .....  |          |
| 13. Taxable social security benefits to be included in modified AGI for Roth IRA purposes. Enter the lesser of line 10 plus line 11 or line 12. Plus any lump sum payments .....  |          |
| 14. Enter the amount of any employer-provided adoption benefits exclusion and any foreign earned income exclusion and foreign housing exclusion or deduction claimed .....  | 31,920.  |
| 15. Modified AGI for determining reduced Roth IRA contribution - add lines 3, 13 and 14 .....   | 186,063. |



## FORM 1040

## WAGES RECEIVED AND TAXES WITHHELD

## STATEMENT 1

| T<br>S EMPLOYER'S NAME         | AMOUNT<br>PAID | FEDERAL<br>TAX<br>WITHHELD | STATE<br>TAX<br>WITHHELD | CITY<br>SDI<br>TAX W/H | FICA<br>TAX | MEDICARE<br>TAX |
|--------------------------------|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T SAUDI ARABIAN OIL<br>COMPANY | 137,257.       | 28,507.                    |                          |                        |             |                 |
| TOTALS                         | 137,257.       | 28,507.                    |                          |                        |             |                 |

## FORM 1040

## QUALIFIED DIVIDENDS

## STATEMENT 2

| NAME OF PAYER                                    | ORDINARY<br>DIVIDENDS | QUALIFIED<br>DIVIDENDS |
|--|-----------------------|------------------------|
| BALANCED FUND D SHARES                           | 299.                  | 243.                   |
| GLOBAL SELECT FUND D SHARES                      | 102.                  | 102.                   |
| GROWTH & INCOME FUND D SHARES                    | 719.                  | 719.                   |
| RESEARCH FUND D SHARES                           | 90.                   | 74.                    |
| TD AMERITRADE 55777                              | 42,360.               | 40,017.                |
| FROM K-1 - ENTERPRISE PRODUCTS<br>PARTNERS, L.P. | 1.                    | 1.                     |
| TOTAL INCLUDED IN FORM 1040, LINE 3A             |                       | 41,156.                |

## FORM 1040

## PENSIONS AND ANNUITIES

## STATEMENT 3

## VANGUARD FIDUCIARY TRUST

|   |          |    |
|---|----------|----|
| AMOUNT RECEIVED THIS YEAR                   | 739,596. |    |
| NONTAXABLE AMOUNT (ROLLOVER)                | 739,596. |    |
| CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D |          | 0. |
| TOTAL INCLUDED IN FORM 1040, LINE 5B        |          |    |

FORM 1040

FOREIGN EARNED INCOME TAX WORKSHEET - LINE 16

STATEMENT 4

- |   |          |
|---|----------|
| 1. ENTER THE AMOUNT FROM 1040, LINE 15  | 128,147. |
| 2A. ENTER THE AMOUNT FROM YOUR (AND YOUR SPOUSE'S, IF FILING JOINTLY) FORM 2555, LINES 45 AND 50  | 31,920.  |
| B. ENTER THE TOTAL AMOUNT OF ANY ITEMIZED DEDUCTIONS OR EXCLUSIONS YOU COULD NOT CLAIM BECAUSE THEY ARE RELATED TO EXCLUDED INCOME  |          |
| C. SUBTRACT LINE 2B FROM LINE 2A. IF ZERO OR LESS, ENTER -0-  | 31,920.  |
| 3. ADD LINES 1 AND 2C   | 160,067. |
| 4. TAX ON AMOUNT ON LINE 3. USE THE TAX TABLE, TAX COMPUTATION WKST, QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WKST*, SCHEDULE D TAX WKST*, OR FORM 8615, WHICHEVER APPLIES. SEE THE INSTRUCTIONS FOR LINE 16 TO SEE WHICH TAX COMPUTATION METHOD APPLIES (DON'T USE A SECOND FOREIGN EARNED INCOME TAX WKST TO FIGURE THE TAX ON THIS LINE) | 23,567.  |
| 5. TAX ON LINE 2C. IF THE AMOUNT ON LINE 2C IS LESS THAN \$100,000, USE THE TAX TABLE TO FIGURE THIS TAX. IF THE AMOUNT IS \$100,000 OR MORE, USE THE TAX COMPUTATION WKST  | 3,420.   |
| 6. SUBTRACT LINE 5 FROM LINE 4. ENTER THE RESULT. IF ZERO OR LESS, ENTER -0-. ALSO INCLUDE THIS AMOUNT ON THE ENTRY SPACE ON FORM 1040, LINE 16   | 20,147.  |

\*ENTER THE AMOUNT FROM LINE 3 ABOVE ON LINE 1 OF THE QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WKST OR SCHEDULE D TAX WKST IF YOU USE EITHER OF THOSE WKSTS TO FIGURE THE TAX ON LINE 4 ABOVE. COMPLETE THE REST OF THE WKST THROUGH LINE 4 (LINE 10 OF YOUR SCHEDULE D TAX WKST). NEXT, YOU MUST DETERMINE IF YOU HAVE A CAPITAL GAIN EXCESS. TO FIND OUT IF YOU HAVE A CAPITAL GAIN EXCESS, SUBTRACT FORM 1040, LINE 15 FROM LINE 4 OF YOUR QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WKST (LINE 10 YOUR SCHEDULE D TAX WKST). IF THE RESULT IS MORE THAN ZERO, THAT AMOUNT IS YOUR CAPITAL GAIN EXCESS.

IF YOU DON'T HAVE A CAPITAL GAIN EXCESS, COMPLETE THE REST OF EITHER OF THOSE WKSTS ACCORDING TO THE WKST'S INSTRUCTIONS. THEN COMPLETE LINES 5 & 6 ABOVE.

IF YOU HAVE A CAPITAL GAIN EXCESS, COMPLETE A SECOND QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET OR SCHEDULE D TAX WORKSHEET (WHICHEVER APPLIES) AS INSTRUCTED ABOVE BUT IN ITS ENTIRETY AND WITH THE FOLLOWING MODIFICATIONS. THEN COMPLETE LINES 5 AND 6 ABOVE. THESE MODIFICATIONS ARE TO BE MADE ONLY FOR PURPOSES OF FILLING OUT THE FOREIGN EARNED INCOME TAX WORKSHEET ABOVE.

1. REDUCE (BUT NOT BELOW ZERO) THE AMOUNT YOU WOULD OTHERWISE ENTER ON LINE 3 OF YOUR QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET OR LINE 9 OF YOUR SCHEDULE D TAX WORKSHEET BY YOUR CAPITAL GAIN EXCESS.
2. REDUCE (BUT NOT BELOW ZERO) THE AMOUNT YOU WOULD OTHERWISE ENTER ON LINE 2 OF YOUR QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET OR LINE 6 OF YOUR SCHEDULE D TAX WORKSHEET BY ANY OF YOUR CAPITAL GAIN EXCESS NOT USED IN (1) ABOVE.
3. REDUCE (BUT NOT BELOW ZERO) THE AMOUNT ON YOUR SCHEDULE D (FORM 1040) LINE 18, BY YOUR CAPITAL GAIN EXCESS.
4. INCLUDE YOUR CAPITAL GAIN EXCESS AS A LOSS ON LINE 16 OF YOUR UNRECAPTURED SECTION 1250 GAIN WORKSHEET IN THE INSTRUCTIONS FOR SCHEDULE D (FORM 1040)

FORM 1040

FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

STATEMENT 5

| <u>T</u><br><u>S</u> DESCRIPTION | AMOUNT  |
|----------------------------------|---------|
| T SAUDI ARABIAN OIL COMPANY      | 28,507. |
| TOTAL TO FORM 1040, LINE 25A     | 28,507. |

| SCHEDULE 1                   | MISCELLANEOUS INCOME | STATEMENT 6 |
|------------------------------|----------------------|-------------|
| DESCRIPTION                  |                      | AMOUNT      |
| AMAZON.COM, INC              |                      | 8,097.      |
| SEC. 119 - CAMP HOUSING      |                      | -1,679.     |
| TOTAL TO SCHEDULE 1, LINE 8Z |                      | 6,418.      |

| SCHEDULE A                      | MEDICAL AND DENTAL EXPENSES | STATEMENT 7 |
|---------------------------------|-----------------------------|-------------|
| DESCRIPTION                     |                             | AMOUNT      |
| MEDICAL INSURANCE PREMIUMS PAID |                             | 5,575.      |
| TOTAL TO SCHEDULE A, LINE 1     |                             | 5,575.      |

| SCHEDULE D                    | CAPITAL GAIN DISTRIBUTIONS | STATEMENT 8 |
|-------------------------------|----------------------------|-------------|
| NAME OF PAYER                 | TOTAL<br>CAPITAL GAIN      | 28% GAIN    |
| BALANCED FUND D SHARES        | 229.                       |             |
| GLOBAL SELECT FUND D SHARES   | 195.                       |             |
| GROWTH & INCOME FUND D SHARES | 3,051.                     |             |
| RESEARCH FUND D SHARES        | 112.                       |             |
| TRITON FUND D SHARES          | 636.                       |             |
| TD AMERITRADE 55777           | 51.                        |             |
| TOTALS TO SCHEDULE D, LINE 13 | 4,274.                     |             |

| SCHEDULE D   | CAPITAL LOSS CARRYOVER | STATEMENT 9 |
|--|------------------------|-------------|
| 1. ENTER THE AMOUNT FROM FORM 1040, LINE 15  |                        | 128,147.    |
| 2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT   |                        | 3,000.      |
| 3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-   |                        | 131,147.    |
| 4. ENTER THE SMALLER OF LINE 2 OR LINE 3   |                        | 3,000.      |
| 5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT  |                        | 405.        |
| 6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15  |                        |             |
| 7. ADD LINES 4 AND 6   |                        | 3,000.      |
| 8. SHORT-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR.<br>SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-  |                        | 0.          |
| 9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT   |                        | 8,087.      |
| 10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7  |                        |             |
| 11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-  | 2,595.                 |             |
| 12. ADD LINES 10 AND 11  |                        | 2,595.      |
| 13. LONG-TERM CAPITAL LOSS CARRYOVER TO NEXT YEAR.<br>SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0- |                        | 5,492.      |

| SCHEDULE E                                     | OTHER EXPENSES | STATEMENT 10 |
|--|----------------|--------------|
| HOUSE - 17366 SLIGO LOOP, WOODBRIDGE, VA 22026 |                |              |
| DESCRIPTION                                    |                | AMOUNT       |
| GARDENING                                      |                | 70.          |
| SERVICE CHARGE                                 |                | 560.         |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19           |                | 630.         |

| SCHEDULE E                                     | OTHER EXPENSES | STATEMENT 11 |
|--|----------------|--------------|
| HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026 |                |              |
| DESCRIPTION                                    |                | AMOUNT       |
| GARDENING                                      |                | 70.          |
| SERVICE CHARGE                                 |                | 391.         |
| TRAVEL COST                                    |                | 840.         |
| TOTAL TO SCHEDULE E, PAGE 1, LINE 19           |                | 1,301.       |

| SCHEDULE SE                  | NON-FARM INCOME | STATEMENT 12 |
|------------------------------|-----------------|--------------|
| DESCRIPTION                  |                 | AMOUNT       |
| AMAZON.COM, INC              |                 | 8,097.       |
| TOTAL TO SCHEDULE SE, LINE 2 |                 | 8,097.       |

| FORM 1116 | WORLDWIDE CAPITAL GAINS<br>WORKSHEET FOR LINE 18                                 | STATEMENT 13 |
|-----------|--|--------------|
| 1         | ENTER THE AMOUNT FROM FORM 1040, OR 1040-NR,<br>LINE 15                          | 128,147.     |
| 2         | ENTER WORLDWIDE 28% GAINS  |              |
| 3         | MULTIPLY LINE 2 BY 0.2432  |              |
| 4         | ENTER WORLDWIDE 25% GAINS  |              |
| 5         | MULTIPLY LINE 4 BY 0.3243  |              |
| 6         | ENTER WORLDWIDE 20% GAINS AND<br>QUALIFIED DIVIDENDS                             |              |
| 7         | MULTIPLY LINE 6 BY 0.4595  |              |
| 8         | ENTER WORLDWIDE 15% GAINS AND<br>QUALIFIED DIVIDENDS                             | 41,156.      |
| 9         | MULTIPLY LINE 8 BY 0.5946  | 24,471.      |
| 10        | ENTER WORLDWIDE 0% GAINS AND<br>QUALIFIED DIVIDENDS                              |              |
| 11        | ADD LINES 3, 5, 7, 9 AND 10  | 24,471.      |
| 12        | SUBTRACT LINE 11 FROM LINE 1. ENTER THE<br>RESULT HERE AND ON FORM 1116, LINE 18 | 103,676.     |

FORM 6251

FOREIGN EARNED INCOME WORKSHEET - LINE 7

STATEMENT 14

1. ENTER THE AMOUNT FROM FORM 6251, LINE 6 35,947.
- 2A. ENTER THE AMOUNT FROM YOUR (AND YOUR SPOUSE'S IF FILING JOINTLY) FORM 2555, LINES 45 AND 50 31,920.
- B. ENTER THE TOTAL AMOUNT OF ANY ITEMIZED DEDUCTIONS OR EXCLUSIONS YOU COULD NOT CLAIM BECAUSE THEY WERE RELATED TO EXCLUDED INCOME
- C. SUBTRACT LINE 2B FROM LINE 2A. IF ZERO OR LESS, ENTER -0- 31,920.
3. ADD LINES 1 AND 2C 67,867.
4. TAX ON AMOUNT ON LINE 3.  
 \* IF YOU REPORTED CAPITAL GAIN DISTRIBUTIONS DIRECTLY ON FORM 1040, LINE 7; OR YOU REPORTED QUALIFIED DIVIDENDS ON FORM 1040, LINE 3A; OR YOU HAD A GAIN ON BOTH LINES 15 AND 16 OF SCHEDULE D (FORM 1040) (AS REFIGURED FOR THE AMT, IF NECESSARY), ENTER THE AMOUNT FROM LINE 3 OF THIS WORKSHEET ON FORM 6251, LINE 12. COMPLETE THE REST OF PART III OF FORM 6251. HOWEVER, BEFORE COMPLETING PART III, SEE FORMS 2555, LATER, TO SEE IF YOU MUST COMPLETE PART III WITH CERTAIN MODIFICATIONS. THEN ENTER THE AMOUNT FROM FORM 6251, LINE 40, HERE.  
 \* ALL OTHERS: IF LINE 3 IS \$206,100 OR LESS (\$103,050 OR LESS IF MARRIED FILING SEPARATELY), MULTIPLY LINE 3 BY 26%. OTHERWISE, MULTIPLY LINE 3 BY 28% AND SUBTRACT \$4,122 (\$2,061 IF MARRIED FILING SEPARATELY) FROM THE RESULT 13,691.
5. TAX ON THE AMOUNT ON LINE 2C. IF LINE 2C IS \$206,100 OR LESS (\$103,050 OR LESS IF MARRIED FILING SEPARATELY), MULTIPLY LINE 2C BY 26%. OTHERWISE, MULTIPLY LINE 2C BY 28% AND SUBTRACT \$4,122 (\$2,061 IF MARRIED FILING SEPARATELY) FROM THE RESULT 8,299.
6. SUBTRACT LINE 5 FROM LINE 4. ENTER HERE AND ON FORM 6251, LINE 7 5,392.

FORM 6251

ALTERNATIVE MINIMUM TAX  
SCHEDULE D TAX WORKSHEET  
AS REFIGURED FOR CAPITAL GAIN EXCESS

STATEMENT 15

|    |  |         |         |
|----|--|---------|---------|
| A  | AMT SCHEDULE D TAX WORKSHEET, LINE 10  | 41,156. |         |
| B  | FORM 6251, LINE 6  | 35,947. |         |
| C  | CAPITAL GAIN EXCESS (LINE A MINUS LINE B)  |         | 5,209.  |
|    |  |         |         |
| 1  | ENTER YOUR TAXABLE INCOME FROM FORM 6251, LINE 6   |         | 35,947. |
| 2A | ENTER YOUR QUALIFIED DIVIDENDS FROM<br>FORM 1040, LINE 3A  | 41,156. |         |
| B  | REMAINING EXCESS   | 5,209.  |         |
| C  | LINE 2A MINUS LINE 2B. IF ZERO OR<br>LESS, ENTER -0-   |         | 35,947. |
| 3  | IF YOU ARE FILING FORM 4952, ENTER<br>THE AMOUNT FROM FORM 4952, LINE 4G.  |         |         |
| 4  | ENTER THE AMOUNT FROM FORM 4952,<br>LINE 4E  |         |         |
| 5  | SUBTRACT LINE 4 FROM LINE 3  |         |         |
| 6  | SUBTRACT LINE 5 FROM LINE 2C   | 35,947. |         |
| 7  | ENTER THE SMALLER OF LINE 15 OR 16<br>OF SCHEDULE D AMT  |         |         |
| 8  | ENTER THE SMALLER OF LN 3 OR LN 4  |         |         |
| 9A | SUBTRACT LINE 8 FROM LINE 7. IF ZERO<br>OR LESS, ENTER -0-   |         |         |
| B  | CAPITAL GAIN EXCESS  | 5,209.  |         |
| C  | LINE 9A MINUS LINE 9B. IF ZERO OR<br>LESS, ENTER -0-   |         | 0.      |
| 10 | ADD LINES 6 AND 9  | 35,947. |         |
| 11 | ADD LINES 18 OF SCHEDULE D AMT MINUS THE CAPITAL<br>GAINS EXCESS (BUT NOT BELOW ZERO) PLUS LINE 18<br>OF THE UNRECAPTURED SECTION 1250 GAIN WORKSHEET<br>BELOW |         |         |
| 12 | ENTER THE SMALLER LINE 9 OR LINE 11  |         |         |
| 13 | SUBTRACT LINE 12 FROM LINE 10. IF ZERO OR LESS, ENTER -0-.   |         |         |
|    | TOTAL TO FORM 6251, LINE 13  |         | 35,947. |

UNRECAPTURED SECTION 1250 GAIN WORKSHEET

|       |  |         |        |
|-------|--|---------|--------|
| 1 -   | 12 NOT APPLICABLE FOR RECALCULATION  |         |        |
| 13    | ADD LINES 9 THROUGH 12   |         | 14.    |
| 14    | IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE<br>GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH<br>4 OF THE 28% RATE GAIN WORKSHEET    |         | 0.     |
| 15    | ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7.<br>IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-   | -405.   |        |
| 16    | ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM<br>SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041),<br>LINE 11C MINUS THE CAPITAL EXCESS | -5,209. |        |
| 17    | COMBINE LINES 14 THROUGH 16. IF THE RESULT IS ZERO OR A GAIN,<br>ENTER -0-. IF THE RESULT IS A (LOSS), ENTER IT AS A<br>POSITIVE AMOUNT      |         | 5,614. |
| <hr/> |  |         |        |
| 18    | SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-.   |         |        |
|       | ENTER THE RESULT ON SCHEDULE D, LINE 19  |         |        |





FORM 2555

STATEMENT REGARDING HOUSING COSTS/REIMBURSEMENTS

STATEMENT 18

AFTAB A. KHAN

THE TAXPAYER, WHILE ON ASSIGNMENT OUTSIDE OF THE UNITED STATES RESIDED IN COMPANY PROVIDED HOUSING AS REQUIRED BY THE TAXPAYERS' EMPLOYMENT CONTRACT. THE TAXPAYER IS NOT PROVIDED ANY HOUSING ALLOWANCE NOR DOES THE TAXPAYER HAVE A CHOICE AS TO THE HOUSING PROVIDED. THIS IS PROVIDED FOR THE CONVENIENCE OF THE EMPLOYER AND QUALIFIES UNDER SECTION 119 OF THE INTERNAL REVENUE CODE. NO AMOUNT HAS BEEN REPORTED AS THE INFORMATION IS UNAVAILABLE.

SCHEDULE 8812

CREDIT LIMIT WORKSHEET A

STATEMENT 19

- |  |         |
|--|---------|
| 1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR  | 20,147. |
| 2. ADD THE FOLLOWING AMOUNTS (IF APPLICABLE) FROM:   |         |
| SCHEDULE 3, LINE 1   | 290.    |
| SCHEDULE 3, LINE 2   |         |
| SCHEDULE 3, LINE 3   |         |
| SCHEDULE 3, LINE 4   |         |
| SCHEDULE 3, LINE 6D  |         |
| SCHEDULE 3, LINE 6E  |         |
| SCHEDULE 3, LINE 6F  |         |
| SCHEDULE 3, LINE 6L  |         |
| FORM 5695, LINE 30   |         |
| ENTER THE TOTAL  | 290.    |
| 3. SUBTRACT LINE 2 FROM LINE 1   | 19,857. |
| COMPLETE THE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:   |         |
| 1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS:  |         |
| A. MORTGAGE INTEREST CREDIT, FORM 8396   |         |
| B. ADOPTION CREDIT, FORM 8839  |         |
| C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I  |         |
| C. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859   |         |
| 3. YOU ARE NOT FILING FORM 2555  |         |
| 4. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO   |         |
| 4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER -0-; OTHERWISE, ENTER THE AMOUNT FROM THE CREDIT LIMIT WORKSHEET B. | 0.      |
| 5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 13.   | 19,857. |

---



---

|           |   |              |
|-----------|---|--------------|
| FORM 8995 | QUALIFIED REIT DIVIDENDS AND PTP INCOME | STATEMENT 20 |
|-----------|---|--------------|

---

| NAME OF ENTITY/ACTIVITY    | REIT DIVIDENDS | PTP INCOME |
|----------------------------|----------------|------------|
| TD AMERITRADE 55777        | 479.           |            |
| TOTAL TO FORM 8995, LINE 6 | 479.           |            |

---



---



---



---

|           |  |              |
|-----------|--|--------------|
| FORM 8582 | ACTIVE RENTAL OF REAL ESTATE - PART IV | STATEMENT 21 |
|-----------|--|--------------|

---

| NAME OF ACTIVITY                                     | CURRENT YEAR |          | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |          |
|--|--------------|----------|---------------------------------|----------------------|----------|
|  | NET INCOME   | NET LOSS |                                 | GAIN                 | LOSS     |
| HOUSE - 3132 ANTRIM<br>CIRCLE, DUMFRIES, VA<br>22026 | 0.           | -10,003. |                                 |                      | -10,003. |
| HOUSE - 17366 SLIGO<br>LOOP, WOODBRIDGE, VA<br>22026 | 0.           | -3,669.  |                                 |                      | -3,669.  |
| TOTALS   | 0.           | -13,672. |                                 |                      | -13,672. |

---



---



---



---

|           |                                   |              |
|-----------|-----------------------------------|--------------|
| FORM 8582 | OTHER PASSIVE ACTIVITIES - PART V | STATEMENT 22 |
|-----------|-----------------------------------|--------------|

---

| NAME OF ACTIVITY                      | CURRENT YEAR |          | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |         |
|---------------------------------------|--------------|----------|---------------------------------|----------------------|---------|
|                                       | NET INCOME   | NET LOSS |                                 | GAIN                 | LOSS    |
| ENTERPRISE PRODUCTS<br>PARTNERS, L.P. | 0.           | -873.    | -1,067.                         |                      | -1,940. |
| TOTALS                                | 0.           | -873.    | -1,067.                         |                      | -1,940. |

---



---

## FORM 8582

## ALLOCATION OF UNALLOWED LOSSES - PART VII

## STATEMENT 23

| NAME OF ACTIVITY  | FORM<br>OR<br>SCHEDULE | LOSS    | RATIO       | UNALLOWED<br>LOSS |
|---|------------------------|---------|-------------|-------------------|
| ENTERPRISE PRODUCTS PARTNERS, L.P.<br>HOUSE - 3132 ANTRIM CIRCLE,<br>DUMFRIES, VA 22026 | SCH E<br>SCH E         | 1,940.  | .124263387  | 1,940.            |
| HOUSE - 17366 SLIGO LOOP,<br>WOODBIDGE, VA 22026  | SCH E                  | 10,003. | .640725083  | 10,003.           |
|   |                        | 3,669.  | .235011530  | 3,669.            |
| TOTALS  |                        | 15,612. | 1.000000000 | 15,612.           |

## FORM 8582

## ALLOWED LOSSES - PART VIII

## STATEMENT 24

| NAME OF ACTIVITY                                  | FORM<br>OR<br>SCHEDULE | LOSS    | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|---|------------------------|---------|-------------------|-----------------|
| HOUSE - 3132 ANTRIM CIRCLE,<br>DUMFRIES, VA 22026 | SCH E                  | 10,003. | 10,003.           |                 |
| HOUSE - 17366 SLIGO LOOP,<br>WOODBIDGE, VA 22026  | SCH E                  | 3,669.  | 3,669.            |                 |
| TOTALS  |                        | 13,672. | 13,672.           |                 |

## FORM 8582

ACTIVITIES WITH LOSSES REPORTED ON 2 OR  
MORE DIFFERENT FORMS OR SCHEDULES - PART IX

## STATEMENT 25

| GROUP<br>NO. | NAME  | FORM OR<br>SCHEDULE<br>NET LOSS | FORM OR<br>SCHEDULE<br>NET GAIN | OVERALL<br>LOSS | RATIO       | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|--------------|---|---------------------------------|---------------------------------|-----------------|-------------|-------------------|-----------------|
| 1            | ENTERPRISE<br>PRODUCTS<br>PARTNERS,<br>L.P. | 59.                             |                                 | 59.             | .030412371  | 59.               |                 |
| 1            | ENTERPRISE<br>PRODUCTS<br>PARTNERS,<br>L.P. | 1,881.                          |                                 | 1,881.          | .969587629  | 1,881.            |                 |
|              |   |                                 |                                 | 1,940.          | 1.000000000 | 1,940.            |                 |

FORM 8582

## SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 26

| R<br>R<br>E<br>A<br>- | FORM<br>OR<br>SCHEDULE                                  | GAIN/LOSS | PRIOR<br>YEAR C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|-----------------------|---|-----------|-------------------|------------------|-------------------|-----------------|
|                       | FORM 4797   |           |                   |                  |                   |                 |
|                       | ENTERPRISE<br>PRODUCTS<br>PARTNERS, L.P.                | -14.      | -45.              | -59.             | 59.               |                 |
|                       | SCH E   |           |                   |                  |                   |                 |
|                       | ENTERPRISE<br>PRODUCTS<br>PARTNERS, L.P.                | -859.     | -1,022.           | -1,881.          | 1,881.            |                 |
| X                     | HOUSE - 3132<br>ANTRIM CIRCLE,<br>DUMFRIES, VA<br>22026 | -10,003.  |                   | -10,003.         | 10,003.           |                 |
| X                     | HOUSE - 17366<br>SLIGO LOOP,<br>WOODBIDGE, VA<br>22026  | -3,669.   |                   | -3,669.          | 3,669.            |                 |
| TOTALS                |   | -14,545.  | -1,067.           | -15,612.         | 15,612.           |                 |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

FORM 8582

MODIFIED AGI

STATEMENT 27

INCOME

|                                |  |          |
|--------------------------------|--|----------|
| WAGES, SALARIES, TIPS ETC.     |  | 137,257. |
| DIVIDEND INCOME                |  | 43,571.  |
| TAXABLE REFUNDS                |  |          |
| ALIMONY RECEIVED               |  |          |
| TAXABLE IRA DISTRIBUTIONS      |  |          |
| TAXABLE PENSIONS AND ANNUITIES |  |          |
| UNEMPLOYMENT COMPENSATION      |  |          |
| OTHER INCOME                   |  | -25,502. |

|                                |        |  |
|--------------------------------|--------|--|
| INTEREST INCOME                | 2,389. |  |
| ADD: SERIES EE AND I EXCLUSION |        |  |

---

 2,389.

|                          |  |  |
|--------------------------|--|--|
| BUSINESS INCOME OR LOSS  |  |  |
| ADD: PASSIVE LOSSES      |  |  |
| SUBTRACT: PASSIVE INCOME |  |  |

|   |         |  |
|---|---------|--|
| SALE OF ASSETS (BEFORE CAPITAL LOSS LIMITATION) | -8,492. |  |
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES           |         |  |
| SUBTRACT: PASSIVE INCOME                        |         |  |

---

 LIMITED -3,000.

|   |  |  |
|---|--|--|
| RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS |  |  |
| ADD: PASSIVE/RREA PROFESSIONAL/PTP LOSSES     |  |  |
| SUBTRACT: PASSIVE INCOME                      |  |  |

|                                       |  |  |
|---------------------------------------|--|--|
| FARM OR FARM RENTAL INCOME OR LOSS    |  |  |
| ADD: PASSIVE/RREA PROFESSIONAL LOSSES |  |  |
| SUBTRACT: PASSIVE INCOME              |  |  |

---

 TOTAL INCOME 154,715.
ADJUSTMENTS

|  |  |  |
|--|--|--|
| MOVING EXPENSES                          |  |  |
| SELF-EMPLOYED HEALTH INSURANCE DEDUCTION |  |  |
| PENALTY ON EARLY WITHDRAWAL OF SAVINGS   |  |  |
| ALIMONY PAID                             |  |  |
| KEOGH/SEP DEDUCTION                      |  |  |
| OTHER ADJUSTMENTS                        |  |  |
| CHARITABLE CONTRIBUTIONS                 |  |  |

---

 TOTAL ADJUSTMENTS

---

 TOTAL TO FORM 8582, LINE 6

---

 154,715.
 

---

FORM 8582

ALTERNATIVE MINIMUM TAX  
ACTIVE RENTAL OF REAL ESTATE - PART IV

STATEMENT 28

| NAME OF ACTIVITY                                     | CURRENT YEAR |          | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |          |
|--|--------------|----------|---------------------------------|----------------------|----------|
|  | NET INCOME   | NET LOSS |                                 | GAIN                 | LOSS     |
| HOUSE - 3132 ANTRIM<br>CIRCLE, DUMFRIES, VA<br>22026 | 0.           | -10,003. |                                 |                      | -10,003. |
| HOUSE - 17366 SLIGO<br>LOOP, WOODBRIDGE, VA<br>22026 | 0.           | -3,669.  |                                 |                      | -3,669.  |
| TOTALS   | 0.           | -13,672. |                                 |                      | -13,672. |

FORM 8582

ALTERNATIVE MINIMUM TAX  
OTHER PASSIVE ACTIVITIES - PART V

STATEMENT 29

| NAME OF ACTIVITY                      | CURRENT YEAR |          | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |         |
|---------------------------------------|--------------|----------|---------------------------------|----------------------|---------|
|                                       | NET INCOME   | NET LOSS |                                 | GAIN                 | LOSS    |
| ENTERPRISE PRODUCTS<br>PARTNERS, L.P. | 0.           | -838.    | -1,001.                         |                      | -1,839. |
| TOTALS                                | 0.           | -838.    | -1,001.                         |                      | -1,839. |

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF UNALLOWED LOSSES - PART VII

STATEMENT 30

| NAME OF ACTIVITY                                     | FORM<br>OR<br>SCHEDULE | LOSS    | RATIO       | UNALLOWED<br>LOSS |
|--|------------------------|---------|-------------|-------------------|
| ENTERPRISE PRODUCTS<br>PARTNERS, L.P.                | SCH E                  | 1,839.  | .118561021  | 1,839.            |
| HOUSE - 3132 ANTRIM<br>CIRCLE, DUMFRIES, VA<br>22026 | SCH E                  | 10,003. | .644897170  | 10,003.           |
| HOUSE - 17366 SLIGO LOOP,<br>WOODBRIDGE, VA 22026    | SCH E                  | 3,669.  | .236541809  | 3,669.            |
| TOTALS   |                        | 15,511. | 1.000000000 | 15,511.           |

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOWED LOSSES - PART VIII

STATEMENT 31

| NAME OF ACTIVITY                                  | FORM<br>OR<br>SCHEDULE | LOSS    | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|---|------------------------|---------|-------------------|-----------------|
| HOUSE - 3132 ANTRIM CIRCLE,<br>DUMFRIES, VA 22026 | SCH E                  | 10,003. | 10,003.           |                 |
| HOUSE - 17366 SLIGO LOOP,<br>WOODBIDGE, VA 22026  | SCH E                  | 3,669.  | 3,669.            |                 |
| TOTALS  |                        | 13,672. | 13,672.           |                 |

FORM 8582

ALTERNATIVE MINIMUM TAX  
ACTIVITIES WITH LOSSES REPORTED ON 2 OR  
MORE DIFFERENT FORMS OR SCHEDULES - PART IX

STATEMENT 32

| GROUP<br>NO. | NAME  | FORM OR<br>SCHEDULE<br>NET LOSS | FORM OR<br>SCHEDULE<br>NET GAIN | OVERALL<br>LOSS | RATIO       | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|--------------|---|---------------------------------|---------------------------------|-----------------|-------------|-------------------|-----------------|
| 1            | ENTERPRISE<br>PRODUCTS<br>PARTNERS,<br>L.P. | 59.                             |                                 | 59.             | .032082654  | 59.               |                 |
| 1            | ENTERPRISE<br>PRODUCTS<br>PARTNERS,<br>L.P. | 1,780.                          |                                 | 1,780.          | .967917346  | 1,780.            |                 |
|              |   |                                 |                                 | 1,839.          | 1.000000000 | 1,839.            |                 |



## FORM 8582AMT

## SUMMARY OF PASSIVE ACTIVITIES - AMT

## STATEMENT 33

| R<br>R<br>E<br>A<br>- | FORM<br>OR<br>SCHEDULE                                  | GAIN/LOSS | PRIOR<br>YEAR<br>C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|-----------------------|---|-----------|----------------------|------------------|-------------------|-----------------|
|                       | FORM 4797   |           |                      |                  |                   |                 |
|                       | ENTERPRISE<br>PRODUCTS<br>PARTNERS, L.P.                | -14.      | -45.                 | -59.             | 59.               |                 |
|                       | SCH E   |           |                      |                  |                   |                 |
|                       | ENTERPRISE<br>PRODUCTS<br>PARTNERS, L.P.                | -824.     | -956.                | -1,780.          | 1,780.            |                 |
| X                     | HOUSE - 3132<br>ANTRIM CIRCLE,<br>DUMFRIES, VA<br>22026 | -10,003.  |                      | -10,003.         | 10,003.           |                 |
|                       | SCH E   |           |                      |                  |                   |                 |
| X                     | HOUSE - 17366<br>SLIGO LOOP,<br>WOODBIDGE, VA<br>22026  | -3,669.   |                      | -3,669.          | 3,669.            |                 |
|                       | SCH E   |           |                      |                  |                   |                 |
| TOTALS                |   | -14,510.  | -1,001.              | -15,511.         | 15,511.           |                 |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 11

## FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY  
FOREIGN QUALIFIED DIVIDENDS

## STATEMENT 34

| DESCRIPTION         | TOTAL<br>DIVIDEND | QUALIFIED<br>DIVIDEND | REDUCTION<br>PERCENT | DIVIDEND<br>TO LINE 1A | QUAL DIV<br>ADJUSTMENT |
|---------------------|-------------------|-----------------------|----------------------|------------------------|------------------------|
| TD AMERITRADE 55777 | 2,539.            |                       |                      | 2,539.                 |                        |
| TOTALS              | 2,539.            |                       |                      | 2,539.                 |                        |