2022 TAX RETURN FILING INSTRUCTIONS

VIRGINIA 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:

\$ 1,369
\$ 0
\$ 70
\$ 1,439
\$ \$ \$ \$

Overpayment:

Not applicable

Make Check Payable To:

Treasurer

Mail Tax Return and Check (if applicable) To:

The practitioner PIN program has been elected for your return. Please sign and return Form VA 8879 to our office.

Return Must Be Mailed On Or Before:

Return Form VA 8879 to us by May 1, 2023.

Special Instructions:

Do not mail the paper copy of the return to the VADOT.

Your check for \$1,439, payable to Treasurer, must be paid by May 1, 2023. Be sure to include Form 760-PMT with your payment.

VA Department of Taxation P.O. Box 1478 Richmond, VA 23218-1478

Include your social security number and the words "2022 Virginia Income Tax Payment" on your check.



Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia	Submis	sion Identifi	cation N	lumber	(SID)																				
No. N																				D V					
Your Na																				BY				•	umber
AFTA:		KHAN																						9829	
	e's Name																							-	Number -
		KHAN																_			<u>21</u>			7956	
		Return In															A	Sp	ous					urse	
1. Fe	deral Adj	usted Gross Ir	ncome (F	orm 760	DCG, Lin	ne 1; 7	760PY	, Line	1, colı	umns	Α&	kB;F	orm 7	763,	Line	1)			20	282	•			1338	361.
2. Vi	rginia Ac	ljusted Gros	s Incom	e (Forn	n 760C	G, Lir	ne 9;	760P`	Y, Lin	ne 10	, col	lumn	s A 8	& В;							.				. = 4
Fc	orm 763,	Line 9)																		156					251.
		come (Form													e 17))			14	491					937.
		ome Tax (Fori																		595	•				774.
5. Wi	thholding) (Form 760C)	G, Line 19	9a & 191	b; 760P	Y, Lin	es 19a	a & 19b	b; Forr	m 763	B, Lir	nes 19	9a & 1	19b)							\rightarrow				
6. Ar	nount ye	ou Owe (For	m 760C	G, Line	35; Fo	orm 76	50PY,	, Line	35; F	orm	763	, Lin	e 35)											14	<u>439.</u>
		orm 760CG,																							
Part	II Dec	laration	of Tax	payer	and	Sigr	natur	re Au	utho	oriza	itio	n													
direct institu mecha	debit of tion outs anical de yer's e-	ntification nu my tax due. side of the te vice, such a File PIN: ch orize the ERO	In choo erritorial is a sign eck one	osing e jurisdic ature p e box o	ither di ction of pen, or o	irect c the l comp	depos Jnitec outer s	sit or d d State softwa 79	direct es at are pr	debi any p ogra 9	t, I c poin m.	certif it in t	y tha he pr	t the	e trai ess. 7	nsact Faxpa	ion dc yers r	bes r may	not di sign	rectly	invol rm us	ve a sing a	financ a rubb	ial er star	np,
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) Fir	rm N	ame												
		enter my e-F own e-File P					_		-filed	Virgi	nia i	indivi	dual	inco							elow	•		enterir 2 0	
Your S	Signature	e e						$\Box \Delta$												Da	ate		1 10	2 0	2 3
Spous	se's e-Fi	le PIN: che	ck one l	oox on	ly		N	N																	
X	I auth	orize the ERO	named b	elow to	enter m	ny e-Fi	le PIN		795 not enter			s my	signat	ture	on m	ıy 202	2 e-file	ed Vi	rginia	individ	ual in	icome	e tax re	turn.	
	DEL	OITTE	TAX	SERV	/ICE	S 1	[ND]	IA	PVI	٢.															
										ERC) Fir	rm N	ame												
	l will	enter my e-F	ile PIN a	as my s	signatu	re on	my 20	022 e	-filed	Virgi	nia i	indivi	dual	inco	ome	tax re	eturn.	Che	ck th	is box	only	if yo	u are	enterir	ng
	your	own e-File P	IN and y	our ret	urn is f	filed u	ising t	the Pr	ractiti	oner	PIN	l met	hod.	The	e ER(0 mu	st con	nple	te Pa	rt III b	elow				
				0			1	7													0	4 A	PF	2.0	23
Spous	e's Sign	ature		S.	<u>e</u>	m														Da	ate				
Part	III Ce	rtification	and A	Authe	ntica	tion	- Pr	actit	ione	er P	IN I	Met	hod	10	nly										
ERO's	SEFIN/F	PIN: Enter yo	our six-di	igit EFII	N follov	wed b	y you	ur five	digit	self-s	seleo	cted	PIN.) er all z								
indicat public	ted abov ation Ha	e above nur ve. I confirm ndbook for l vice, such a	that I ar Electron	n subm ic Filers	nitting t s of Inc	this re dividu	eturn i al Inc	in acc ome 1	ordar Tax R	nce v leturr	vith [.] าร (T	the r	equir	rem	ents	ofthe	e Prac	titio	ner P	IN me	thod	and	Virgir	ia's	ayer(s)
ERO's	Signatu	re <u>SY</u> E	D AB	DUL	RAZ	ZAF	ζ.													Da	ate	_0	<u>4/0</u>	3/20	023

283011 12-07-22

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¹⁰¹⁹ Form 760-PMT

2022 Tax Due Return Payment Coupon

(DOC ID 761) *No Staples Please* To Be Used For Payments On Previously Filed 2022 Individual Income Tax Returns Only

Your Social Security Number

Spouse's Social Security Number

576534854

216237956

2165348544 2611014 155004

Name(s) AFTAB	A	AND	SEEMI	A	КНА	N					
Address 2394 SCUPPERS LN											
City ₩00DBF	RII)GE		State V A	55747 55747						
Daytime Pho	one	Number									

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

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

Amount of Payment

1439 **.00**

Form
760PY
Page 1

2022 Virginia Part-Year Resident Income Tax Return

Due May 1, 2023



	tructions before completin	-								Date		A Reside dd-yyyy)	nce	
	a complete copy of your fe				Suffix							1		
YOUR Fire	st Name	м	Your Last Name Check if c	leceased	Guilix			ecurity Number		u - Fro		. —	ou - To	
AFTA	В	А	KHAN			216	23	9829	04 - 1	5	2022	12-3	1-20	22
SPOUSE'	S First Name (filing status 2 or 4) I	™ A	Spouse's Last Name Check if c KHAN	leceased	Suffix			Security Number 7956	04 - 1	use - F 5 — 1	2022	2 12 - 3	use - To 1 – 20	22
Present H	ome Address (Number and Street, or	Rural I	Route)					v	A Driver's L Cu	stome	e Informa er ID	tion		
							You							
2394	SCUPPERS LN.						Spous	e						
	n or Post Office BRIDGE						You		Issue Dat	te (mn	n-dd-yyyy)		
State			ZIP Code		Locality	Code	Spous	e						
VA			22191		153	}								
Appl		n Co	ode	Seamar	า	-		or Merchant federal retur	and inco n	Spo me	ouse rep on Fede	ial Securit ported as eral Retur	ťaxable	
Вс	oxes	_		\$			00		\$_				00	
								·					• • •	
	ve authorize the sharing of cert rvices (DMAS) and the Departr							,						ce
				purposes or	lueninyin	• •								
Filing	Status Enter Filing Status (1 = Single (Column A) - Fe			-e 🗌		Exem	ptions	s Enter the nu	You/		•	S DEING CI		
4	2 = Married, Filing Joint re			Eð 🛄				You	Spouse	Γ	1	65 or Ove	r Blir	nd
	3 = Married, Filing Separa			0				bers for both Y f Filing Status :		L	-			
ر If Fili	4 = Married, Filing Separating Status 3, enter spouse's SS				and B)									7
	at top of form and, enter Spous			Number		Fil		atus 4 Only		L				
			Date (mm-dd-yyyy)	03-1	2-19	62		_ Spou	se		-	You		
	Spous	e's B	irth Date (mm-dd-yyyy)	01-1	1-19	59		B Filing Status	4 ONLY		A '	nclude Spou Filing Status		
Con	nplete the Schedule of Inc	ome	first and submit it with	your Form	760PY.									
1	FEDERAL ADJUSTED GRO	DSS	INCOME from Schedule	of Income, F	Part 1,									
	Line 7, Column 1.						1	2	0282	00		13	<u>3861</u>	00
2	Additions from Schedule 7	60P)	Y ADJ, Line 3.				2			00				00
3	Add Lines 1 and 2.						3	2	0282	00		13	3861	00
4	Qualifying Age Deduction.													
	Worksheet in instructions.						4a 🔄							00
	when using Filing Status 4													
	4a, Column A and Spouse		,				^{4b}			00				00
5	Social Security Act and equiva													
	taxable income on federal retu						5			00				00
6	State income tax refund or overpayr													
-	a Virginia resident. Claim in the sam						6			00				00
7	,	-		-			_		5126	~		11	0610	
0	Income, Part 1, Line 9, Co								<u>JTZ0</u>				0010	
8	Subtractions from Schedu								5126	00		11	0610	00
9	Add Lines 4a, 4b, 5, 6, 7, Virginia Adjusted Gross I		o. no (VACI) Subtract Ling	0 from L in	~ ?		,°⊢		5156				3251	-
10	Itemized Deductions from						" -		3130	00		<u>ک</u>		
11		•	•	-						00				00
10	See Instructions If you do not claim itemize						''⊢			50				
12	from Standard Deductions						12		٥	00			3984	
		**01					' <u>-</u> [5	50	1			100

Va. Dept. of Taxation	For Local Use
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283201 12-07-22	1019

LTD	

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2022 Form 760PY Page 2

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Your SSN



		B Spouse Filing Status 4 ONLY	T	A You Includ Filing S		
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions. 13	665	00		1330	00
14	Deductions from Schedule 760PY ADJ, Line 9		00			00
15	Add Lines 11, 12, 13 and 14 15	665	00		5314	00
16	Virginia Taxable Income. Subtract Line 15 from Line 10 16	14491	00		17937	00
17	Tax amount from Tax Table or Tax Rate Schedule. 17	595	00		774	00
18	Total Tax. Add Line 17, Column A and Line 17, Column B.		18		1369	
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.		19a			00
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK		19b			00
20	Combined 2022 Estimated Tax Payments.		20			00
21	2021 overpayment credited to 2022 estimated taxes.		21			00
22	Extension Payment - Enter amount paid on Form 760IP.		22			00
23	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 76		23			00
24	Total credit for taxes paid to another state from Schedule OSC.		24			00
25	Credits from Schedule CR, Section 5, Line 1A.		25			00
26	Total payments and credits. Add Lines 19a through 25.		26		1260	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE		27		1369	
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOU		28			00
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TA		29			00
30	Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6		30			00
31			31			00
32	Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21.					
	See instructions Enclose 760C or 760F and check here	<u> </u>	32		70	00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's					
	See instructions Check here if no sales and use tax is due	<u>X</u>	33			00
34	Add Lines 29 through 33.		34		70	00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Li	ne 34 is larger than				
	Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov	AMOUNT YOU OWE.				
	Check here if paying by credit or debit card - See instructions.		35		1439	00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28.	YOUR REFUND.	36			00
	If the Direct Deposit section below is not completed, your refund will be issued by check.					
	CT BANK DEPOSIT Setic Accounts Only Your Bank Routing Transit Number Your Bank Acc	Checkin	ng L	Savin	igs 🗋	
	ternational Deposits.					
_						
	,	ree to obtain my Form 10			.virginia.ູ	jov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and t	o the best of my (our) kn	owle	edge, it is a		

true, correct and complete return.					
Your Signature	Your Phone Number	Date			
Spouse's Signature (If a joint return, both must sign)	ure (If a joint return, both must sign) Spouse's Phone Number				
Preparer's Name	Preparer's Phone Number	Date			
SYED ABDUL RAZZAK	(678) 299-6000	040323			
Firm's Name (or Yours if Self-Employed)	Preparer's PTIN Vendor Code	Filing Election Code ID Theft PIN			
DELOITTE TAX SERVICES INDIA PVT.	P01471220 1019	7			

Page 1



Your Name		Your SSN
AFTAB A AN	D SEEMI A KHAN	216239829

PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A		You (Include Spouse if Filing Status 2)									
SCHEDULE OF INCOME Form 760PY, Column A - All Filers Must Complete Section A -		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Residen	t				
1. Wages, salaries, tips, etc.	1	137257	00		00	137257	00				
2. Interest and dividends	2	24144	00	16432	00	7712	00				
3. Pension and other income	3	-26968	00	7024	00	-33992	00				
4. Gross income (add Lines 1, 2 and 3)	4	134433	00	23456	00	110977	00				
5. Adjustments to income: moving expenses	5		00		00		00				
6. Other income adjustments (enclose explanation)	6	572	00	205	00	367	00				
 Federal adjusted gross income (Line 4 less Lines 5 and 6)* 	7	133861	00	23251	00	110610	00				
8. Net fixed date conformity modifications	8		00		00		00				
9. Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	133861	00	23251	00	110610	00				

Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B	Enter Spouse's Income When Filing Status 4 Is Claimed						
SCHEDULE OF INCOME Form 760PY, Column B - Spouse Must Complete Section B if claiming Filing Status	Form 760PY, Column B		Column B1 Federal Return		Column B2 While VA Resident		nt
1. Wages, salaries, tips, etc.	1		00		00		00
2. Interest and dividends	2	21816	00	16432	00	5384	00
3. Pension and other income	3	-1534	00	-1072	00	-462	00
4. Gross income (add Lines 1, 2 and 3)	4	20282	00	15360	00	4922	00
5. Adjustments to income: moving expenses	5		00		00		00
6. Other income adjustments (enclose explanation)	6		00	204	00	-204	00
 Federal Adjusted gross income (Line 4 less Lines 5 and 6)** 	7	20282	00	15156	00	5126	00
8. Net fixed date conformity modifications	8		00		00		00
9. Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)	9	20282	00	15156	00	5126	00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B. Submit completed Schedule of Income with Form 760PY to avoid delays.



Your Name		Your SSN
AFTAB A AND	SEEMI A KHAN	216239829

PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X.504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

		Column B Spouse	Column A You
1. Your exemption	1	1	1
2. Dependents			1
3. Add Lines 1 and 2		1	2
4. Multiply Line 3 by \$930		930.	1860.
5. 65 or over			
6. Blind			
7. Add Lines 5 and 6			
8. Multiply Line 7 by \$800			
9. Add Lines 4 and 8		930.	1860.
10. Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions		.715	.715
11. Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13	. 11	665.	1330.

PART 3

Moving Information

1a. If YOU moved into Virginia in 2022, prior state of residence

1b. If YOU moved out of Virginia in 2022, state moved to

2a. If SPOUSE moved into Virginia in 2022, prior state of residence

2b. If SPOUSE moved out of Virginia in 2022, state moved to

SAUDI ARABIA

SAUDI ARABIA

2022 Virginia Schedule 760PY ADJ Page 1 Your Name Your SSN AFTAB A AND SEEMI A KHA 216239829 Additions to Adjusted Gross Income B Spouse A You Filing Status 4 ONLY Include Spouse if Filing Status 2 1. Interest earned while a Virginia resident on obligations of other states, 00 exempt from federal income tax, but not from state tax. 1 00 2. Other additions to adjusted gross income. 2a Fixed date conformity addition. See instructions. 00 00 2a 2b - 2c Refer to Form 760PY Instructions for Other 2b Addition Codes. 2b 00 00 2c 20 00 00 3. Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 760PY, Line 2. З 00 00 Subtractions from Adjusted Gross Income A You B Spouse 4. Income (interest, dividends or gains) received while a Virginia resident from obligations or securities of the U.S. exempt from state income tax, but not 00 from federal tax. 4 5. Disability income received while a Virginia resident and reported as wages (or payments in lieu of wages) on your federal return. If claiming this subtraction you cannot also claim Age Deduction. Claim the one that benefits you most. 5a Enter YOUR disability subtraction on Line 5a, Column A. 00 5a 5b Enter SPOUSE'S disability subtraction on Line 5b, Column B if claiming Filing Status 4 or Line 5b, Column A if claiming Filing Status 2. 00 5b 00 6. Other subtractions as provided in instructions. 6a Fixed date conformity subtraction. 00 6a 00 6b - 6d See Form 760PY Instructions for Other Subtraction Codes. Certification Number 6b 6h 00 00 60 60 00 00 6d 6d 00 00 7. Total subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 760PY, Line 8. 00 7 00 **Deductions from Virginia Adjusted Gross Income** A You B Spouse 8. Deduction codes. See Form 760PY Instructions for Deduction Codes. 8a 00 00 8b 8b 00 00 8c 8c 00 00 9. Total Deductions. Add Lines 8a - 8c. Enter here and on 760PY, Line 14. 9 00 Use Schedule PY ADJS if you are claiming more additions, subtractions or deductions than the Schedule 760PY ADJ allows. Refer to the instructions for Other Codes. Check this box.



Your Name		Your SSN
AFTAB A AND	SEEMI A KHAN	216239829

Tax Credit for Low-Income Individuals or Virginia Earned Income Credit

- List below the name, Social Security Number (SSN) and Guideline Income for you, your spouse and each dependent.
- If more room is needed, enclose a schedule with the name, SSN and Guideline Income for each additional dependent.
- Failure to complete Lines 10 17 may result in this credit being reduced or disallowed.

	plete Lines 10 - 17 may result in this credit being reduced of disallowed		
Family VAGI	Name	Social Security Number (SSN)	Guideline Income
You			00
Spouse			00
Dependent			00
Dependent			00
10. Total Family G	uideline Income (Be sure to include information from enclosed schedule,	, if applicable) 10	00
11. Enter the total r	number of exemptions reported in the table above and on any enclosed	schedule.	
Based on this to	otal, the total Family Guideline Income from Line 10 and the poverty guid	delines in	
the instructions	, determine your eligibility.		
12. If you qualify, er	nter the number of personal and dependent exemptions reported on you	ır Form	
760PY (see inst	ructions).		
13. Multiply Line 12	by \$300. Enter the result on Line 13 and proceed to Line 14.		00
14. Enter the amou	nt of Earned Income Credit claimed on your federal return. If you did not	claim an Earned	
Income Credit o	on your federal return, enter \$0. If you are married filing separately, see the	ne instructions 14	00
15. Multiply Line 14	by 20% (.20).		00
16. Enter the greate	er of Line 13 or Line 15.		00
17. Compare the ar	nount on Line 16 above to the amount of tax on Form 760PY, Line 18. E	Enter the	
lesser of the two	o amounts here and on Form 760PY, Line 23. This is your credit amount	17	00
Addition to Ta	x, Penalty and Interest		
	A, I onally and interest		
18. Addition to ta	х		70 ₀₀
19. Penalty.	Late Filing Penalty	Extension Penalty 19	00

20.	Interest (accrued on the tax you owe).	20		0
21.	Total Addition to Tax, Penalty and Interest (add Lines 18-20). Enter here and on Form 760PY,			
	Line 32	21	70	0

760C - 2022 Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts



• Enclose this form with Form 760, 763, 760PY or 770.

Fiscal Year Filers:	Enter beginning date	20	, ending date	20	_ , and	check here	
First Name, Middle Initial and Last Name (of Both If Joint) - OR - Name of Estate or Trust				Your Social Security Number or FEIN			
AFTAB A AN	ND SEEMI A KHAN				216	-23-9829	
If Estate or Trust, Name a	and Title of Fiduciary			Spouse's Social Secu	rity Numbe	er	
					216	-23-7956	
				Office Use SC		Office Use Payment	
Part I - Compu	te Your Underpayment						
1. 2022 Income Ta	ax Liability After Spouse Tax Adjustmen	t and Tax Credits.					
(If \$150 or less,	you are not required to file Form 760C)			1.	1369.	
2. Enter 90% of the	e Amount Shown on Line 1				2.	1232.	
3. 2021 Income Ta	ux Liability After Spouse Tax Adjustmen	t and Tax Credits			3.		
4. Enter the Amour	nt From Line 2 or Line 3, Whichever is L	_ess			4.	1232.	
5. Enter the Number	er of Installment Periods for Which You	Were Liable to Make	Payments		5.	4.	

Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line

A	В	С	D	
May 1, 2022	June 15, 2022	Sept. 15, 2022	Jan. 15, 2023	
308.	308.	308.	308.	
0.	0.	0.	0.	
308.	308.	308.	308.	
-				
308.	308.	308.	308.	
le (See Instructi	ons for Lines 11	and 12.) Contin	nued on Next Page 🕨	
Date of Payme	Date of Payment		Date of Payment	
	int	Payment Amount		
	May 1, 2022 308. 0. 308. 308. Ie (See Instruction Date of Paymention	May 1, 2022 June 15, 2022 308. 308. 0. 0. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. June 15, 2022 308. 308. 308. 308. 308. June 15, 2022 308. 308. 308. June 15, 2022 308. 308. 308. June 15, 2022 308. June 15, 202 308. June 15, 202	May 1, 2022 June 15, 2022 Sept. 15, 2022 308. 308. 308. 0. 0. 0. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308. 308.	

760C - 2022 Page 2 AFTAB A KHAN



art II - Exceptions That Void the A	ddition to Tax	A May 1, 2022	B June 15, 2022	C Sept. 15, 2022	D Jan. 15, 2023
 Total Amount Paid and Withheld from January Installment Date Indicated 	1, 2022 through the				
5. Exception 1: Prior Year's Tax (Multiply the 2021 tax by the percentage in each column.)	100% of 2021 Tax	25%	50%	75%	100%
7. Exception 2: Tax on Prior Year's Income Using the 2022 Rates and Exemptions (Multiply the 2021 tax by the percentage in each column.)	100% of Tax	25%	50%	75%	100%
8. Exception 3 Worksheet: Tax on Annualized 20: Lines 18a, b and c: April 30 column: May 31 column: August 31 column	Multiply the actual amo Multiply the actual amo	ount for the period end ount for the period end	led April 30, 2022, by 3 led May 31, 2022, by 2.	4.	n.)
	From January 1 to:	April 30	May 31	August 31	
a. Annualized Virginia Adjusted Gross Income (b. Compute the Annualized Itemized Deductions Above OR Enter the Full Standard Deduction Did Not Claim Itemized Deductions	s Using the Formula in Each Column if You				Note Estates and trusts should use
c. Compute the Annualized Child and Depender Other Deductions for Each Period d. Total Dollar Amount of Exemptions Claimed e. Virginia Taxable Income				end dates of March 31 April 30 & July 31.	
(Subtract Lines 18b, c and d from Line 18a) f. Virginia Tax (Enter the Virginia income tax for the amoun	t(s) on Line 19a)				
g. Multiply Line 18f by the Percentage Shown fi		22.5%	45%	67.5%	
9. Exception 4 Worksheet: Tax on 2022 Income (Over a 4, 5 and 8 Month Per	riod* (*3, 4 and 7 mor	oths for estates and trus	sts)	Note
	From January 1 to:	April 30	May 31	August 31	Exceptions 3 and 4 do not apply to
<u>a. Enter Your Virginia Adjusted Gross Income (</u> b. Enter the Itemized Deductions Claimed for Ea <u>Greater</u>) the Full Standard Deduction	/				the fourth installment period.
c. Enter the Child and Dependent Care Expense Deductions for Each Period	s and Other				
d. Enter the Total Dollar Amount of Exemptions	Claimed on Your Return				
e. Virginia Taxable Income (Subtract Lines 19b f. Virginia Tax (Enter the Virginia income tax fo on Line 19e)					
g. Multiply Line 19f by 90% (.90) for Each Perio	od				

Part III - Compute the Addition to Tax

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

		A	В	С	D
		May 1, 2022	June 15, 2022	Sept. 15, 2022	Jan. 15, 2023
20.	Amount of Underpayment from Part I, Line 14	308.	308.	308.	308.
21.		SEE UNDERP	AYMENT OF	ESTIMATED 1	TAX WKST
22.	a. Number of Days After Installment Due Date Through Date Paid or June 30, 2022, Whichever Is Earlier (If June 30, 2022, is earlier, enter 60 & 15 respectively)				
	 b. Number of Days After June 30, 2022, (September 15, 2022 for 3rd installment) through Date Paid or September 30, 2022, Whichever Is Earlier (If September 30, 2022, is earlier, enter 92, 92 and 15) 				
	 Number of Days After September 30, 2022, through Date Paid or December 31, 2022, Whichever Is Earlier (If December 31, 2022, is earlier, enter 92, 92 and 92) 				
	d. Number of Days After December 31, 2022, (January 15, 2023 for 4th installment) through Date Paid or May 1, 2023, Whichever Is Earlier (If May 1, 2023, is earlier, enter 121, 121, 121 and 106)				
23.	 Multiply the Number of Days in Each Column on Line 22a by the Daily Rate .00016 (6% Per Annum) 				
	 Multiply the Number of Days in Each Column on Line 22b by the Daily Rate .00019 (7% Per Annum) 				
	c. Multiply the Number of Days in Each Column on Line 22c by the Daily Rate .00022 (8% Per Annum)				
	d. Multiply the Number of Days in Each Column on Line 22d by the Daily Rate .00025 (9% Per Annum)				
	e. Add Lines 23a, thru 23d in Each Column and Enter the Total Here				
24.	Multiply the Amount on Line 20 by Line 23e for Each Column				
25.	Addition to Tax (Total the amounts on Line 24. Enter here and on the "Addition to Tax" line income tax return)	e on your		7	0

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	nber
AFTAB A ANI	D SEEMI A KHA	N		216-23	-9829
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/01/22	308.	308.	45	.000164000	2
06/15/22	308.	616.	15	.000164000	2
06/30/22	0.	616.	77	.000192000	g
09/15/22	308.	924.	15	.000192000	3
09/30/22	0.	924.	92	.000219000	19
12/31/22	0.	924.	15	.000247000	3
01/15/23	308.	1232.	106	.000247000	32
nalty Due (Sum of Colu	ımn F).				70

* Date of estimated tax payment, withholding credit date or installment due date.

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Department of the Treasury Internal Revenue Service

VA ALL SOURCE - TAXPAYER/JOINT

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008
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LULL
Attachment Sequence No. 858

Name(s) shown on return

Identify	/ing	number	

AFTAB A KHAN		21	216-23-9829	
Part I 2022 Passive Activity Loss				
Caution: Complete Parts IV and V before completing Part I.				
Rental Real Estate Activities With Active Participation (For the definition of active p	oarticipa	ation, see		
Special Allowance for Rental Real Estate Activities in the instructions.)				
1a Activities with net income (enter the amount from Part IV, column (a))	1a			
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(4581.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c			1d	-4581.
All Other Passive Activities				
2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	(437.)		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(534.)		
d Combine lines 2a, 2b, and 2c			2d	-971.
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this fo	rm with	your return;		
all losses are allowed, including any prior year unallowed losses entered on line 1	c or 2c.	Report the		
losses on the forms and schedules normally used				-5552.
If line 2 is a lass and:				
If line 3 is a loss and: Line 1d is a loss, go to Part II. Line 2d is a loss (and line 1d is non- or more) align Part 	t II anal	na ta lina 10		
 Line 2d is a loss (and line 1d is zero or more), skip Parl 	t il and g	go to line TU.		
Caution: If your filing status is married filing separately and you lived with your spous	e at any	y time during the year, do	not c	omplete
Part II. Instead, go to line 10.				
Part II Special Allowance for Rental Real Estate Activities Wit	th Act	ive Participation		
Note: Enter all numbers in Part II as positive amounts. See instructions	for an e	xample.		
4 Enter the smaller of the loss on line 1d or the loss on line 3			4	4581.
5 Enter \$150,000. If married filing separately, see instructions	5	75000.		
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	156971.		
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-				
on line Q. Otherwise, go to line 7				1

	on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing sep	aratel	y, see instructions
0	Enter the emailer of line 4 or line 9		

	Enter the smaller of line 4 or line 8	9	0.
Pa	art III Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find		
	out how to report the losses on your tax return	11	0.
D	art V Commiste This Dout Defeus Dout Lines to the and to Out to Lines		

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

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Form 8	582
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Department of the Treasury

VA ALL SOURCE - SPOUSE

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the late OMB No. 1545-1008 4 ience No. 858

tructions and the latest information.	Sequence N
Identify	ying number

SEEMI A KHAN					216	5-23-7956
Part I 2022 Passive Activity Lo	SS					
Caution: Complete Parts IV and	d V before completing Par	t I.				
Rental Real Estate Activities With Active Pa	articipation (For the defin	ition of active partici	pation, see			
Special Allowance for Rental Real Estate Activ		· I	1			
1a Activities with net income (enter the amo	ount from Part IV, column ((a)) 1 a				
b Activities with net loss (enter the amount		<u>1b</u>	(4	579. ₎		
c Prior years' unallowed losses (enter the a	amount from Part IV, colur	nn (c)) 1 c	()		
d Combine lines 1a, 1b, and 1c					1d	-4579.
All Other Passive Activities			1			
2a Activities with net income (enter the amo	ount from Part V, column (a	a)) 2a				
b Activities with net loss (enter the amount				<u>436.</u>)		
c Prior years' unallowed losses (enter the a	amount from Part V, colum	ın (c)) 2c	(533.)		
d Combine lines 2a, 2b, and 2c					2d	-969.
3 Combine lines 1d and 2d. If this line is ze	ero or more, stop here and	l include this form wi	th your return;			
all losses are allowed, including any prior		tered on line 1c or 2	c. Report the			
losses on the forms and schedules norm	ally used			L	3	-5548.
If line 3 is a loss and: • Line 1d is a lo	iss do to Part II					
	oss (and line 1d is zero or r	nore) skip Part II an	d ao to line 10			
	,	<i>//</i>	0			
Caution: If your filing status is married filing s	separately and you lived w	vith your spouse at a	ny time during the y	ear, do r	not co	omplete
Part II. Instead, go to line 10.	antal Deal Fatata A		time Deutieinet			
Part II Special Allowance for R			•	on		
Note: Enter all numbers in Part	•		•			4570
4 Enter the smaller of the loss on line 1d c			1		4	4579.
5 Enter \$150,000. If married filing separate	•			000.		
6 Enter modified adjusted gross income, but			150	971.		
Note: If line 6 is greater than or equal to	line 5, skip lines 7 and 8 a	ind enter -0-				
on line 9. Otherwise, go to line 7.						
8 Multiply line 7 by 50% (0.50). Do not enter	er more than \$25,000. If n	narried filing separate	ely, see instructions		8	0
9 Enter the smaller of line 4 or line 8 Part III Total Losses Allowed					9	0.
10 Add the income, if any, on lines 1a and 2					10	
11 Total losses allowed from all passive a		nes 9 and 10. See in	structions to find			0.
Out how to report the losses on your tax Part IV Complete This Part Before	return	1h and 1c So			11	0.
Complete mis Part Bert						
	Curren	nt year	Prior years		Ove	rall gain or loss
Name of activity	(a) Natina and		(a) Linelleured			
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d)	Gain	(e) Loss
		(

Total. Enter on Part I, lines 1a, 1b, and 1c

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

Department of the Treasury Internal Revenue Service

VIRGINIA SOURCE - TAXPAYER/JOINT

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008
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ZUZZ
Attachment Sequence No. 858

Identifying	number

AFTAB A KHAN		216-2	3-9829
Part I 2022 Passive Activity Loss			
Caution: Complete Parts IV and V before completing Part I.			
Rental Real Estate Activities With Active Participation (For the definition of act	ive participation, see		
Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	<u>1b (45</u>	81.)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1 c ()	
d Combine lines 1a, 1b, and 1c		1d	-4581.
All Other Passive Activities			
2a Activities with net income (enter the amount from Part V, column (a))	2a		
b Activities with net loss (enter the amount from Part V, column (b))	2 b ()	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c ()	
d Combine lines 2a, 2b, and 2c		2d	
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include th	is form with your return;		
all losses are allowed, including any prior year unallowed losses entered on lir	ne 1c or 2c. Report the		
losses on the forms and schedules normally used		3	-4581.
If line 3 is a loss and: • Line 1d is a loss, go to Part II.			
 Line 2d is a loss and. Line 2d is a loss (and line 1d is zero or more), skip 	Part II and go to line 10		
Caution: If your filing status is married filing separately and you lived with your sp	pouse at any time during the yea	ar, do not comple [®]	te
Part II. Instead, go to line 10.			
Part II Special Allowance for Rental Real Estate Activities	With Active Participation	n	

	Note: Enter all numbers in Part II as	positive amounts. Se		ane	xampie.				
4	Enter the smaller of the loss on line 1d or the	loss on line 3					4		4581.
5	Enter \$150,000. If married filing separately, se	e instructions		5	75	000.			
6	Enter modified adjusted gross income, but no			6	154	715.			
	Note: If line 6 is greater than or equal to line 5						1		
	on line 9. Otherwise, go to line 7.								
7	Ould to a till a C for a line F			7					
8	Multiply line 7 by 50% (0.50). Do not enter mo						8		0
9	Enter the smaller of line 4 or line 8				<u></u>		9		0.
Pa	art III Total Losses Allowed								
10	Add the income, if any, on lines 1a and 2a and	d enter the total					10		
11	Total losses allowed from all passive activit	ties for 2022. Add li	nes 9 and 10. Se	e inst	ructions to find				
	out how to report the losses on your tax return	n					11		0.
Pa	art IV Complete This Part Before I	Part I, Lines 1a,	1b, and 1c.	See	instructions.				
_	· · · ·								
		Currer	nt year		Prior years		Ove	erall ga	in or loss
	Name of activity		(h) Net less						
		(a) Net income (line 1a)	(b) Net loss (line 1b)		(c) Unallowed loss (line 1c)	(d	I) Gain		(e) Loss
		(interta)							

Total. Enter on Part I, lines 1a, 1b, and 1c

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

_	8582	Pa	ssive Activ	itv Loss I	Lim	itations			OMB No. 1545-1008
	m UUUUL artment of the Treasury		See sep	oarate instruction 1040, 1040-SI	ons. R, or ⁻	1041.	on.		2022 Attachment Sequence No. 858
Nar	ne(s) shown on retur	n	<u> </u>					Identi	fying number
съ	ENT A VUAN							214	2 22 7056
_	EMI A KHAN	assive Activity Loss						210	5-23-7956
		Complete Parts IV and V b	oforo comploting Pa	rt I					
Rer		ivities With Active Partici			articir	nation see			
		ental Real Estate Activities	in the instruction		articip	2001, 366			
		ncome (enter the amount f		,	1a	1			
		oss (enter the amount from			1b	(4	579.)		
		ved losses (enter the amou			10	()		
		1b, and 1c					,	1d	-4579.
	Other Passive Activ								
2a	Activities with net i	ncome (enter the amount f	rom Part V, column (a))	2a				
b	Activities with net l	oss (enter the amount from	n Part V, column (b))		2b	()		
с	Prior years' unallow	ved losses (enter the amou	nt from Part V, colun	nn (c))	2c	()		
d	Combine lines 2a, 2	2b, and 2c						2d	
3	Combine lines 1d a	and 2d. If this line is zero or	r more, stop here and	d include this for	m wit	h your return;			
	all losses are allow	ed, including any prior year	r unallowed losses er	ntered on line 1c	or 20	. Report the			
	losses on the forms	s and schedules normally ι	ised					3	-4579.
	If line 3 is a loss an	d: • Line 1d is a loss, g	io to Part II						
_	-	ne 10. Allowance for Renta er all numbers in Part II as				-	on		
4		of the loss on line 1d or the	•			oxumpio.		4	4579.
5		married filing separately, se			5	75	000.		10,00
6		isted gross income, but no			6		715.		
	•	eater than or equal to line 5							
	on line 9. Otherwise		, I						
7	Subtract line 6 from	n line 5			7				
8	Multiply line 7 by 5	0% (0.50). Do not enter mo	ore than \$25,000. If r	married filing sep	arate	ly, see instructions		8	
9	Enter the smaller of	of line 4 or line 8						9	0.
Pa	art III Total Lo	osses Allowed							
10	Add the income, if	any, on lines 1a and 2a and	d enter the total					10	
11		ed from all passive activi		ines 9 and 10. S	ee ins	tructions to find			•
D	out how to report t	he losses on your tax retur te This Part Before	n Dort Linoo 10	th and to	<u> </u>	·····		11	0.
Г (Comple	ele This Part Defore	Part I, Lines Ta,	rb, and rc.	See	Instructions.			
			Currer	nt year		Prior years		Over	rall gain or loss
	Name	of activity	(a) Net income	(b) Net loss		(c) Unallowed			
			(line 1a)	(line 1b)		loss (line 1c)	(d	I) Gain	(e) Loss
_									
Tot	al. Enter on Part I, lir	nes 1a, 1b, and 1c							

VIRGINIA SOURCE - SPOUSE

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2022)

AFTAB A. & SEEMI A. KHAN

216-23-9829 _____

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FORM 8582	ACTIVE	E RENTAL	OF RE	AL ES	TATE -	PART	IV	STATI	EMEN'	г 1
		CURREN	T YEAR		PRIOR		OVERALL	GAIN	I OR	LOSS
NAME OF ACTIVITY	NET	INCOME	NET	LOSS	LO	LOWED SS	GAIN		LO	 3S
HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026 HOUSE - 17366 SLIGO LOOP, WOODBRIDGE, VA				,746.						,746.
22026			-1	,835.						,835.
TOTALS			- 4	,581.					-4	,581.
FORM 8582	OTH	IER PASS	IVE AC	TIVIT	IES - 1	PART V		STATE	EMEN	г 2
		CURRENT	YEAR		PRIOR	YEAR LOWED	OVERALL	GAIN	I OR	LOSS
NAME OF ACTIVITY	NET	INCOME	NET L	oss	LO		GAIN		LO	35
ENTERPRISE PRODUCTS PARTNERS, L.P.				-437.		-534.				-971.
TOTALS				-437.		-534.				-971.
FORM 8582 A	LLOCAI	ION OF			OSSES	- PART	VII	STATE	EMEN'	г 3
NAME OF ACTIVITY				ORM OR EDULE	L	OSS	RATIO	υ		LOWED DSS
ENTERPRISE PRODUCTS						971.	.174891	931		971.
HOUSE - 3132 ANTRIM DUMFRIES, VA 22026		Ξ,	SCH		:	2,746.	.494596	542	2	,746.
HOUSE - 17366 SLIGO WOODBRIDGE, VA 22026	-		SCH	E	:	1,835.	.330511	527	1	,835.
TOTALS						5,552.	1.000000	000	5	,552.

FORM 8582		ALLOWED]	LOSSES - PA	ART VIII	STAT	TEMENT 4
NAME OF ACTIVI	ГҮ		FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026 HOUSE - 17366 SLIGO LOOP, WOODBRIDGE, VA 22026			SCH E SCH E	2,746.		0.
TOTALS				4,581.		0.
GROUP	FORM OR SCHEDULE	FORM OR SCHEDULE	OVERALL	DAUTO	UNALLOWED	ALLOWED
NO. NAME 1 ENTERPRISE	NET LOSS	NET GAIN	LOSS	RATIO	LOSS	ALLOWED
PRODUCTS PARTNERS,						LOSS
PRODUCTS	30. 941.		30. 941.	.030895984	30. 941.	-

FORM 8582

STATEMENT 6

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	ENTERPRISE	FORM 4797	1				
	PRODUCTS PARTNERS, L.P.		-7.	-23.	-30.	30.	
	ENTERPRISE PRODUCTS	SCH E					
	PARTNERS, L.P.		-430.	-511.	-941.	941.	
Х	HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA	SCH E					
	22026 VA		-2,746.		-2,746.	2,746.	
Х	HOUSE - 17366 SLIGO LOOP, WOODBRIDGE, VA	SCH E					
	22026		-1,835.		-1,835.	1,835.	
т	OTALS		-5,018.	-534.	-5,552.	5,552.	

SUMMARY OF PASSIVE ACTIVITIES

FORM 8582	OTI	OTHER PASSIVE ACTIVITIES - PART V ST							
		CURRENT YEAR		PRIOR YEAR	OVERALL	GAIN OR LOSS			
NAME OF ACTIVITY	NET	INCOME	NET	LOSS	UNALLOWED LOSS	GAIN	LOSS		
ENTERPRISE PRODUCTS PARTNERS, L.P.				-436.	-533.		-969.		
TOTALS				-436.	-533.		-969.		

= =

= =

= =

FORM 8582 ALLOCATION OF	F UN	ALLOWED LOS	SES - PART	VII STA	TEMENT 8
NAME OF ACTIVITY		FORM OR SCHEDULE	LOSS	RATIO	UNALLOWEI LOSS
ENTERPRISE PRODUCTS PARTNERS, L HOUSE - 3132 ANTRIM CIRCLE,	.P.	SCH E SCH E	969.	.174657534	969.
DUMFRIES, VA 22026 HOUSE - 17366 SLIGO LOOP,		SCH E	2,745.		
WOODBRIDGE, VA 22026		_	1,834.	.330569575	1,834.
			40	1	F F 4 0
TOTALS				1.000000000	
	WED	LOSSES – PA			5,548.
	WED	LOSSES – PA FORM OR SCHEDULE			
FORM 8582 ALLON NAME OF ACTIVITY HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026	WED	FORM OR SCHEDULE SCH E	RT VIII	STA UNALLOWED LOSS	TEMENT 9 ALLOWED
FORM 8582 ALLON NAME OF ACTIVITY HOUSE - 3132 ANTRIM CIRCLE,	WED	FORM OR SCHEDULE	RT VIII LOSS	STA UNALLOWED LOSS 2,745.	TEMENT 9 ALLOWED LOSS

FORM 8582	ACTIV MORE DI		LOSSES RE RMS OR SCH		OR STAT	rement 10
GROUP NO. NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1 ENTERPRISE PRODUCTS PARTNERS, L.P. 1 ENTERPRISE PRODUCTS	29.		29.	.029927761	29.	
PARTNERS, L.P.	940.		940.	.970072239	940.	

FORM 8582

STATEMENT 11

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
ENTERPRISE PRODUCTS	FORM 4797					
PARTNERS, L.P. ENTERPRISE PRODUCTS	SCH E	-7.	-22.	-29.	29.	
PARTNERS, L.P. X HOUSE - 3132 ANTRIM CIRCLE,	SCH E	-429.	-511.	-940.	940.	
DUMFRIES, VA 22026 X HOUSE - 17366	SCH E	-2,745.		-2,745.	2,745.	
SLIGO LOOP, WOODBRIDGE, VA 22026		-1,834.		-1,834.	1,834.	
TOTALS		-5,015.	-533.	-5,548.	5,548.	

SUMMARY OF PASSIVE ACTIVITIES

FORM 8582	ACTIVE	E RENTAL	OF REAL	ESTAT	E –	PART	IV		STATE	MENT	12
		CURRENT	YEAR			YEAR		OVERALL	GAIN	OR I	Loss
NAME OF ACTIVITY	NET	INCOME	NET LOS		LOS		-	GAIN		LOSS	5
HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026 HOUSE - 17366 SLIGO			-2,74	46.						-2,5	746.
LOOP, WOODBRIDGE, VA 22026	7		-1,83	85.						-1,8	335.
TOTALS			-4,58	31.						-4,5	581.

WOODBRIDGE, VA

22026

TOTALS

FORM 8582	ALLOCATIO	ON OF UNAL	LOWED LOSS	SES - PART	VII STA	TEMENT 13
NAME OF ACTIVITY		S	FORM OR CHEDULE	LOSS	RATIO	UNALLOWEI LOSS
HOUSE - 3132 ANTR DUMFRIES, VA 2202 HOUSE - 17366 SLI WOODBRIDGE, VA 22 TOTALS	6 GO LOOP,		CH E CH E -	1,835.	.599432438 .400567562 1.000000000	2,746 1,835 4,581
FORM 8582	j	ALLOWED LO	SSES - PAF	RT VIII	STA	TEMENT 14
NAME OF ACTIVITY			FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
HOUSE - 3132 ANTR DUMFRIES, VA 2202 HOUSE - 17366 SLI	6		SCH E SCH E	2,746.	2,746.	0.
WOODBRIDGE, VA 22	026			1,835.	1,835.	0.
TOTALS				4,581.	4,581.	0.
FORM 8582 R R	FORM	MMARY OF P.				TEMENT 15
E A NAME	OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
 X HOUSE - 3132 ANTRIM CIRCLE, DUMFRIES, VA 22026 X HOUSE - 17366 SLIGO LOOP, NOODDDDDCE, WA	SCH E	-2,746.		-2,746	. 2,746.	

-1,835.

-4,581.

1,835.

4,581.

-1,835.

-4,581.

AFTAB A. & SEEMI A. KHAN

FORM 8582	ALLOCATIO	ON OF UNAL	LOWED LOSS	SES - PART	VII STA	TEMENT 16
NAME OF ACTIVITY		S	FORM OR CHEDULE	LOSS	RATIO	UNALLOWEI LOSS
HOUSE - 3132 ANTRI DUMFRIES, VA 22026 HOUSE - 17366 SLIG WOODBRIDGE, VA 220	5 GO LOOP,		CH E	-	.599475868	2,745.
TOTALS			-	4,579.	1.000000000	4,579.
FORM 8582	2	LLOWED LO	SSES - PAF	RT VIII	STA	FEMENT 17
NAME OF ACTIVITY		;	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
HOUSE - 3132 ANTRI DUMFRIES, VA 22026 HOUSE - 17366 SLIG WOODBRIDGE, VA 220	5 GO LOOP,		SCH E SCH E	2,745.	-	0.
TOTALS	20			4,579.	·	0.
FORM 8582	SUL	MARY OF P	ASSIVE ACT	IVITIES	STA	TEMENT 18
R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
R E	OR	GAIN/LOSS -2,745. -1,834.			LOSS	

= =

= =

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- -

2022

216-23-9829 216-23-7956

AFTAB A KHAN

SEEMI A KHAN

	Spo	ouse's Income When Status 4 is Used			For Use By All Other Filers	
INCOME	Federal Gross Income	Virginia Source Income	Other State's Income	Federal Gross Income	Virginia Source Income	Other State's Income
Wages				137257.		137257.
Interest	82.	854.	-772.	2307.	854.	1453.
Dividends	21734.	15578.	6156.	21837.	15578.	6259.
State Income Tax Refund			01000	210371	100700	02000
Alimony received						
Business income (loss)						
	-1534.	-1072.	-462.	-1466.	-1073.	-393.
Capital gains (losses)	_T224•	-1072.	-402.	-1400.	-1075.	-393.
Ordinary gains (losses)						
Taxable IRA distribution						
Taxable Pensions						
Rents and Royalties						
Partnerships						
Estates and Trusts						
Small business corporation						
Farm income (loss)						
Unemployment compensation						
Taxable Social Security benefits						
Net operating loss						
Other income				-25502.	8097.	-33599.
Gross Income	20282.	15360.	4922.	134433.	23456.	110977.
ADJUSTMENTS - PART-YEAR RETURN ONLY						
Jury duty pay given to your employer						
Moving expense adjustment						
Student loan interest deduction						
Medical savings account ded						
Health savings account ded.						
Payments to an IRA						
One-half self employment tax		204.	-204.	572.	205.	367.
Self Empl. health insurance ded.						
Payments to a KEOGH						
Penalty on early withdrawal						
Alimony paid						
Educator expenses						
Tuition and fees deduction						
Other adjustments						
Total Other Adjustments		204.	-204.	572.	205.	367.
Adjusted Gross Income	20282.	15156.	5126.	133861.	23251.	110610.
(a) Net fixed data conformity modification						
(b) Fixed date conformity FAGI	20282.	15156.	5126.	133861.	23251.	110610.

SCHEDULE	Е
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Supplemental Income and Loss

OMB No. 1545-0074

Sequence No. 13

∕

Your social security number

(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 for instructions and the latest information.

Name(s)	shown	on	return

AF	TAB A. & SEEMI A. KHAN					216	-23-	982	9			
Pa	rt I Income or Loss From Rental Real Estate and Roya	alties	Note: If you are in	n the	business of r	enting pe	sonal pr	operty	y, use			
	Schedule C. See instructions. If you are an individual, report farm	rental ir	ncome or loss from	1 Fo	rm 4835 on p	age 2, line	e 40.					
A [Did you make any payments in 2022 that would require you to file Form(s)	1099? 5	See instructions			[Yes	X	No			
BI	f "Yes," did you or will you file required Form(s) 1099?					[Yes		No			
	Physical address of each property (street, city, state, ZIP code)											
A	17366 SLIGO LOOP, WOODBRIDGE, VA 2202	6										
в	3132 ANTRIM CIRCLE, DUMFRIES, VA 2202	6										
c												
1b	Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and					Fair Rent Days	al Pers Use I		QJV			
A	1 personal use days. Check the QJV box only if you meet the requirements to file as				Α	146	-					
B	1 a qualified joint venture. See instructions.											
c					c		-		H			
	e of Property:											
1 S	ingle Family Residence 3 Vacation/Short-Term Rental 5 Land Iulti-Family Residence 4 Commercial 6 Royaltie	es	7 Self-Rental 8 Other (descrit	be)								
					Propertie	es						
Inco	me:	F	Α		В			С				
3	Rents received	3	9,49	5.	6,	782.						
4	Royalties received	4										
Expe	enses:											
5	Advertising	5			1,2	285.						
6	Auto and travel (see instructions)	6	763	1.								
7	Cleaning and maintenance	7	150	Ο.	-	150.						
8	Commissions	8										
9	Insurance	9	2,670	5.	1,9	924.						
10	Legal and other professional fees	10	1,98	5.		028.						
11	Management fees	11	350			180.						
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13										
14	Repairs	14	150).	I	513.						
15	Supplies	15										
16	Taxes	16	1,814	4.		395.						
17	Utilities	17				213.						
18	Depreciation expense or depletion	18	4,648	3.	7,2	296.						
19	Other (list) STMT 19 STMT 20	19	630			301.						
20	Total expenses. Add lines 5 through 19	20	13,164	4.	16,	785.						
21	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	21	-3,669	9.	-10,0	003.						
22	Deductible rental real estate loss after limitation, if any, on											
	Form 8582 (see instructions)	22 () (• C		0.)()			
23a	Total of all amounts reported on line 3 for all rental properties		2	3a	16,2	277.						
b	Total of all amounts reported on line 4 for all royalty properties			3b								
С	Total of all amounts reported on line 12 for all properties			3c								
d	Total of all amounts reported on line 18 for all properties		2	3d	11,9							
е			2	3e	29,9	949.						
24	Income. Add positive amounts shown on line 21. Do not include any los					24			0.			
25	Losses. Add royalty losses from line 21 and rental real estate losses from			es hei	re	25 ()			
26	Total rental real estate and royalty income or (loss). Combine lines 24											
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also en								_			
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the tot	tal on lin	e 41 on page 2			26			0.			

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

	lule E (Form 1040) 2022 (s) shown on return. Do not enter name and social security	number if shown on page 1				Attachment Sequer			Page 2
- Marrie		number if enewit en page 1.						ır social secı	•
<u>AF'</u>	TAB A. & SEEMI A. KHAN	[2	216-23	-9829
	tion: The IRS compares amounts reported	-			ched	ule(s) K-1.			
Pa	rt II Income or Loss From Part Note: If you report a loss, receive stock, or receive a loan repayment computation. If you report a loss fi line 28 and attach Form 6198. Se	a distribution, dispose of t from an S corporation, rom an at-risk activity for	you must d	heck the	box s no	in column (e) on line 28 a t at risk, you must check	and a the t	ttach the re box in colun	quired basis nn (f) on
27	Are you reporting any loss not allowed in passive activity (if that loss was not repor see instructions before completing this se	ted on Form 8582), or ur						es,"	XNo
28	(a) Name		(b) Enter P for partnership; S for S corporation	(C) Check if foreign	ic	(d) Employer dentification number	basi	Check if s computation is required	(f) Check if any amount is not at risk
A	ENTERPRISE PRODUCTS F	ARTNERS		partnersnip	<u>'</u>			lo roquirou	not at nok
B	L.P.		P		17	6-0568219			
c					-				
D									
	Passive Income and Lo	SS		•		Nonpassive Income and	Los	s	
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	allov	bassive los wed (see dule K-1)	s	(j) Section 179 expense deduction from Form 4562		() Nonpassi [,] from Sche (
Α									
В	0 .	•							
c			_						
D									
29a	Totals		_						
b	Totals							1	
30							30		
31	Add columns (g), (i), and (j) of line 29b \dots						31	()
32	Total partnership and S corporation inc rt III Income or Loss From Esta	come or (loss). Combine	e lines 30 ar	nd 31			32		
33		(a) Name							ployer on number
A B									
-01	Passive Incom	e and Loss				Nonpassive Inc	come	and Loss	
	(c) Passive deduction or loss allowed	d (d) Pa	assive incor	ne	(e) Deduction or loss			ome from
	(attach Form 8582 if required)		Schedule K			from Schedule K-1	(f) Other income from Schedule K-1		
Α									
в									
34a	Totals								
b	Totals								
35	Add columns (d) and (f) of line 34a						35		
36	Add columns (c) and (e) of line 34b						36	()
37	Total estate and trust income or (loss).						37		
Pa	rt IV Income or Loss From Real	Estate Mortgage I					ual I	Holder	
38	(a) Name	(b) Employer identification number	fròm Sch	ess inclusi edules Q instructio	, line	(d) Taxable income (net loss) from Schedules Q, line 1b	5	(e) Incom Schedules	
39	Combine columns (d) and (e) only. Enter t	he result here and incluc	le in the tot	al on line	41 b	elow	39		
Pa	rt V Summary							1	
40	Net farm rental income or (loss) from For Total income or (loss). Combine lines 26, 32,	•				(Form 1040) line 5	40		0.
41				1	ule I	(FUITH 1040), IIIE 5	41		0.
42	Reconciliation of farming and fishing income		-						
	reported on Form 4835, line 7; Schedule K-1 (I				40				
42	(Form 1120-S), box 17, code AD; and Schedul Reconciliation for real estate professio	· · · ·		SULUCTIONS.	42				
43	professional (see instructions), enter the r			whore					
	on Form 1040, Form 1040-SR, or Form 10		•	·					
	in which you materially participated unde				43				

2022 DEPRECIATION AND AMORTIZATION REPORT

HOUSE	- 3132 ANTRIM CIRCLE, DUMFRIES	5,					SCHED	ULE E- 2						
Asset No.	Description	Date Acquired	Method	Life	C Lii o N v	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	MQ19	B 4,750.			4,750.	0.			4,750.	٥.
9	BUILDING	10/10/22	SL	27.50	10	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.			٥.
	ACQUISITIONS					354,749.		٥.	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	l,						SCHEDU	JLE E- 3						
Asset No.	Description	Date Acquired	Method	Life	C ∟ on ♪ v	₋ine 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	1	L6	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.	٥.	383,418.	0.			4,648.

Form 4562
Department of the Treasury Internal Revenue Service
Name(s) shown on return

1560	Depreciation	and Amortizatio	on	OMB No. 1545-0172
···· 4562		tion on Listed Propert		2022
opertment of the Treeser	Attach to	o your tax return. SCHE	DULE E- 2	
epartment of the Treasury Iternal Revenue Service	Go to www.irs.gov/Form4562 for	r instructions and the latest	information.	Sequence No. 179
ame(s) shown on return		Business or activity to wh	ich this form relates	Identifying number
		HOUSE - 31	32 ANTRIM	
FTAB A. & S	EEMI A. KHAN	CIRCLE, DU	MFRIES, VA 2	20 216-23-9829
Part I Election To Ex	pense Certain Property Under Section 179 Note: If y	you have any listed property,	complete Part V before	you complete Part I.
1 Maximum amount (s	see instructions)		1	
2 Total cost of section	n 179 property placed in service (see instructions	3)	2	
3 Threshold cost of se	ection 179 property before reduction in limitation	۱	3	
4 Reduction in limitati	on. Subtract line 3 from line 2. If zero or less, en	ter -0-	4	
5 Dollar limitation for tax yea	r. Subtract line 4 from line 1. If zero or less, enter -0 If married fil	ing separately, see instructions		
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Ent	er the amount from line 29	7		
3 Total elected cost o	f section 179 property. Add amounts in column	(c), lines 6 and 7		
Tentative deduction	. Enter the smaller of line 5 or line 8		9	
	wed deduction from line 13 of your 2021 Form 4		10	
Business income lin	nitation. Enter the smaller of business income (no	ot less than zero) or line 5		
2 Section 179 expens	e deduction. Add lines 9 and 10, but don't enter	more than line 11		
3 Carryover of disallow	wed deduction to 2023. Add lines 9 and 10, less	line 12 13		
ote: Don't use Part II	or Part III below for listed property. Instead, use I	Part V.		
Part II Special De	epreciation Allowance and Other Depreciation	n (Don't include listed proper	ty.)	
4 Special depreciation	n allowance for qualified property (other than liste	ed property) placed in service	during	
the tax year				4,750.
5 Property subject to	section 168(f)(1) election		15	
6 Other depreciation (2,546.
Part III MACRS D	epreciation (Don't include listed property. See	instructions.)		
	5	Section A	· · · · ·	
7 MACPS doductions	for assots placed in convice in tax years beginning	na hoforo 2022	17	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
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		

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

	Ocolion D Addela		C During LOLL Tux Tour C	Joining the denier	a Bepicola		
	(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
19a	3-year property						
b	5-year property						
с	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
		/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets F	Placed in Service	During 2022 Tax Year Us	ing the Alterna	tive Depreci	ation Syst	tem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
с	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)						
21 L	isted property. Enter amount from line	28					
22 T	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g)	, and line 21.			
-	and a second					00	7 206

22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and li	ine 21			
	Enter here and on the appropriate lines of your return. Partnerships and S corporations - s	ee ins	tr	22	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	23			

Form	n 4562 (2	2022)	AFT	AB A. &	SEE	MI A	. K	HAN					216	5-23-	9829	Page 2
Pa	rt V	Listed Proper entertainment,				ner vehic	les, c	ertain air	craft, an	d property	vused fo	or				
		Note: For any	,		,	standar	d mile	eage rate	or dedu	cting leas	e expen	se, com	olete o r	1 v 24a,		
		24b, columns	(a) through (c) of Section A	, all of S	ection B	, and	Section	C if appl	icable.	•					
				on and Other			ution	: See th	e instruc	tions for li	mits for	passeng	ger autor	nobiles.)	
24a	Do you h	nave evidence to s			ent use cla	aimed?		Yes		24b lf "Y	T		nce writ	ten?	_ Yes	<u>No</u>
	Turne	(a)	(b) Date	(c) Business/		(d)		€ Basis for de	•	(f)		(g)		(h)		(i) cted
		f property licles first)	placed in	investment		Cost or ther basis		(business/ir	vestment	Recovery period		ethod/ vention		eciation uction	sectio	on 179
	· · · ·	,	service	use percenta	ye			use o		·					C	ost
		depreciation allo														
		re than 50% in					<u></u>	<u></u>				25				
26 F	roperty	used more tha	n 50% in a q							1	1		1			
					% %											
					%											
07 5	Property	used 50% or le														
21 1	Toperty				<u>436.</u> %						S/L -					
					%						S/L -					
			: :		%						S/L -					
28 /	Add amo	ounts in column				and on	line (21 nane	1	1		28				
		ounts in column												29		
<u></u> ,			(I), III O E O. E					on on Us								
Com	plete thi	is section for ve	hicles used l								r related	person.	If you p	rovided v	/ehicles	
	•	oyees, first ans										•				
,		,				,					5					
					(a)		(b)		(c)		(d)	(e)	(1	f)
30 T	otal busi	ness/investment	miles driven d	uring the	Vel	nicle		Vehicle	1	Vehicle	Ve	hicle	Ve	hicle	Veh	icle
у	vear (don	' t include commu	iting miles)													
		mmuting miles														
32 T	Fotal oth	er personal (no	ncommuting) miles												
c	driven															
		es driven during														
A	Add lines	s 30 through 32	2											-		
		vehicle availab			Yes	No	Ye	s No	Ye:	s No	Yes	No	Yes	No	Yes	No
c	during o	ff-duty hours?								_						
35 \	Was the	vehicle used p	rimarily by a	more												
		owner or relate								_						
36 l:	s anothe	er vehicle availa	ble for perso	nal												
L	use?															
			Section C	- Questions f	for Empl	oyers W	/ho P	rovide V	ehicles	for Use by	/ Their I	Employe	es			
		e questions to o			xception	to comp	oleting	g Sectior	B for v	ehicles use	ed by en	nployees	who a	ren't		
		% owners or rel														
		naintain a writte	en policy stat	ement that pr	ohibits a	II persor	nal us	e of vehi	cles, inc	luding com	nmuting	by your	•		Yes	No
	employe															
	•	naintain a writte		-								our				
		es? See the ins			•	•										
		reat all use of v														
		provide more th				•										
		of the vehicles, neet the require														
		your answer to Amortization	37, 30, 39, 4		s, uon	Comple					licies.					
		(a)			(b)		(0	c)		(d)		(e)			(f)	
		Description of	f costs	Date	amortization begins		Amort	tizable ount		Code section		Amortiza period or pe	ation	Ai	nortization r this year	
42 A	Amortiza	tion of costs th	at begins du	ring your 202	-	ır:					1_	10.100 OI HC	ugu		,	
<u></u> /					: :											
					: :											
43 A	Amortiza	tion of costs th	at began bei	ore your 2022	tax yea	r					1		43			
		dd amounts in d										<u></u>	44			

AFTAB	Α.	&	SEEMI	Α.	KHAN	
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216-23-9829

SCHEDULE E	OTHER EXPENSES	STATEMENT 19
HOUSE - 17366 SLIGO LOOP	, WOODBRIDGE, VA 22026	
DESCRIPTION		AMOUNT
GARDENING SERVICE CHARGE		70. 560.
TOTAL TO SCHEDULE E, PAG	E 1, LINE 19	630.
SCHEDULE E	OTHER EXPENSES	STATEMENT 20
SCHEDULE E	OTHER EXPENSES	STATEMENT 20
SCHEDULE E HOUSE - 3132 ANTRIM CIRC		STATEMENT 20
		STATEMENT 20 AMOUNT
HOUSE - 3132 ANTRIM CIRC		