1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	instructions.
Your first name	and mi	iddle initial	Last na	name				Your so	Your social security number			
MOHAMMAE	RT	ZWAN	SHEI	кн						875		5320
		s first name and middle initial	Last na									security number
YUSRA			RIZV	7T						APP	T.T	ED F
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.		· · · · ·	ection Campaign
465 NICC)T.T.F."	T MAT.T.						2	2102			ou, or your
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c			•	jointly, want \$3
MINNEAPC	LIS					MN	J	554	01			nd. Checking a not change
Foreign country			1	Foreign p	rovince/state/c	count	iy	Foreig	n postal code	your tax		•
											Yo	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
-] Married filing jointly (even if only o	ne had i	income)					· · ·			
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name o	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	oivo (ac	a roward	d award or	navr	ment for prope	rtv or	services): or	(b) sell		
Digital Assets		lange, or otherwise dispose of a digi									ΠYe	es 🛛 No
Standard		eone can claim: You as a de					a dependent	, (,		
Deduction		Spouse itemizes on a separate retur										
Age/Blindness	You:	: Were born before January 2, 1	959 🛛	Are b	lind Spo	use	: 🗌 Was bor	n befo	ore January	2. 1959		s blind
Dependents				(2) 5	Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
If more		irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions)	•				. 1a	<u> </u>	83,818.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2	•		• •		. 1b		
W-2 here. Also	С	Tip income not reported on line 1a								. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		. 1d		
1099-R if tax	е	Taxable dependent care benefits f				•		• •		. 1e	-	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	8839, line 29	•		• •		. <u>1</u> f	-	
lf you did not get a Form	g					•		• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instruction	,			•	· · · ·	· ·		. <u>1</u> h	· ·	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		•	1 i					02 010
		Add lines 1a through 1h			· · · ·			• •		. 1z	-	83,818.
Attach Sch. B if required.	2a		2a				axable interest			. 2b	-	
	<u>3a</u>	-	3a 4 a				ordinary divider			. 3b	-	
Standard	4a 50	-	4a 50				axable amount			. 4b	-	
Deduction for –	5a 6a	-	5a				axable amoun axable amoun			. 5b	-	
 Single or Married filing 	6a	Social security benefits		mothad				ı		. 6b	'	
separately, \$13,850	с 7	Capital gain or (loss). Attach Sche		-		•	,	• •	L Г	7		-113.
 Married filing 	8			•	•		-	• •	L	. 8	+	
jointly or Qualifying	9 9 Add lines 17 2b 3b 4b 5b 6b 7 and 8 This is your total income				· 0	+	83,705.					
surviving spouse, \$27,700	3 10	Adjustments to income from Sche					• • • • •	• •		. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is						•••		. 11		83,705.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	_	27,700.
 If you checked any box under 	13	Qualified business income deducti					5-A .			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is v	our i	axable incom	ie .				56,005.
			-		,						- · · · ·	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6,283.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	6,283.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,283.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	6,283.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 8	,644.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,644.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	8,644.
Refund	34	If line 33 is more than line 24						34	2,361.
norana	35a	Amount of line 34 you want	-			, .	. 🗆	35a	2,361.
Direct deposit?	b	Routing number 0 9 1					Savings		
See instructions.	d	Account number 5 6 0					J		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	÷	-		38			
Third Party	Do	you want to allow another	,						
Designee							omplete b	elow.	× No
	De	signee's		Phone		Pers	onal identifi	cation	
	nar	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							, ,
Here		· · · ·	piete. Declaration		1			• •	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					IT PROFESS	STONAL	(see i		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupati		If the	IRS ser	nt your spouse an
Keep a copy for					Identi	ity Prote	ection PIN, enter it here		
your records.					HOME MAKEP	ર	(see ii	nst.)	
		one no. (651)219-941		Email address	RIZWANSHEKE	114@GMAIL.CO			1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/2024	P02082	703	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phon	e no. (678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	3 EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

REV 02/05/24 PRO

SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MOHAMMAD RIZWAN SHEIKH & YUSRA RIZVI

Your social security number 875-63-5320

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	Yes	X No	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting		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.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I line 2, column (g)	
1a	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.				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	192.	305.		-113.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from 5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				-113.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	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.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	1 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					
12 13						
14	 4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 					()
15	5 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back					

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 –113.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	\Box No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (113.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 02/05/24 PRO

Schedule D (Form 1040) 2023

Form	8949	
FOILI		

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return		Social security number or taxpayer identification number
MOHAMMAD RIZWAN	SHEIKH & YUSRA RIZVI	875-63-5320

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	Date sold or Pro	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment		
Robinhood Securities LLC	01/01/23	12/31/23	192.	305.			-113.	
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	tal here and inc re is checked), li	lude on your 1e 2 (if Box B	192.	305.			-113.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		 For use by individuals who are not U.S. citizens or permanent residents. See separate instructions. 										
										pe (check one box):	
 Before you begin: Don't submit this form if you have, or are eligible to get, a 			a U.S. social security number (SS					☑ Apply for a new ITIN ☐ Renew an existing ITIN				
	ubmitting Form W-7. Read the ederal tax return with Form V									c, d, e, f, or g, y	ou	
	alien required to get an ITIN to cla			Ji ule e	xceptioi	13 (566	115	luctions	»).			
_	ent alien filing a U.S. federal tax return											
c 🗌 U.S. residen	ident alien (based on days present in the United States) filing a U.S. federal tax return											
d 🗌 Dependent o	of U.S. citizen/resident alien If	d, enter relationsh	nip to U.S. cit	izen/resi	ident alien	(see ins	truc	ctions) 🕨				
e 🛛 Spouse of U		r name and SSN/ITIN of U.S. citizen/resident alien (see instr RIZWAN SHEIKH							ons)► 75-63-5320			
f 🗌 Nonresident	alien student, professor, or resear	rcher filing a U.S.	federal tax re	turn or c	laiming ar	n except	ion					
	spouse of a nonresident alien hold	ing a U.S. visa										
	nstructions) ►											
	on for a and f : Enter treaty country 1a First name		and treaty article n Middle name				under Past name					
Name (see instructions)	YUSRA	Wilde				RIZVI						
Name at birth if	1b First name	Mido	Middle name				nan					
	2 Street address apartment nu	mber or rural rout	te number. If	you hay	/e a P.O. I	hox, see	Se	narate in	nstruc	tions		
Applicant's Mailing	 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 465 NICOLLET MALL Apt 2102 City or town, state or province, and country. Include ZIP code or postal code where appropriate. 											
Address	MINNEAPOLIS	e, and country. Ind	y. Include ZIP code or postal code wh MN				•	priate.	5	5401		
	MINNEAPOLIS MN USA 55401 3 Street address, apartment number, or rural route number. Don't use a P.O. box number.											
Foreign (non- U.S.) Address												
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.											
Birth	4 Date of birth (month / day / year)	Country of birth		City an	d state or	province	e (o	otional)	5	Male		
Information	03/25/1992	INDIA						,	X Female			
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	ax I.D. number (if any) 6c Type of U.S				S. visa (if any), number, and expiration date					
mormation	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.											
	USCIS documentation Other Date of entry into											
	the United S							State	es	_		
					p. date: 02/22/2027 (MM/DD/					YYYY):		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?											
	 No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 											
	6f Enter ITIN and/or IRSN ► ITIN IRSN							.0).	6	and		
	name under which it was iss	ued 🕨										
	First name Middle name Last name									ast name		
	6g Name of college/university or company (see instructions) ►											
	City and state Length of stay											
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.											
Keep a copy for your records.	Signature of applicant (if del	tions) Date (month / day			′ year)	vear) Phone numbe						
,000100.	Name of delegate, if applica	ble (type or print)		Delegate's relationship [to applicant			_			ourt-appointed guard	lian	
	Signature			Date (month / day /		vear)		Power of	пеу			
Acceptance				(.11		,,	Fa					
Agent's	Name and title (type or print)	Name of co	ompany	mpany				F	PTIN		
Use ONLY						EIN PTIN Office code						

REV 02/05/24 PRO