Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

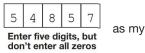
Taxpayer s hame	Social security number
MOIN AHMED SYED	087-15-4857
Spouse's name	Spouse's social security number
AZMA SIRAJ	990-92-6305
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 145,535.
2 Total tax	2 16,538.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 29,612.
4 Amount you want refunded to you	4 13,074.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

Under penalties of periury, 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

X lauthorize GLOBAL TAXES LLC **ERO firm name** to enter or generate my PIN

Date



5

as mv

0

6 3

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 2 to enter or generate my PIN ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature	Date ►
Practitioner PIN Method Returns Only—co	continue below
Part III Certification and Authentication – Practitioner PIN Method	d Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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

ERO's signature 🕨		Date 🕨	
Doi	ERO Must Retain This Form — Se a't Submit This Form to the IRS Unless		
For Demonstrate Deduction Act Natio	and the second and the function of the second	BEN 00/03/01 BBO	Earm 8870 (Day, 01 0001)

Deduction for- Sa Definition and annulates Sa Definition and annulation andifference annulatitex annulation and annulation annulation annula	1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this sp	oace.
MOIN ARMED SYED 0.87 1.5 1.457 Hjort run, spore's first new and midde initial Last name Spore's social security number AddA 900 920 <td>For the year Jar</td> <td>n. 1–Dec</td> <td>. 31, 2023, or other tax year beginning</td> <td></td> <td></td> <td>, 2023, end</td> <td>ing</td> <td>1</td> <td></td> <td>, 20</td> <td>See se</td> <td>parate instructior</td> <td>ns.</td>	For the year Jar	n. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	parate instructior	ns.
MOIN NIMED SYED 0.87 / 1.5 / 4.83 7 Hight tertur, spould's field tend and didde initial Last name Spould's cold security number ACRA 920 527 6.305 Home address frumber and shredy. If you have a foreign address, also complet spouse blow. Apt. nn. 302.0 Check here if you, or your Foreign country name Foreign province/state/country Creat here if you, or your Check here if you, or your The country want S3 FILING Status Single Check here if you have a foreign address, also complet spaces blow. State 2P code The constraints' want S3 Filing Status Single Married filing obinty (even if only one had income) on box. Head of household (HOH) The child's name if a child but not your dependent You checked the HOH of QSS box, and/or the child's name if the	Your first name	and mi	 ddle initial	Last r	ame						Your so	cial security numb	ber
If joint turn, spoze's first name and middle initial Last name Spoze's social secutify number 39339 STER_J 90 192 6.305 Hom address further and stretch, if you have a P.O. box, soc instructions. Art. ns. 30.23 20.024 39339 STEVENSON_COM 30.23 Creat. Inter if you a ryour 30.23 Foreign prevince/instructions. Art. ns. 27.006 30.23 Foreign prevince/instructions. CA 29.53.53 Creat. Inter instructions. 10.000 file. Filing Status Single Interded throusehold (HOH) Void it sor Void it sor <t< td=""><td colspan="6"></td><td></td><td>-</td><td></td></t<>								-					
Intermediates function and street, if you have 8 0. box, see instructions. Apr. tro.									· · ·	umber			
Intermediates function and street, if you have 8 0. box, see instructions. Apr. tro.							990	92 6305					
39393_STEVENEON_CAN 3023 Check here if you, or you City, town, or post office. If you have a foreign address, also complete spaces below. CA 94538 Dreck here if you, or you FIREMONT Foreign country name Foreign province/state/country Foreign province/state/countr		(numbe	r and street). If you have a P.O. box, see						A	pt. no.			npaign
City, tow, or post office, if you have a foreign address, also complete spaces below. State 2P code box below will not charge FEEMONT Code 94.558 box below will not charge Foreign country name Foreign positive and spaces Foreign positive and spaces foreign positive and spaces Filing Status Single Head of household (HOH) Check only Married filing pointy (veri if only one had income) Head of household (HOH) Original Americe filing pointy (veri if only one had income) Household (HOH) Check only Spouse enter the name of your spouse. If you checked the HOH or QSS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying spouse (OSS) Standard Semeence can claim: You as a dependent: You as a dependent: Deduction Gpouse femines on a separate return or you were a dual-status allow Age/Bindness You: Ne box before January 2, 1959 Is blind Dependents Immediate entry on form(g) W-2, box 1 (see instructions). Immediate filing point (see instructions). Immediate entry on the dependent than four dependent to a separate return or you were a dual-status allow Age/Bindness You: Immediate entry on the dependent to a separate return or you were a dual-status allow Dependents Immedin tour form(g) W-2, box 1 (see instructions).	39939 ST	TEVEN	ISON CMN						3	3023			
Free About Provide a structure of the struc	-	1000		mplete	spaces be	low.	Sta	te					
Foreign postic code You Spouse Filing Status Single Head of household (HOH) Woo Spouse Check only Married filing jointly (even if only one had income) Oualifying sarviving spouse (QSS) 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: Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Ves No Standard Spouse interest on a separate return or you were a dual-status saled Age/Blindness You: Wes No Standard Secone can claim: You as a dependent: (g) Roale asset/? (g) Roale asset/? (G) Roale asset/? (Child to center) (Child to center) Imore Imore In a total amount from Form(s) W-2, box 1 (see instructions); (g) Roale asset/? (g)	FREMONT						CA	ł	945	38	-		0
Filing Status Single Index of household (HOH) Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) 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: Qualifying surviving spouse (QSS) Digital Anny time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim:: You as a dependent Your spouse as a dependent Yes No Age/Blindness You:: Were born before January 2, 1959 Are blind Spouse inteructions); Yes No The dependents, see instructions; (f) First name Lat name number Child ta credit Credit ta credit </td <td>Foreign country</td> <td>/ name</td> <td></td> <td></td> <td>Foreign p</td> <td>rovince/state/o</td> <td>count</td> <td>ty</td> <td>Foreig</td> <td>n postal code</td> <td></td> <td></td> <td>0</td>	Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code			0
Check only Married filing separately (MFS) Qualifying surviving spouse (QSS) If wou 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:												🗌 You 🔄 S	pouse
Check only one box. Married filing jointly (even if only one had income) Oualifying submitting jointly (even if only one had income) Image: Standard st	Filing Status	; 🗆	Single					Head of he	ouseh	old (HOH)			
one box. Married filing separately (MFS) Cualifying across (CSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the anile it me qualifying person is a child but not your dependent: Igital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Xassets Standard Someone can claim: You as a dependent You so as a dependent You so both before January 2, 1959 Is blind Dependents (see instructions): (Pirst name Last name (Pirst name	-		Married filing jointly (even if only o	ne had	l income)							-	
qualifying person is a child but not your dependent: Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Standard Assets Someone can clain:: You as a dependent Our spouse as a dependent Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status allein Age/Bindness You: Was born before January 2, 1959 Is blind Dependents (see instructions): (a) Poscial security (a) Relationable If more than four dependents, (a) Entitient of the instructions): (a) Check the box if qualifies for geninstructions): If more than four dependents, (a) Entitient of permittient of per			Married filing separately (MFS)					Qualifying	surviv	ving spouse	(QSS)	×	
Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Bindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (g) Relationation (d) Check the box if qualifies for (see instructions); Child tax credit Credit for other dependents If more dependents, see instructions 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 164, 968. Income v2 are able 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 164, 968. If w2 add not get a Form Wr-2, see tharbuch for Sande able 1a 164, 968. 1a 16 If was withheld. 1 1a 164, 968. 1a 16 If was withheld. 1 1 1 1 1 If w2 add not get a Form Wr-2, see 1 Medicaid waiver payments not reported on Form 839, line 6 1a		lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	l che	ecked the HOH	l or Q	SS box, ente	r the ch	ild's name if the	
Asset3 exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Someone can claim: O'u as a dependent O'ur spouse as a dependent Age/Blindness You: Were born before January 2, 1959 A te blind Spouse: Was born before January 2, 1959 Its blind Dependents tan four (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name 10 10 If more than four 1 Total amount from Form(s) W-2, box 1 (see instructions) 1a 164, 968. If were born before payments not reported on Form(s) W-2 (see instructions) 1d 1 1 Were born before more more ported on form form(s) W-2 (see instructions) 1d 1 1 Were born before born B919, line 6 1 1d		qu	alifying person is a child but not you	ur depe	endent:								
Asset3 exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Someone can claim: O'u as a dependent O'ur spouse as a dependent Age/Blindness You: Were born before January 2, 1959 A te blind Spouse: Was born before January 2, 1959 Its blind Dependents tan four (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name 10 10 If more than four 1 Total amount from Form(s) W-2, box 1 (see instructions) 1a 164, 968. If were born before payments not reported on Form(s) W-2 (see instructions) 1d 1 1 Were born before more more ported on form form(s) W-2 (see instructions) 1d 1 1 Were born before born B919, line 6 1 1d	Digital	Δt ar	y time during 2023, did you: (a) rec	eive (a	s a rewar	d award or	navr	ment for prope	rty or	services): or	(h) sell		
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1959 A re blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name number (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four dependents, see instructions and check 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 164, 968. Income here 1a Total amount from Form(s) W-2, box 1 (see instructions). 1a 164, 968. Mitch Form(s) W-20 from by W-20 fro			, , , , , , , , , , , , , , , , , , , ,								. , , ,	🗌 Yes 🛛 🕅 N	lo
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (1) First name Last name (2) Social sequrity (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four (1) First name Last name (2) Social sequrity (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four Last name (2) Social sequrity (3) Relationship (4) Check the box if qualifies for (see instructions): If more than four Last name (2) Social sequrity (3) Relationship (4) Check the box if qualifies for (see instructions): Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a													
Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents. if more than four dependents, see instructions and check here Image: the second seco			Spouse itemizes on a separate retur	n or yo		No. of the second se							
Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents. if more than four dependents, see instructions and check here Image: the second seco	Age/Blindnes	s You:	Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	Is blind	
If more than four dependents, see instructions and check here Image: transme tra					(2)				10				tions):
than four dependents, see instructions and check here (see instructions) (additional income form Schedule 1, line 10 (see instructions) (b (see instructions) (c (see instructions) (s	•									Child tax cr	redit	Credit for other depe	endents
see instructions and check here Image: see instructions													
and check i i here i i Income 1a Total amount from Form(s) W-2, box 1 (see instructions) i W-2 here, Also total amount from Form(s) W-2, box 1 (see instructions) ib W-2 here, Also total amount from Form(s) W-2, box 1 (see instructions) ib W-2 here, Also total amount from reported on line 1a (see instructions) ic weak withheld. Tip income not reported on Form(s) W-2 (see instructions) ic tatach Forms Medicaid waiver payments not reported on Form 8895, line 29 id weak withheld. f Employer-provided adoption benefits from Form 8895, line 29 if fi you did not g Wages from Form 8919, line 6 is instructions) if i Nontaxable combat pay election (see instructions) iii iii iii iii isstructions iii iii iii iii iii if required. 3a 17. b traxable amount 4b Standard Sa iii Sa iii iii iii gearately, fore fiii Sa iii													
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 164, 968. Attach Form(s) b Household employee wages not reported on Form(s) W-2 1b 1c W-2 here. Also c Tip income not reported on line 1a (see instructions) 1c 1c W-26 and d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1c W-26 and e Taxable dependent care benefits from Form 2431, line 26 1e 1d was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f 1g get a Form W-28, see i Nottaxable combat pay election (see instructions) 1a 164, 968. Xtach Sch. B za Add lines 1a through 1h 1 1 1 1 Xtach Sch. B a Gualified dividends 3a 17. b b 3b 17. Standard Deduction form Sa Pensions and annuities 5a b 5b 5b 5b Standard Deduction form Sa Basica Scial security benefits 5a 5a 5b 5b 5b 5b <t< td=""><td></td><td>s –</td><td></td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		s –					/						
Attach Form(s) W-2 here. Also attach Forms b Household employee wages not reported on Form(s) W-2 1b Attach Forms W-2 here. Also attach Forms c Tip income not reported on line 1a (see instructions) 1c W-26 and 1099-RI ftax d Medicaid waiver payments not reported on Form 8919. W-2 (see instructions) 1d was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a form W-2, see g Wages from Form 8919, line 6 1g Medicaid usiver payments not reported on (see instructions) 1i 1f If you did not get a form W-2, see g Mattach Sch. B 1a 1e X-2, see h Other earned income (see instructions) 1i 1c 164, 968. X ttach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 1f Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b 1f Attach Sch. B 2a Tax-exempt interest 5a b Taxable amount 4b 5b Standard Decluction for- Single or Married fling separately. S13.860 f	here 🗌]											
Attach Form(s) Tip income not reported on line 1a (see instructions) 1c W-2 here, Also C Tip income not reported on Form(s) W-2 (see instructions) 1d W-2 Grand e Taxable dependent care benefits from Form 2441, line 26 1d U39-R if tax e Taxable dependent care benefits from Form 8839, line 29 1f If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see instructions. I In 0. instructions. Za Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B Tax-exempt interest Za Jaa 17. b Dordinary dividends 3b 17. Standard Gualified dividends Sa Sa b Taxable amount 4b 5b Standard Social security benefits Ga Sa b Taxable amount 5b 5b Standard Social security benefits Ga Social security benefits Ga stable amount 5b 5b </td <td>Income</td> <td>1a</td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td></td> <td>· · ·</td> <td></td> <td></td> <td>68.</td>	Income	1a					• •			· · ·			68.
W-2 here, Also C Itp income not reported on line 1a (see instructions) Itc attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Itd 1099-Ri ftax e Taxable dependent care benefits from Form 241, line 26 Ite was withheld. f Employer-provided adoption benefits from Form 849, line 2 Ite If you did not g Wages from Form 8919, line 6 Ite was withheld. f Employer-provided adoption benefits from Form 849, line 29 Ite was withheld. f Other earned income (see instructions) Ite was withheld. f Tax-exempt interest Ite was withheld. f Tax-exempt interest Ite was withheld. f Tax-exempt interest Ite a Qualified dividends 3a 17. b b Taxable amount 4b Standard Standard Standard Deduction for- 6a Social security benefits 6a b Taxable amount fb single or Married filing separately. Sina.80 r r capi	Attach Form(s)	b		- C			•	· · · ·	•				
W-26 and 1099-R if tax was withheld. Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form W-2, see instructions. g Wages from Form 8919, line 6 1g If you did not get a Form W-2, see h Other earned income (see instructions) 1h 0. If z 164, 968. 1g 1g 1e 1f Z Add lines 1a through 1h 1z 164, 968. 2b 1f Attach Sch. B 2a Tax-exempt interest 2b 2b 2b 2b if required. 3a Qualified dividends 3a 17. b Dratable interest 2b 2b Standard Deduction for- Single or Maried filing pointy or Qualifying pouse, St7.700 5a b Taxable amount 5b 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -210. 8 -19, 240. 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 -145, 535. 10 10 Additional income from Sc	W-2 here. Also	C											
1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form W-2, see m Other earned income (see instructions) 11 W-2, see in Nontaxable combat pay election (see instructions) 11 0. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Standard Deduction for- Single or Married fling separately, S13.850 4a b Taxable amount 4b Standard Deduction for Separately, S13.850 C If you elect to use the lump-sum election method, check here (see instructions) 11 7 Standard Opeduction for Separately, S13.850 Additional income from Schedule D if required. If not required, check here 17 7 Standard Deduction for Samately, S27.700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 145, 535. S27.700. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 11 145, 535. S27.700 Standard		d											
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2a if required. 3a 17. Attach Sch. B 2a Tax-exempt interest if required. 3a 17. Attach Sch. B a Qualified dividends if required. 3a 17. Attach Sch. B a Qualified dividends if required. 3a 17. b b Taxable amount b Taxable amount 4b Standard Social security benefits 6a Deduction for- 6a b Singe or Married filing separately, Stalagain or (loss). Attach Schedule D if required. If not required, check here ionity or Capital gain or (loss). Attach Schedule D if required, check here 1 Additional income from Schedule 1, line 10 9 Additional income from Schedule 1, line 26 10 Adultional income from Schedule 1, line 26 11 145, 535. 12 27, 700. 13 Qualified business income deduction from Schedule A) 14 Add lines 12 and 13	1099-R if tax	e								10.00			
get a Form W-2, see instructions. h Other earned income (see instructions) 11 W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i Add lines 1a through 1h 2 Add lines 1a through 1h 1z Attach Sch. B if required. 2a b Tax-exempt interest 2b Standard Deduction for- Single or Married filing geparately, S13.850 4a b Taxable amount 4b Standard filing separately, S13.850 6a b Taxable amount 5b 5b Gel affing separately, S13.850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -210. 8 -19, 240. 9 145, 535. 9 145, 535. 9 145, 535. 10 11 145, 535. 10 11 145, 535. 11 145, 535. 12 27,700. 12 21, 700. 13 14 27, 700. 14 Add lines 12 and 13 14 27, 700.		Ť			m Form 8	3839, line 29	•	• • • •	• •	• • •			
W-2, see In Other earlied intollie (see instructions) In 0. instructions. i Nontaxable combat pay election (see instructions) 1i 1z 164,968. Attach Sch. B 2a Tax-exempt interest 2a b 1z 164,968. Attach Sch. B 2a Tax-exempt interest 2a b 0. 3b 17. Attach Sch. B 3a Qualified dividends 3a 17. b Ordinary dividends 3b 17. Standard Geal IRA distributions 4a b Taxable amount 4b 5b Standard Fa Pensions and annuities 5a b Taxable amount 5b 6b Social security benefits 6a Social security benefits 6a b Taxable amount 6b 7 -210. Maried filing jointy or Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -210. 8 -19,240. Muring spouse, \$27,700 Additional income from Schedule 1, line 26 10 145,535. 12 27,700. 14 27,700. </td <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>••••</td> <td>• •</td> <td>•••</td> <td></td> <td></td> <td></td>	,						•	••••	• •	•••			
z Add lines 1a through 1h 1164,968. Attach Sch. B 2a b Tax-exempt interest 2b if required. 3a 17. b Ordinary dividends 3b 17. Standard Qualified dividends 3a 17. b Ordinary dividends 3b 17. Standard 4a IRA distributions 4a b Taxable amount 4b 5b Standard Pensions and annuities 5a 5a b Taxable amount 5b 5b Single or 6a Social security benefits 6a b Taxable amount 5b 5b Standard c If you elect to use the lump-sum election method, check here (see instructions) 10 7 -210. Married filing spouse, surviving spouse, structifying surviving spouse, structional income from Schedule 1, line 10 10 8 -19, 240. 9 145, 535. 12 Ord mains 4d deduction or itemized deductions (from Schedule A) 11 145, 535. 10 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 11 145, 535. 12 27, 700. <td>W-2, see</td> <td></td> <td>I want the second s</td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td>ì ·</td> <td></td> <td>. 10</td> <td></td> <td>0.</td>	W-2, see		I want the second s				• •		ì ·		. 10		0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a 17. b Ordinary dividends 3b 17. Standard Deduction for- 5a 3a 17. b Ordinary dividends 3b 17. Standard Deduction for- 5a Sa 5a b Taxable amount 4b 5b Single or Married filing separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions) 5b 6b 6b 6b Married filing jointly or Qualifying surving spouse, \$27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -210. 8 -19,240. Yet of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 145,535. 12 27,700. 13 Qualifying tox under Standard 12 27,700. 13 Qualified business income deduction from Schedule A) 12 27,700. 14 Add lines 12 and 13 13 14 27,700. 13 14 <td>instructions.</td> <td></td> <td></td> <td>seems</td> <td>structions)</td> <td></td> <td></td> <td> 🔤 🖬</td> <td></td> <td></td> <td>- 1-</td> <td>161 9</td> <td>68</td>	instructions.			seems	structions)			🔤 🖬			- 1-	161 9	68
if required. 3a Qualified dividends 3a 17. b Ordinary dividends 3b 17. Standard Deduction for- 5a IRA distributions 4a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a 5a b Taxable amount 4b Single or Married filing separately, S13,850 C If you elect to use the lump-sum election method, check here (see instructions) b Taxable amount 7 -210. Married filing jointly or Qualifying surving spouse, S27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -210. 8 -19, 240. 9 145, 535. Value head of nousehold, s20,800 Subtract line 10 from line 9. This is your adjusted gross income 10 11 145, 535. 10 If you checked any box under Standard Deduction or itemized deductions (from Schedule A) 12 27, 700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27, 700. If you checked any box under Standard Deduction, 14 27, 700. 13 14 27, 700.			e l	20			ь.	avable interest					<u> </u>
4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Single or Married filing separately, \$13,850 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -210. 8 Additional income from Schedule 1, line 10 8 -19,240. 9 145,535. 9 145,535. \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 145,535. 19 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27,700.				-		17.							17
Standard Deduction for - 5a Pensions and annuities													<u> </u>
becuction for - 6a Social security benefits	Standard										G. 1944		
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .			The second se									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Statutity, S13.850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -210. Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 -19,240. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 145,535. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 145,535. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27,700.	Married filing		-		method.	check here				 Г			
Married filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-19,2409Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9145,5359Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9145,53510Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11145,53512Standard deduction or itemized deductions (from Schedule A)1227,70013Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700										Г	7	-2	10.
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9145, 535.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11145, 535.12Standard deduction or itemized deductions (from Schedule A)1227, 700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427, 700.14	 Married filing iointly or 				-	1.53							
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 145,535. 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 27,700.	Qualifying												
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11145,535.12Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.		10									. 10		
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 It Add lines 12 and 13 14 27,700. 14 27,700.	 Head of household, 					gross incor					-		35.
13Qualified business income deduction from Form 8995 or Form 8995-A133tandard14Add lines 12 and 131427,700	\$20,800			-		-							
Standard Peduction, 14 Add lines 12 and 13 13 14 27,700	any box under							5-A			. 13		
		14											00.
		15	Subtract line 14 from line 11. If zer	<u>ro or le</u>	ss, enter	<u>-0 This is</u> y	our I	taxable incom	e .	<u> </u>	. 15	117,8	35.

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	16	16,538.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,538.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	16,538.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	16,538.
Payments	25	Federal income tax withheld from:		
-	a	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	29,612.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
attach Sch. ElC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	1	
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	29,612.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13,074.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35 a	13,074.
Direct deposit?	b	Routing number X X X X X X X X C Type: C Checking Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe.		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		X No
	De	signee's Phone Personal identii ne no. Pursonal identii number (PIN)	fication	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he best	of my knowledge and
-		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	e IRS ser	nt you an Identity
				N, enter it here
Joint return? See instructions.		II FROFESSIONAL .	inst.)	
Keep a copy for	Sp			t your spouse an ection PIN, enter it here
your records.			inst.)	
	Ph	one no. (669) 577-4500 Email address MOINDOT11@GMAIL.COM		
<u> </u>		eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/17/2024 P0208.	2703	Self-employed
Preparer				678)965-9522
Use Only			i's EIN	
Go to www.irs.go		n1040 for instructions and the latest information. BAA REV 03/07/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Your social security number

087-15-4857

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MOIN AHMED SYED & AZMA SIRAJ

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-19,240.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a (
b		8b	//	
c	Cancellation of debt	8c	-	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e	<u>/</u>	
f	Income from Form 8889	8f	-	
	Alaska Permanent Fund dividends	8g	-	
g h		8h	-	
	Prizes and awards	8i	-	
-	Activity not engaged in for profit income	8j	-	
J k	Stock options	8k	-	
I	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	81		
m	Olympic and Paralympic medals and USOC prize money (see		-	
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
n	Section 951A(a) inclusion (see instructions)	80	-	
0	Section 461(I) excess business loss adjustment	8p	-	
p	Taxable distributions from an ABLE account (see instructions)	8q	-	
q r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
s I	Nontaxable amount of Medicaid waiver payments included on Form		-	
5	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
Ľ	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	- Ou	-	
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-19,240.
For Pa		ule 1 (Form 1040) 2023		
i ui Fa	perwork Reduction Act Notice, see your tax return instructions.		Schedi	ule 1 (Form 1040) 2023
	\blacksquare			

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а		24a	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	24b	_	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful	0.41		
	discrimination claims (see instructions)	24h	-	
Ì	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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	24k		
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z	<u> </u>	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA	REV 03/07/24 PRO	Scheut	ile 1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MOIN AHMED SYED & AZMA SIRAJ

087-15-4857

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)

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 e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	4,525.	4,735.		-210.
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				-210.

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 e dollars.	by w. (d) (e) Adjustment Proceeds Cost to gain or los (sales price) (or other basis) Form(s) 8949,		(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	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.					
12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11 12				
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	13 14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-210.
	• 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?			
	Yes. Go to line 18.			
	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	(210.)
	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 03/07/24 PRO	Sc	hedule D <mark>(</mark> Form	1040) 2023

Form **8949**

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 returnSocial security number or taxpayer identification numberMOIN AHMED SYED & AZMA SIRAJ087-15-4857

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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) (c) Date sold or		(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.	Gain or (loss) Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
APEX	CLEARING	01/01/23	12/31/23	4,525.	4,735.			-210.	
neg Sch	als. Add the amounts in columns ative amounts). Enter each tota edule D, line 1b (if Box A above ye is checked). or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	4,525.	4,735.			-210.	

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

				Supplementa							OMB No	. 1545-0074
(Form	1040)	(From		e, royalties, partners		-			trusts, REMIC	s, etc.)	20	23
	ent of the Treasury			Attach to Form 1040, rs.gov/ScheduleE fo					formation		Attachm	ent 12
	Revenue Service shown on return		GO 10 WWW.I	rs.gov/Scheduler 10	r instru			ilesi ili		Your soci	al security r	ce No. 13
()	AHMED SYE	D & A	ZMA STRAJ								5–4857	lumber
Part		-		al Real Estate an	d Ro	valties				007 1	5 4057	
T di t	Note: If vo	ou are in	the business of re	enting personal proper 35 on page 2, line 40.			e C. See	e instru	ctions. If you ar	e an indiv	/idual, repo	ort farm
				at would require you								s 🛛 No
B If	"Yes," did you	or will	you file required	l Form(s) 1099? .							. Ye	s 🗌 No
1a	Physical addr	ress of e	each property (s	treet, city, state, Zll	P code	e)						
Α	JANAKIRAM	A TOW	ERS PHASE-2	2 HYDERABAD TH	ELAN	GANA IN	1 500	090				
В												
С												
1b	Type of Prope			tal real estate prope				Fa	ir Rental	Person		QJV
	(from list below	w)		t the number of fair					Days	Da		
	3			days. Check the Qane requirements to the content of			A		365		0	
				t venture. See instru			B					
C	(D						С					
	of Property: Single Family R	locidone	a 2 Vacati	on/Short-Term Ren	tal	5 Lanc	1	7	Self-Rental			
	Multi-Family Re				la	6 Roya			Other (descri	ho)		
~		Sidened				U HOYE						
_									Propertie	es:		
Incom							A	50	В			C
3					3		/	50.				
4		ived .			4							
Expen					E							
5 6	0				5 6		1 1	0.0				
7					7			99.				
8	*				8		±,)					
9					9							
10					10							
11	0				11		2,9	99.				
12	•			(see instructions)	12	-						
13	0 0				13							
14					14		4,9	99.				
15	Supplies .				15		3,9	95.				
16	Taxes				16							
17					17		4,4	99.				
18	•	expense	or depletion .		18							
19					19							
20			-	19	20		19,9	90.				
21				d/or 4 (royalties). If								
				nd out if you must	01		-19,2	10				
22				er limitation, if any,	21		-1 <i>9</i> ,2	40.				
22					22	(19,24	10	(()
23a				3 for all rental prope				23a	(750.	(
b				4 for all royalty prop				23b		,		
c				12 for all properties				23c				
d				18 for all properties				23d				
e			•	20 for all properties				23e	19,	,990.		
24			-	n on line 21. Do no						24		
25	Losses. Add ro	oyalty los	sses from line 21	and rental real estat	e losse	es from lin	e 22. E	nter to	tal losses here	25	(1	19,240.)
26				income or (loss).								
				l0 on page 2 do no						1 1		
	Schedule 1 (Fo	orm 104	10), line 5. Other	wise, include this a	mount			ine 41		26		-19,240.
For Pa	perwork Reduct	ion Act	Notice see the s	enarate instructions		NE	PA		-19,240.	. Sak	adula E (Ec	orm 1040) 2023

Schedule E (Form 1040) 2023

Form	tatement of Sp ► Go to www.irs.gov/For	m8938 for instructi	ons and the		OMB No. 1545-2195
Department of the Treasury	▶ ar year 20 ²³ or tax year	 Attach to your tax beginning 		and ending , 20	Attachment Sequence No. 938
If you have attached additi	onal statements, chec	k here 🛛 🗙	Numb	er of additional stateme	ents 6
1 Name(s) shown on return				2 Taxpayer identifica	ation number (TIN)
MOIN AHMED SYED & AZM	1A SIRAJ				087-15-4857
3 Type of filer					
a 🗙 Specified individu					rust
specified person to list.)	ship or corporation. If ye	ou checked box 30	, enter the	e name and TIN of the sp lo if you have more than	
a Name Part I Foreign Deposit	and Custodial Acco	unte Summary		b TIN	
5 Number of deposit accou		-			6
6 Maximum value of all dep	nosit accounts		· · ·		
 7 Number of custodial according 	ounts (reported in Part)	Δ			· · · · · · · · · · · · · · · · · · ·
8 Maximum value of all cus					. \$
9 Were any foreign deposit					Yes 🔀 No
Part II Other Foreign As		alooca daning the t	ar jour		
10 Number of foreign assets					▶ 5
11 Maximum value of all ass	ets (reported in Part VI)				. \$ 93,468.
12 Were any foreign assets					. Yes X No
				incial Assets (see inst	
	(L) Tau itana	(c) Amount rep	orted on	Where r	reported
(a) Asset category	(b) Tax item	form or sche	dule	(d) Form and line	(e) Schedule and line
13 Foreign deposit and	a Interest	\$			
custodial accounts	b Dividends	\$			
	c Royalties	\$			
	d Other income	\$			
	e Gains (losses)	\$			
	f Deductions	\$			
	g Credits	\$			
14 Other foreign assets	a Interest	\$			
	b Dividends	\$			
	c Royalties	\$			
	d Other income	\$			
	e Gains (losses)	\$			
	f Deductions	\$			
	g Credits	\$	<u></u>	N N	
	ed Foreign Financia				
f you reported specified foreign			owing form	ms, enter the number of s	such forms filed. You do
not need to include these assets		-			
15 Number of Forms 3520		ber of Forms 3520	-	17 Number	of Forms 5471
18 Number of Forms 8621	19 Num	ber of Forms 8865			
For Paperwork Reduction Act Not	ice, see the separate inst	tructions. BAA		REV 03/07/24 PRO	Form 8938 (Rev. 11-2021)

Form 89	38 (Rev. 11-2021)		2 Page	e 2
Part	 Detailed Information for Each Foreign Deposit a (see instructions) 	and Custodia	I Account Included in the Part I Summary	
lf you	have more than one account to report in Part V, attach a sep	arate statemen	t for each additional account. See instructions.	
20	Type of account a Deposit b Custodial	21 Acc	count number or other designation	
22	Check all that apply a Account opened during tax yr c Account jointly owned with spot	ouse d 🗌 N	ccount closed during tax year lo tax item reported in Part III with respect to this ass	et
23	Maximum value of account during tax year			
24	Did you use a foreign currency exchange rate to convert the	e value of the ac	ccount into U.S. dollars? 🗌 Yes 🗌 No	
25	If you answered "Yes" to line 24, complete all that apply.			
	(a) Foreign currency in which account is maintained(b) Foreign currency used to convert t	-	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Serv	
26a	Name of financial institution in which account is maintained	b Glob	bal Intermediary Identification Number (GIIN) (Option	ial)
27	Mailing address of financial institution in which account is m	naintained. Num	nber, street, and room or suite no.	
28	City or town, state or province, country, and ZIP or foreign p			
Part				
	have more than one asset to report in Part VI, attach a separ			
29	Description of asset	30 106	entifying number or other designation	
31	Complete all that apply. See instructions for reporting of mu	Iltiple acquisitio	n or disposition dates.	
а	Date asset acquired during tax year, if applicable		· · · · · · · · · · <u></u>	
b	Date asset disposed of during tax year, if applicable		· · · · · · · · · · · · · · · · · · ·	
<u> </u>			x item reported in Part III with respect to this asse	<u>t</u>
32	Maximum value of asset during tax year (check box that app \$0-\$50,000 b \$\left\$\$50,001-\$100,000 c \$\left\$\$	plies) \$100,001–\$15	60,000 d [] \$150,001-\$200,000	
a e	If more than \$200,000, list value			
33	Did you use a foreign currency exchange rate to convert the	e value of the as	sset into U.S. dollars?... □ Yes □ No	
34	If you answered "Yes" to line 33, complete all that apply.			
	(a) Foreign currency in which asset is denominated (b) Foreign currency used to convert t		(c) Source of exchange rate used if not from U.S Treasury Department's Bureau of the Fiscal Serv	
35	If asset reported on line 29 is stock of a foreign entity or an in	terest in a forei	gn entity, enter the following information for the ass	et.
а	Name of foreign entity	b GIIN	I (Optional)	
с	Type of foreign entity (1) Partnership (2) Cor	ooration (3)	Trust (4) Estate	_
d	Mailing address of foreign entity. Number, street, and room	or suite no.		
е	City or town, state or province, country, and ZIP or foreign p	oostal code		
36	If asset reported on line 29 is not stock of a foreign entity or the asset.	an interest in a	foreign entity, enter the following information for	
	Note: If this asset has more than one issuer or counterparty additional issuer or counterparty. See instructions.	, attach a sepa	rate statement with the same information for each	
а	Name of issuer or counterparty			
	Check if information is for Sure Counterparty			
b			4) 🗌 Trust (5) 🗌 Estate	
С		oreign person		
d	Mailing address of issuer or counterparty. Number, street, a	nd room or suit	e no.	
е	City or town, state or province, country, and ZIP or foreign $\boldsymbol{\mu}$	oostal code		

lf you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional account. See instructions.
20	Type of account a 🗵 Deposi	t	21 Acc	count number or other designation
	b 🗌 Custoc	lial	0	93801000442
22	Check all that apply a Accour	nt opened during tax year	b 🗌 A	ccount closed during tax year
	c 🗌 Accoun	t jointly owned with spouse	d 🗙 N	o tax item reported in Part III with respect to this asset
23	Maximum value of account during tax	year		· · · · · · · · · \$ 6,906.
24	Did you use a foreign currency excha	nge rate to convert the value	of the ac	count into U.S. dollars? 🛛 Yes 🗌 No
25	If you answered "Yes" to line 24, com	plete all that apply.		
	(a) Foreign currency in which	(b) Foreign currency exchain	-	(c) Source of exchange rate used if not from U.S.
	account is maintained	used to convert to U.S.	dollars	Treasury Department's Bureau of the Fiscal Service
	INR		.0121	
26a	Name of financial institution in which	account is maintained	b Glob	oal Intermediary Identification Number (GIIN) (Optional)
	ICICI BANK			
27	Mailing address of financial institution	in which account is maintair	ned. Num	ber, street, and room or suite no.
	RAJARAJESHWARI NAGAR			
28	City or town, state or province, count		code	
	BANGALORE, KARNATAKA IN 5			
				d in the Part II Summary (see instructions)
		Part VI, attach a separate sta		or each additional asset. See instructions.
29	Description of asset			ntifying number or other designation
	AXIS FLEX CAP FUND	6 H 6 H 1		281954
31	Complete all that apply. See instruction			
a	Date asset acquired during tax year, i			
b	Date asset disposed of during tax yea			
<u> </u>	Check if asset jointly owned with s		k it no ta	x item reported in Part III with respect to this asset
32	Maximum value of asset during tax ye		001 015	0,000 d [] \$150,001–\$200,000
a	X \$0-\$50,000 b □ \$50,001- If more than \$200,000, list value .			
е 33	Did you use a foreign currency excha	nge rate to convert the value	of the as	set into U.S. dollars? \Box Yes $\overline{\mathbf{X}}$ No
34	If you answered "Yes" to line 33, com	plete all that apply	or the as	
•	(a) Foreign currency in which asset		nge rate	(c) Source of exchange rate used if not from U.S.
	is denominated	used to convert to U.S.		Treasury Department's Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of	a foreign entity or an interest	in a foreid	gn entity, enter the following information for the asset.
а	Name of foreign entity	5		l (Optional)
		CAP FUND		
с	Type of foreign entity (1) Partn	ership (2) 🔀 Corporatio	n (3)	Trust (4) Estate
d	Mailing address of foreign entity. Num	ber, street, and room or suit	e no.	
	ALPHA, OFFICE FLOOR 8, NH	EAR KANJURM		
е	City or town, state or province, count	ry, and ZIP or foreign postal of	code	
	CHENNAI, TAMILNADU IN 400	0042		
36		k of a foreign entity or an inte	erest in a	foreign entity, enter the following information for
	the asset.			
			h a separ	rate statement with the same information for each
	additional issuer or counterparty. See	instructions.		
а	Name of issuer or counterparty			
_	Check if information is for Issue	r Counterparty		
b	Type of issuer or counterparty			
	(1) Individual (2) Partner			I) Trust (5) Estate
C	Check if issuer or counterparty is a		person	
d	Mailing address of issuer or counterpart	arty. Number, street, and roo	m or suit	e no.
-	City or town state or previous	ny and ZID as faraiss as the	ada	
е	City or town, state or province, count	ry, and ∠iP or foreign postal (Joue	

lf you	have more than one account to report in Part V, attach a s	eparate state	nent fo	or each addi [.]	tional account	t. See instruct	tions	
20	Type of account a X Deposit	21	Accou	unt number (or other desig	nation		
	b 🗌 Custodial		549	12700012	287			
22	Check all that apply a Account opened during tax	kyear b [Acco	ount closed	during tax yea	ar		
	c Account jointly owned with s	spouse d	No t	ax item repo	rted in Part III	with respect to	o this	asset
23	Maximum value of account during tax year					. \$	5,5	517.
24	Did you use a foreign currency exchange rate to convert						_ <u>`</u> _	No
25	If you answered "Yes" to line 24, complete all that apply.							
	(a) Foreign currency in which (b) Foreign curren	cy exchange	ate (c) Source o	f exchange ra	te used if not	from	1 U.S.
	account is maintained used to conver	, ,			Department's B			
	INR	.0	.21					
26a	Name of financial institution in which account is maintained	ed b	Global	Intermediary	/ Identification	Number (GIII	J) (Or	otional)
	HDFC						· · ·	,
27	Mailing address of financial institution in which account is	maintained.	Numbe	er, street, an	d room or suit	te no.		
	SKY WARDS TECH PARK ELCTRONIC CITY					7		
28	City or town, state or province, country, and ZIP or foreig	n postal code				-		
	BANGALORE, KARNATAKA IN 560100							
Part	VI Detailed Information for Each "Other Foreign	Asset" Inc	uded	in the Parl	t II Summary	y (see instru	ctior	າຣ)
lf you	have more than one asset to report in Part VI, attach a sep	parate stateme	ent for e	each additio	nal asset. See	e instructions.		
29	Description of asset	30	Identi	fying numbe	er or other des	signation		
	HSBC FLEXI CAP FUND -GR		95039					
31	Complete all that apply. See instructions for reporting of r	multiple acqu	sition c	or dispositio	n dates.			
а	Date asset acquired during tax year, if applicable		• • •		· · · · .			
b	Date asset disposed of during tax year, if applicable							
C	Check if asset jointly owned with spouse d	Check if r	o tax it	tem reported	d in Part III wit	th respect to	this a	asset
32	Maximum value of asset during tax year (check box that							
а	x \$0-\$50,000 b □ \$50,001-\$100,000 c				\$150,00			
e	If more than \$200,000, list value							
33	Did you use a foreign currency exchange rate to convert	the value of the	e asse	t into U.S. d	ollars?	. 🗌 Yes	×	No
34	If you answered "Yes" to line 33, complete all that apply.							
	(a) Foreign currency in which asset (b) Foreign curren				f exchange ra			
	is denominated used to conver	1 10 0.5. 0018	rs	Treasury	Department's B	sureau of the F	iscal	Service
-05	If a set reported on line 00 is shall of a family and the ang	interest in a		and the sectors	the fellowing	information fo		
35	If asset reported on line 29 is stock of a foreign entity or an				the following	information to	or the	asset.
а	Name of foreign entity HSBC FLEXI CAP FUND -G		GIIN (C	Optional)				
с		orporation	(3)] Trust 🛛 🌔	4) 🗌 Estate			
d	Mailing address of foreign entity. Number, street, and roo			jillust (
u	NESCO COMPLEX, WESTERN EXPRESS							
е	City or town, state or province, country, and ZIP or foreig	n postal code						
•	MUMBAI, MAHARASHTRA IN 400063							
36	If asset reported on line 29 is not stock of a foreign entity	or an interes	in a fo	reian entity.	enter the follo	owing informa	ation	for
	the asset.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		g		
	Note: If this asset has more than one issuer or counterpa	rty, attach a s	eparate	e statement	with the same	e information	for e	ach
	additional issuer or counterparty. See instructions.							
а	Name of issuer or counterparty							
	Check if information is for Sustein Counterpart	У						
b	Type of issuer or counterparty							
		orporation	(4)	Trust	(5) 🗌 Esta	te		
с	Check if issuer or counterparty is a 🗌 U.S. person 🛽	Foreign per	son					
d	Mailing address of issuer or counterparty. Number, street	, and room o	suite r	10.				
е	City or town, state or province, country, and ZIP or foreig	n postal code						

lf you	have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.
20	Type of account a 🗵 Deposit 21 Account number or other designation
	b Custodial 221810100002290
22	Check all that apply a Account opened during tax year b Account closed during tax year
	c Account jointly owned with spouse d 🗵 No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year
24	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? X Yes No
25	If you answered "Yes" to line 24, complete all that apply.
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.
	account is maintained used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service
	INR .0121
26a	Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional)
	UNION BANK OF INDIA
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
	D NO 9 BY 1A NEAR AYISH BAZAR
28	City or town, state or province, country, and ZIP or foreign postal code
	KASAVANAHALLI, BANGALORE KARNATAKA IN 560035
Part	VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)
If you	have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.
29	Description of asset 30 Identifying number or other designation
	INVESCO INDIA GROWTH OPPORTUNI 3105023043
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
а	Date asset acquired during tax year, if applicable
b	Date asset disposed of during tax year, if applicable
С	🗌 Check if asset jointly owned with spouse d 🗵 Check if no tax item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies)
а	x \$0-\$50,000 b □ \$50,001-\$100,000 c □ \$100,001-\$150,000 d □ \$150,001-\$200,000
е	If more than \$200,000, list value
33	Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?
34	If you answered "Yes" to line 33, complete all that apply.
	(a) Foreign currency in which asset (b) Foreign currency exchange rate (c) Source of exchange rate used if not from U.S.
	is denominated used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
а	Name of foreign entity
	INVESCO INDIA GROWTH OPPORTUNITIES
c	Type of foreign entity (1) Partnership (2) 🗵 Corporation (3) Trust (4) Estate
d	Mailing address of foreign entity. Number, street, and room or suite no.
	BUILDING B, ALPHA OFFICE FLOOR 8
е	City or town, state or province, country, and ZIP or foreign postal code
	MUMBAI, MAHARASHTRA IN 400042
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
•	Name of issuer or counterparty
а	Check if information is for Sure Counterparty
h	Type of issuer or counterparty
b	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
с	Check if issuer or counterparty is a U.S. person Foreign person
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.
u	maning address of issuer of counterparty. Multiper, street, and footh of suite no.
е	City or town, state or province, country, and ZIP or foreign postal code
<u> </u>	

lf you	have more than one account to report in Part V, attach a separate st	atement for each additional account. See instructions.
20	Type of account a X Deposit	21 Account number or other designation
	b Custodial	0000040896457865
22	Check all that apply a Account opened during tax year	b Account closed during tax year
	c Account jointly owned with spouse	d 🗵 No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year	
24	Did you use a foreign currency exchange rate to convert the value	
25	If you answered "Yes" to line 24, complete all that apply.	
	(a) Foreign currency in which (b) Foreign currency exchan	ge rate (c) Source of exchange rate used if not from U.S.
	account is maintained used to convert to U.S. of	
	INR	.0121
26a	Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
	STATE BANK OF INDIA	
27	Mailing address of financial institution in which account is maintain	ed. Number, street, and room or suite no.
	AVS COMPOUND 80 FEET ROAD 4TH BLOCK, KORAMANGA	
28	City or town, state or province, country, and ZIP or foreign postal c	ode
	BENGALURU, KARNATAKA IN 560034	
Part	VI Detailed Information for Each "Other Foreign Asset"	ncluded in the Part II Summary (see instructions)
If you	have more than one asset to report in Part VI, attach a separate stat	ement for each additional asset. See instructions.
29	Description of asset	30 Identifying number or other designation
	MIRAE ASSET BANKING AND FINANC	78823177836
31	Complete all that apply. See instructions for reporting of multiple a	equisition or disposition dates.
а	Date asset acquired during tax year, if applicable	<u></u>
b	Date asset disposed of during tax year, if applicable	<u></u>
С	Check if asset jointly owned with spouse d 🗵 Check	if no tax item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that applies)	
а		001–\$150,000 d 🗌 \$150,001–\$200,000
е	If more than \$200,000, list value	
33	Did you use a foreign currency exchange rate to convert the value	of the asset into U.S. dollars? 🗌 Yes 🛛 🛛 No
34	If you answered "Yes" to line 33, complete all that apply.	
	(a) Foreign currency in which asset (b) Foreign currency exchance is also as the provided of the second terms of ter	
	is denominated used to convert to U.S. of	Iollars Treasury Department's Bureau of the Fiscal Service
		- four interval in the following information for the
35	If asset reported on line 29 is stock of a foreign entity or an interest in	
а	Name of foreign entity MIRAE ASSET BANKING AND FINANC	b GIIN (Optional)
с	Type of foreign entity (1) Partnership (2) Corporation	(3) 🗌 Trust (4) 🗌 Estate
	Mailing address of foreign entity. Number, street, and room or suite	
u	UNIT NO 606-6TH FLOOR, WINDSOR	10.
е	City or town, state or province, country, and ZIP or foreign postal c	ode
Ũ	MUMBAI, MAHARASHTRA IN 400098	
36	If asset reported on line 29 is not stock of a foreign entity or an inte	rest in a foreign entity, enter the following information for
	the asset.	
	Note: If this asset has more than one issuer or counterparty, attach	a separate statement with the same information for each
	additional issuer or counterparty. See instructions.	
а	Name of issuer or counterparty	
	Check if information is for Subsection Issuer Counterparty	
b	Type of issuer or counterparty	
	(1) Individual (2) Partnership (3) Corporation	(4) 🗌 Trust (5) 🗌 Estate
с	Check if issuer or counterparty is a U.S. person Foreign	
d	Mailing address of issuer or counterparty. Number, street, and roor	•
е	City or town, state or province, country, and ZIP or foreign postal c	ode

If you	ou have more than one account to report in Part V, attach a separate statement for each additional account. See instruct	tions.	
20			
	b Custodial 5491610078419		
22			
	c Account jointly owned with spouse d X No tax item reported in Part III with respect	o this	asset
23			.73.
24			No
25			
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate used if no	from	
	account is maintained used to convert to U.S. dollars Treasury Department's Bureau of the		
	INR .0121		
26a		N) (Or	otional)
	HDFC BANK	· (-	
27	7 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.		
	ELECTRONIC CITY		
28	B City or town, state or province, country, and ZIP or foreign postal code		
	BANGALORE, KARNATAKA IN 560100		
Part	art VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instru	ictior	າຣ)
lf you	ou have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions		
29	9 Description of asset 30 Identifying number or other designation		
	TATA DIGITAL INDIA FUND-GR 4651102/47		
31	1 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
а	a Date asset acquired during tax year, if applicable		
b	b Date asset disposed of during tax year, if applicable		
С	c 🗌 Check if asset jointly owned with spouse d 🔀 Check if no tax item reported in Part III with respect to	this a	isset
32	2 Maximum value of asset during tax year (check box that applies)		
а	a 🔀 \$0-\$50,000 b 🗌 \$50,001-\$100,000 c 🗋 \$100,001-\$150,000 d 🗌 \$150,001-\$200,000		
е			
33		×	No
34			
	(a) Foreign currency in which asset (b) Foreign currency exchange rate (c) Source of exchange rate used if no		
	is denominated used to convert to U.S. dollars Treasury Department's Bureau of the	iscal	Service
35		or the	asset.
а	a Name of foreign entity TATA DIGITAL INDIA FUND-GR		
c			
a	d Mailing address of foreign entity. Number, street, and room or suite no.		
-	9TH FLOOR, MAFATLAL CENTER, NARIMAN e City or town, state or province, country, and ZIP or foreign postal code		
е	MUMBAI MAHARASHTRA IN 400021		
36		ation	for
00	the asset.	ation	101
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information	for e	ach
	additional issuer or counterparty. See instructions.		aon
а			
-	Check if information is for Susar Counterparty		
b			
	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate		
с			
d			

lf you	have more than one account to report in Part V, attach a sepa	arate statement for each additional account. See instructions.
20	Type of account a X Deposit	21 Account number or other designation
	b 🗌 Custodial	109781
22	Check all that apply a Account opened during tax ye	ear b Account closed during tax year
	c 🗌 Account jointly owned with spo	buse $\mathbf{d} \times \mathbf{N}$ No tax item reported in Part III with respect to this asset
23	Maximum value of account during tax year	\$ 63,677.
24	Did you use a foreign currency exchange rate to convert the	e value of the account into U.S. dollars? 🛛 Yes 🗌 No
25	If you answered "Yes" to line 24, complete all that apply.	
	(a) Foreign currency in which (b) Foreign currency	
	account is maintained used to convert to	
	INR	.0127
26a	Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional
	MARCELLUS	
27	Mailing address of financial institution in which account is m	naintained. Number, street, and room or suite no.
	929, DBS BUSINESS CENTER	
28	City or town, state or province, country, and ZIP or foreign p	postal code
	MUMBAI, MAHARASHTRA IN 400093	
Part		sset" Included in the Part II Summary (see instructions)
	have more than one asset to report in Part VI, attach a separa	
29	Description of asset	30 Identifying number or other designation
31	Complete all that apply. See instructions for reporting of mu	
а	Date asset acquired during tax year, if applicable	
b	Date asset disposed of during tax year, if applicable	
<u> </u>		Check if no tax item reported in Part III with respect to this asset
32	Maximum value of asset during tax year (check box that app	
а		\$100,001–\$150,000 d 🗌 \$150,001–\$200,000
e	If more than \$200,000, list value	
33 34	If you answered "Yes" to line 33, complete all that apply.	
94	(a) Foreign currency in which asset (b) Foreign currency	exchange rate (c) Source of exchange rate used if not from U.S.
	is denominated used to convert to	
35	If asset reported on line 29 is stock of a foreign entity or an in	terest in a foreign entity, enter the following information for the asset.
а	Name of foreign entity	b GIIN (Optional)
-		
с	Type of foreign entity (1) Partnership (2) Corp	poration (3) 🗌 Trust (4) 🗌 Estate
d	Mailing address of foreign entity. Number, street, and room	or suite no.
е	City or town, state or province, country, and ZIP or foreign p	postal code
36		an interest in a foreign entity, enter the following information for
	the asset.	
		, attach a separate statement with the same information for each
	additional issuer or counterparty. See instructions.	
а	Name of issuer or counterparty	
	Check if information is for Susar Counterparty	
b	Type of issuer or counterparty	
		poration (4) Trust (5) Estate
С		Foreign person
d	Mailing address of issuer or counterparty. Number, street, a	nd room or suite no.
е	City or town, state or province, country, and ZIP or foreign p	DOSTAI CODE

Additional Information From 2023 Federal Tax Return

Form 8938: Statement of Specified Foreign Assets Max value of all assets

Itemization Statement

115				DON	NOT MAIL THIS	FORM TO TH	IE FTB
TAXABLE YEAR						F	ORM
2023	California e-fi	le Signature /	Authorizati	on for l	ndividuals	88	879
Your name					Your SSN	or ITIN	
MOIN AHMED Spouse's/RDP's nam					087-15 Spouse's/F	-4857 RDP's SSN or ITIN	
AZMA SIRAJ					990-92	-6305	
Part I Tax Retu	rn Information (whole dollars o	nly)					
2 Amount you ow3 Refund or no ar	ted gross income (AGI). See ins ve. See instructions nount due. See instructions er Declaration and Signature A					2	7169
ending December 3 electronic return or identification numb income tax return. 1 and on form FTB 84 agrees with the dire domestic partner (F provider to transmi to my ERO, interme return, 1 understand penalties. 1 acknow	perjury, I declare that I have exa B1, 2023, and to the best of my I iginator (ERO), transmitter, or in er (ITIN), and the amounts shou If applicable, I authorize an elec 455, California e-file Payment Ri- ect deposit authorization stated RDP) as an agent to authorize an t my complete return to the Fran ediate service provider, and/or d that if the FTB does not receiv- ledge that I have read and consu- i dentification number (PIN) as	knowledge and belief, it is intermediate service provide wn in Part I above agree without a service provide tronic funds withdrawal of ecord for Individuals, or a con my return. If I have filed n electronic funds withdrav nchise Tax Board (FTB). If a r transmitter the reason(s) e full and timely payment cont to the Electronic Funds	true, correct, and com er, including my name ith the information an the amount on line 2 comparable form. If a d a joint return, this is val or direct deposit. I the processing of my f or the delay or the of my tax liability, I rer Withdrawal Consent.	plete. I further address, and amounts sho and/or the estin oplicable, I decl an irrevocable authorize my E return or refun Jate when the nain liable for the included on the	declare that the infor social security numb who on the correspond nated tax payments a are that direct depos appointment of the o RO, transmitter, or in d is delayed, I author refund was sent. If I ne tax liability and all copy of my electroni	mation I provided er (SSN) or individ ling lines of my el s shown on my re it refund amount of ther spouse/regist termediate servic rize the FTB to di am filing a balanc applicable interes c income tax retu	to my dual tax ectronic eturn on line 3 tered e isclose e due t and rn. I have
Taxpayer's PIN: ch	eck one box only			rand, n'appriod			
I authorize <u>G</u>	LOBAL TAXES LLC	ERO firm name			to enter my PIN	5 4 8	5 7
as my signatu	ire on my 2023 e-filed California		ırn.			Do not enter all	zeros
	/ PIN as my signature on my 20 using the Practitioner PIN meth			Check this box	x only if you are enter	ing your own PIN	and your
Your signature				Date			
Spouse's/RDP's Pl	N: check one box only						
•	LOBAL TAXES LLC	ERO firm name			to enter my PIN	424Do not enter all	2 2 zeros
as my signatu	ire on my 2023 e-filed California	a individual income tax retu	ırn.				
	y PIN as my signature on my rn is filed using the Practitioner				nis box only if you a	re entering your	own PIN
Spouse's/RDP's sig	jnature 🕨			Date	e 🕨		
		Practitioner PIN Method	Returns Only conti				
Part III Certific	cation and Authentication — Pr	ractitioner PIN Method On	ly				
	iler Identification Number (EFI EFIN followed by your five-digit		2		9 6 0 8 enter all zeros	2 7 1	
	ove numeric entry is my PIN, w submitting this return in accorda			ividual income	tax return for the tax		
ERO's signature	•			Date Date	3/17/2024		

2023 California Resident Income Tax Return

				I	APE		ATTACH	I FEDERAL RE	TURN	
	NA	.5-4857 SY .HMED	YED SYED SIRAJ	990-92-630)5		23			
399 Fre		STEVENSON NT	I CMN CA	94538	Ĩ	APT	3023			
04-	02	-1975 05-	-29-1977							
dence	•	-	ve is the same a	s your principal/phy				ng, check this box (
Principal Residence		If not, enter below y Street address (numbe					lg.▼	Apt. no/ste. no.		
	•	City						State ZIP co	de	
		If your California fi	ling status is dif	ferent from your fe	deral filing s	status, chec	k the box here			
sn	1	Single		4	Head of h	ousehold (v	vith qualifying pers	son). See instructions.		
Filing Status	2		P filing jointly (e		Qualifying	surviving s	spouse/RDP. Enter	year spouse/RDP died		
Filinç		only one spo See instructi	ouse/RDP had in ions.	ncome).	See instru	structions.				
	3	Married/RDF	P filing separate	ly. Enter spouse's/R	RDP's SSN o	r ITIN abov	e and full name he	ere.		
	6	If someone can cla	im vou (or vour	spouse/RDP) as a	dependent.	check the b	ox here. See instr.			
	For			and meaninger and a group con-				r amount for that line.		
		Personal: If you ch box 2 or 5, enter 2	ecked box 1, 3,	or 4 above, enter 1	in the box.	If you chec	ked	5144 = • \$	Whole dollars only 288	
Exemptions	8	Blind: If you (or yo	ur spouse/RDP)) are visually impair	red, enter 1;				200	
Exe	9	if both are visually Senior: If you (or y if both are 65 or old	our spouse/RDI	P) are 65 or older, e	enter 1;			\$144 = • \$ \$144 = • \$		
		REV 03/05/24 PF	30							
				175	3101	1234		Form 540	2023 Side 1	

You	r na	me:	SYE	D		Your SSN	or ITIN:	087-1	5-4857				
	10	Depen	dents:		ot include yourself Dependent 1	or your spouse/R		endent 2			Dependent 3		
		First	Name	۲			• Depe						
s		Last	Name	۲			•						
Exemptions			. See uctions.	•			•			-			
Exem		Depe	endent's tionship	•			•						
		to yo	JU										
	Tota	ıl depei	ndent e	xemp	otions	••••••			10 🔄 X	\$446 = 🤇			
	11	Exem	ption a	amou	Int: Add line 7 thro	ugh line 10. Transf	fer this amo	ount to line	9 32	• 1	1\$	28	38
	12	State	wages	from	n your federal x 16		10		164968	. 00			
												145535	. 00
	13 14	California adjustments – subtractions. Enter the amount from Schedule CA (540).											
	15		'		lumn B					• 14			. 00
ome	16	See i	nstruct	ions	nents – additions.			· ••••••		15		145535	. 00
e Inc	10				lumn C					• 16			. 00
Taxable Income	17	Califo	ornia ad	ljuste	ed gross income. C	ombine line 15 and	d line 16			• 17		145535	. 00
Ë	18	Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status:											
		large	er of		ngle or Married/RD			-	-	5,363			
			l		rried/RDP filing joint rried/RDP filing sepa	A						10726	. 00
	19	Subt	ract line	e 18 f	rom line 17. This is	s your taxable inc	ome.					134809	
		If les	s than z	zero,	enter -0					• 19		134009	. 00
	04	Tax	Ohaalut	ha ha	if from	Tax Table	× Tax	Rate Sch	edule				
	31	Tax.	спеск і	ne do	ox if from:	FTB 3800	FTE	B 3803		• 31		5868	. 00
	32				s. Enter the amoun	t from line 11. If y	our federal	AGI is mo	ore than	•		288	. 00
Тах													
	33						0		······	• 33			. 00
	34	Tax. S	See ins [.]	tructi	ons. Check the box	t if from: • S	Schedule G	-1 •	FTB 5870A	• 34			. 00
	35	Add I	line 33 ;	and li	ine 34				·····	③ 35		5580	. 00
ts	40	News	o fu un el o l		hild and Demenden		radit. Cas is		_	• 10			. 00
Credi	40				hild and Dependen	L Gare Expenses G							
Special Credits	43	Enter	credit	name	e		_ code ●		and amount	• 43			. 00
Spe	44	Enter	r credit	name	9		code ●		and amount	• 44	REV 03/05/24 PRO		- 00
		Side 2	? Form	540	2023	175	310	2234					

You	ır nar	me: SYED	Your SSN or ITIN:	087-15-4857			
Ś	45	To claim more than two credits, see instr	● 45		. 00		
Special Credits	46	Nonrefundable Renter's Credit. See instru	• 46		. 00		
cial C	47	Add line 40 through line 46. These are yo	• 47		. 00		
Spe	48	Subtract line 47 from line 35. If less than	ı zero, enter -0		• 48	55	80.00
					[<u>-</u>
es	61	Alternative Minimum Tax. Attach Schedu	le P (540)		● 61		• 00
Other Taxes	62	Mental Health Services Tax. See instructi	ons		● 62		• 00
Oth	63	Other taxes and credit recapture. See ins	tructions		• 63		00
	64	Add line 48, line 61, line 62, and line 63.	This is your total tax		64	55	80 .00
	71	California income tax withheld. See instr	uctions		• 71	127	49.00
	72	2023 California estimated tax and other p	payments. See instruction	ns	72		. 00
	73	Withholding (Form 592-B and/or Form 5	• 73		. 00		
Payments	74	Excess SDI (or VPDI) withheld. See instr	• 74		. 00		
Payn	75	Earned Income Tax Credit (EITC). See ins	• 75		. 00		
	76	Young Child Tax Credit (YCTC). See instr	uctions		• 76		. 00
	77 78	Foster Youth Tax Credit (FYTC). See instr Add line 71 through line 77. These are yo See instructions	our total payments.		[127	49.00
ax	91	Use Tax. Do not leave blank. See instruc	tions	• 91		0.00	
Use Tax	51		use tax is owed. ()		use tax obligatio	n directly to CDTFA.	
ISR Penaltv	92	If you and your household had full-year See instructions. Medicare Part A or C c If you did not check the box, see instruc	overage is qualifying hea	eck the box. Ith care coverage	• ×		
		Individual Shared Responsibility (ISR) P	enalty. See instructions .	• 92			
ne	93	Payments balance. If line 78 is more that	n line 91, subtract line 91	from line 78	• 93	127	49.00
Overpaid Tax/Tax Due	94 05	Use Tax balance. If line 91 is more than					
I Tax/	95	Payments after Individual Shared Responsible Subtract line 92 from line 93			1200	127	49 .00
erpaio	96	Individual Shared Responsibility Penalty subtract line 93 from line 92			• 96		. 00
ŇŎ	97	Overpaid tax. If line 95 is more than line	64, subtract line 64 from	ı line 95	• 97	71	69 .00
		REV 03/05/24 PRO	1.7.5	_			
			175 310	3234		Form 540 2023 Sid	e 3 📃

Your nai	ne:	SYED	Your SSN or ITIN:	087-15-4857			
98 g	Amo	unt of line 97 you want applied to you	ur 2024 estimated tax		98	0	. 00
Overpaid Tax/Tax Due 66 66 001	Over	paid tax available this year. Subtract	ine 98 from line 97		• 99	7169	. 00
5 k F 100	Tax o	due. If line 95 is less than line 64, sub	otract line 95 from line 64	4	100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions		• 400		<u> 00 </u>
	Alzhe	eimer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	401		. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	• 403		. 00
	Califo	ornia Breast Cancer Research Volunta	ry Tax Contribution Fund	d	• 405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		. 00
	Emer	rgency Food for Families Voluntary Ta	x Contribution Fund		• 407		. 00
	Califo	ornia Peace Officer Memorial Foundat	ion Voluntary Tax Contri	ibution Fund	• 408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
utions	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
Contributions	Scho	ool Supplies for Homeless Children Vo	oluntary Tax Contribution	1 Fund	• 422		. 00
ပိ	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ect Our Coast and Oceans Voluntary T	ax Contribution Fund		• 424		. 00
	Кеер	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	d	• 438		. 00
	Nativ	ve California Wildlife Rehabilitation Vo	luntary Tax Contribution	ı Fund	• 439		• 00
	Rape	e Kit Backlog Voluntary Tax Contributi	on Fund		• 440		. 00
	Suici	de Prevention Voluntary Tax Contribu	ition Fund		• 444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total cor	ntribution	• 110		. 00

REV 03/05/24 PRO

Γ

Your	nan	ne: SYED	Your SSN or ITIN:	087-15-4857	-
unt	111	AMOUNT YOU OWE. If you do not have an	amount on line 99, add	line 94, line 96, line 100, and	line 110. See instructions. Do not send cash.
Amount You Owe		Mail to: FRANCHISE TAX BOARD, PO B		ENTO CA 94267-0001	• 111 .00
₹>		Pay Online – Go to ftb.ca.gov/pay for mo	pre information.		
	112	Interest, late return penalties, and late pa	vment nenalties		112 .00
and		Underpayment of estimated tax.			
est a laltio			🗌		
Interest and Penalties		Check the box: FTB 5805 attac	hed • FTB 580	5F attached	• 113
	114	Total amount due. See instructions. Encl	ose, but do not staple, a	any payment	114
	115	REFUND OR NO AMOUNT DUE. Subtrac	t the sum of line 110, li	ne 112, and line 113 from lir	ne 99. See instructions.
		Mail to: FRANCHISE TAX BOARD, PO BO	X 942840, SACRAMEN	ITO CA 94240-0001	• 115 7169 .00
sit		Fill in the information to authorize direct	deposit of your refund i	nto one or two accounts. Do	not attach a voided check or a deposit slip.
epo		See instructions. Have you verified the r			-
D t		All or the following amount of my refund	(line 115) is authorized	I for direct deposit into the a	ccount shown below:
Dire		Type Routing number Checking	 Account number 		• 116 Direct deposit amount
l pu		Checking			
nd a		Savings			00
Refund and Direct Deposit		The remaining amount of my refund (line	e 115) is authorized for	direct deposit into the accou	int shown below:
		Type Deuting number	• Account number		• 117 Direct depesit amount
		Routing number Checking	Account number		• 117 Direct deposit amount
		Savings			
<u> </u>					
Voter Info.		For voter registration information, check	the box and go to sos	a nov/alactions See instru	ctions
oter			the box and go to sus.	ca.gov/erections. See instru	
are Info.					
age C		Do you want information on no-cost or lo	ow-cost health care cov	erage? By checking the "Yes	" box. vou authorize
Health Care Coverage Inf		the FTB to share limited information from			
±					
F	REV 03	3/05/24 PRO			
			7		Sign your tax return on Side 6
		*			

Г

		S
YOUr	name.	

SYED	

087-15-4857 Your SSN or ITIN:



IMPORTANT: S	See the instructions to find out if you should attach a copy of your complete federal tax return.									
Our privacy notice to locate FTB 113	can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ft 1 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form co of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the b									
Your signature	Date Spouse's/RDP's signature (if a joi	nt tax return, both must sign)								
	Your email address. Enter only one email address.	Preferred phone number								
•		6695774500								
Sign										
Here	je)									
It is unlawful	SYAM PRIYA RAM SAGAR GUPTA									
to forge a	Firm's name (or yours, if self-employed)	• PTIN								
spouse's/ RDP's	GLOBAL TAXES LLC	P02082703								
signature.	Firm's address	● Firm's FEIN								
Joint tax	245 ROONEY CT E BRUNSWICK NJ 08816									
return? See	245 ROONET CI E BRONSWICK NJ 08816									
instructions.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes × No								
	Print Third Party Designee's Name	Telephone Number								

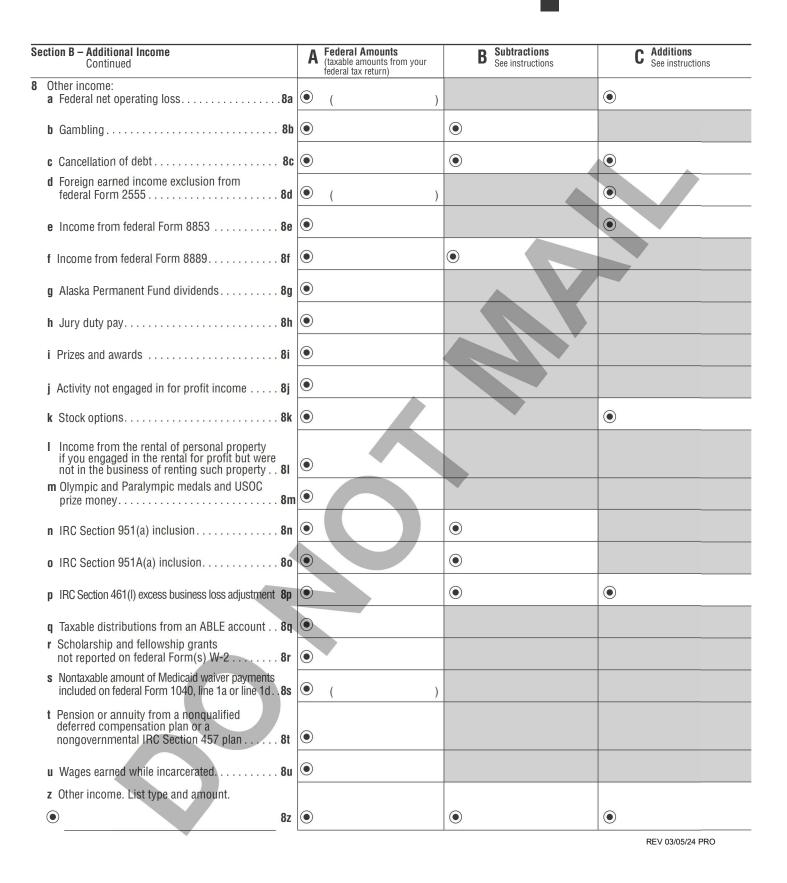
CA (540)

2023 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Na	me(s) as shown on tax return				SSN or ITIN
M	OIN AHMED SYED & AZMA SIRAJ		087154857		
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1 a		164968	\odot	•
	b Household employee wages not reported on federal Form(s) W-2 1b	ullet		\odot	•
	c Tip income not reported on line 1a 1c	۲			0
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	$ \mathbf{O} $			•
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	$ \mathbf{O} $		\odot	\odot
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	$ \mathbf{O} $		\odot	•
	${\bf g}~$ Wages from federal Form 8919, line 6 ${\bf 1g}$	$ \mathbf{O} $		٢	•
	h Other earned income. See instructions 1h	ullet	0	0	•
	i Nontaxable combat pay election. See instructions1i				•
	z Add line 1a through line 1i1z	ullet	164968	۲	۲
	Taxable interest. a 🔍 2b	ullet		$\overline{\mathbf{O}}$	•
3	Ordinary dividends. See instructions. a • 17 3b	ullet	17	۲	۲
4	IRA distributions. See instructions. a • 4b	۲		۲	•
5	Pensions and annuities. See instructions. a • 5b	$\overline{oldsymbol{\circ}}$		\odot	۲
6	Social security benefits. a • 6b	$ \bigcirc $		۲	
	Capital gain or (loss). See instructions7		-210	۲	•
	ction B – Additional Income from federal Schedule 1	(For	m 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes	۲		۲	
2	a Alimony received. See instructions	۲			۲
3	Business income or (loss). See instructions 3	۲		۲	۲
		ullet		\odot	۲
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	ullet	-19240	۲	•
6	Farm income or (loss)6	۲		۲	۲
7	Unemployment compensation7	۲		۲	
					REV 03/05/24 PRO

L





Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z 9a	۲	۲	۲
b1 Disaster loss deduction from form FTB 3805V 9b1		۲	
b2 NOL deduction from form FTB 3805V 9b2		۲	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809		•	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	• 145535	•	0
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
• Representation of the interview of the second se second second sec	٠		
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	•	0	•
13 Health savings account deduction 13		•	
14 Moving expenses. Attach form FTB 3913. See instructions			۲
15 Deductible part of self-employment tax. See instructions. .15	0	•	
16 Self-employed SEP, SIMPLE, and qualified plans. .16	\odot		
17 Self-employed health insurance deduction. See instructions	0	۲	
18 Penalty on early withdrawal of savings18	$\overline{\mathbf{O}}$		
19 a Alimony paid	0		•
b Recipient's: SSN •			
Last Name 💿			
20 IRA deduction	۲	۲	۲
21 Student loan interest deduction	۲		۲
22 Reserved for future use			
23 Archer MSA deduction 23	۲		REV 03/05/24 PRO

REV 03/05/24 PRO

Conti		A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjust a Jury duty	nents: pay				
on line 81	e expenses related to income reported from the rental of personal property n for profit 24b	۲		۲	۲
Paralympi	e amount of the value of Olympic and c medals and USOC prize money n line 8m 24c	۲		•	
d Reforestat	ion amortization and expenses 24d	\odot		\odot	
e Repaymer benefits u	it of supplemental unemployment nder the federal Trade Act of 1974 24e	$ \overline{} $			
f Contribution pension pla	ons to IRC Section 501(c)(18)(D) ans				•
	ons by certain chaplains to on 403(b) plans . 24g	$ \overline{} $			۲
h Attorney for certain un	ees and court costs for actions involving lawful discrimination claims 24h	۲			
with an awa	es and court costs you paid in connection ard from the IRS for information you provided the IRS detect tax law violations 24i	$ \mathbf{O} $		•	
j Housing de	eduction from federal Form 2555 24 j			$\textcircled{\bullet}$	
k Excess de from feder	ductions of IRC Section 67(e) expenses al Schedule K-1 (Form 1041) 24k	\odot			
z Other adju	stments. List type and amount.				
۲	24z	\odot			
25 Total other a line 24z	djustments. Add line 24a through	0		۲	•
26 Add line 11 t columns A, E	hrough line 23 and line 25 in 3, and C. See instructions	•		۲	۲
	act line 26 from line 10 in 3, and C. See instructions	۲	145535	۲	۲

L

REV 03/05/24 PRO

Part II Adjustments to Federal Itemized Deductions

	-				
Che	ck the box if you did NOT itemize for federal but will itemize	for C			
		A	Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Me	dical and Dental Expenses See instructions.				
1	Medical and dental expenses • 1				
2	Enter amount from federal Form 1040 or 1040-SR, line 11				
3	Multiply line 2 by 7.5% (0.075) (•) 10915 3				
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	$ \mathbf{O} $			\odot
	es You Paid a State and local income tax or general sales taxes 5 a	۲	14127	• 14127	
	b State and local real estate taxes	۲			
	c State and local personal property taxes5c	۲			
	d Add line 5a through line 5c	۲	14127	•	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,				
	column A in line 5e, column C		10000	• 14127	• 4127
6	Other taxes. List type •	0		۲	•
7	Add line 5e and line 67	\odot	10000	• 14127	• 4127
	 a Home mortgage interest and points reported to you on federal Form 1098 	0			
	b Home mortgage interest not reported to you on federal Form 10988t	$ \mathbf{O} $			•
	c Points not reported to you on federal Form 10988c	۲			۲
	d Reserved for future use8d				
	e Add line 8a through line 8c	$ \mathbf{O} $		۲	۲
9	Investment interest	۲		۲	۲
10	Add line 8e and line 910	۲		۲	۲

REV 03/05/24 PRO

175

Г



Pa	rt II	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedu (Form 1040))	Ile A B Subtr See in	actions structions	C Additions See instructions
Gif	ts to C	harity				
		-	•	•	۲	
12	Othe	than by cash or check	۲	•	۲	
13	Carry	over from prior year13	۲	۲		
14	Add I	ine 11 through line 1314	۲			
Cas	sualty a	and Theft Losses				
	Casua	alty or theft loss(es) (other than net qualified disaster s). Attach federal Form 4684. See instructions 15	۲	\odot		
Oth	er Iter	nized Deductions				
16	Othe		۲	•		
17	Add I colur	ines 4, 7, 10, 14, 15, and 16 in nns A, B, and C 17	0 10	0000	14127 💿	4127
18	Total	. Combine line 17 column A less column B plus co	lumn C			0
Job) Expe	nses and Certain Miscellaneous Deductions				
19		mbursed employee expenses: job travel, union due h federal Form 2106 if required. See instructions .				
20	Tav n	reparation fees		• 20		
	Othe	r expenses: investment, safe deposit etc. List type		© 21	0	
	Enter	ine 19 through line 21 amount from federal Form 1040 40-SR, line 11	145535	• 22	0	
24	Multi	ply line 23 by 2% (0.02). If less than zero, enter 0.		• 24	2911	
25	Subti	act line 24 from line 22. If line 24 is more than line	22, enter 0			0
26	Total	Itemized Deductions. Add line 18 and line 25				0
27	Othe	adjustments. See instructions. Specify. •			• 27	
28	Coml	pine line 26 and line 27				0
29	No. 7	ur federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s ransfer the amount on line 28 to line 29.	pouse/RDP	\$237,035 \$355,558 \$474,075		
	Yes.	Complete the Itemized Deductions Worksheet in th	e instructions for Sch	edule CA (540), line 29.		0
30		the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ictions ialifying surviving spot		~	
	Trans	fer the amount on line 30 to Form 540, line 18			• 30	10726
-	_		•	-	REV 03/05/24 PRO	
		Side 6 Schedule CA (540) 2023 175	773623	1		

* * * For	E-File Or	nly - Do	Not Mail	* * *						
FinCEN F	orm 114	R	EPORT	OF FOF	REIGN	N BANK				
•	f the Treasury 1506-0009			ANCIAL					report is ear endec	for calendar 1 12/31
			Do NOT file	_2	0	2 3				
(Rev. Septe	ember 2013)		Do not use	previous edit	ions of	this form			Amende	d 🗌
Part I	iler informat	tion								
2 Type of filer										
a 🗙 Individua	l b Partne	rship c 🗌 Co	prporation d	Consolidated	e 🗌	Fiduciary or other -	Enter type			
3 U.S. Taxpaye	r Identification Num	nber 3a TIN type	4 Foreign	identification (Co	mplete onl	y if item 3 is not app	olicable)	5		I's date of birth
087-15-48		SSN/IT	N a Type:	Passport	Foreigr	TIN Other			IVIIVI/L	DD/YYYY
	J.S. Identification nplete item 4		b Number			c Country of	Issue		04/02	2/1975
6 Last name o SYED	r organization name	e		7 First nam MOIN AF				8 1	Middle initia	al 8a Suffix
9 Mailing addr	ess (number, stree	et, and apt. or su	ite no.)							
39939 S	TEVENSON C	MN, Apt.	3023							
10 City		11 State		12 ZIP/Pos	tal Code		13 Coun	try		
FREMONT	_	CA		9453	8		US			
Yes ☐ No ☑ b) Does the Yes ☐ No ☑	e filer have signatu	ire authority ove	r but no financi	al interest in 25	or more fi	but maintain recorn nancial accounts? h 43 for each perso			has signat	ure authority.
Part II	Information	on financia		-						
	alue of account dur ons under Monetar 93, 4	ry amounts, step		Amount 16 Type hknown	e of accour	nt a 🗌 Bank	b 🗌 Securit	ies c 🗌	Other—Er	iter type below
17 Name of fin	ancial institution in		is held							
See Sta	atement									
	mber or other desig	gnation 19 M	lailing address ((number, street,	apt. or sui	te no.) of financial i	nstitution in wh	nich account i	s held	
20 City		21 S	ate, if known	22 Foreigr	n postal co	de, if known	23 Coun	try		
Signature	4 4a Ch	neck here 🗙 i	f this report is c	completed by a th	nird party p	reparer and comple	te the third par	ty preparer se	ection.	
	ture Il be electronically d when filed	45	Filer title, if not r	eporting a perso	onal accou	nt		This o		DD/YYYY) to-fill when the prically signed
signe	47 Preparer's last	name 4	8 First name		49 MI	50 Check 🗌 if	51 TIN		1	type X PTIN
Third Party	PRIYA RAM SA		YAM	Eirm's name		self-employed	P020827			TIN Foreign
Preparer	52 Contact phone (678) 965-1			Firm's name	TT 25	•	54 Firm's T	IN		
Use Only	55 Mailing addre						57 State	58 ZIP/Pos	tal Code	59 Country
	245 ROONE				BRUNS	WICK	NJ	08816	Source TH Link Source (1997)	US
						y over one or more a ggregate value of the				

for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

* * * For E-File Only - Do Not Mail * * *

Part III Info	ormation on fin	ancial acc	ount(s) ov	wned jointly			FinCEN page nu	Form 114
Complete a separate block for each account owned jointly								mber
Add an additional	Part III page as ma	iny times as n	ecessary in o	order to provide informatio	n on all accounts		of .	_
1 Filing for calendar	3-4 Check appro	priate identifi	cation numbe	er 6 Last name or organiz	zation name		1	
year	Taxpayer lo	dentification N	lumber					
2023	Foreign ide	ntification nur	nber	SYED				
	Enter ident	ification numb	or here					
			lei nere.					
15. Maximum value	of account during cale		15a Amount	16 Type of account a	🗙 Bank 🛛 b 🔲 Sec	urities c Г	Other-Ente	r type below
	under Monetary amou		unknown					i type below
	6,906.							
	ial institution in which	account is neid						
	or other designation	10 Mailing	address (numb	er, street, apt. or suite no.) of	financial institution in	which account i	s held	
	1					which account i	s neiu	
0938010004 20 City	.42	21 State, if	JESHWARI		own 23 Co	puntry		
BANGALORE				560052	IN			
24 Number of joint ow	vners for this account		Identification N 4857,990	Number (TIN) of principal joint	owner, if known. See	instructions	25a TIN typ ☐ EIN [▼ Foreig	SSN/ITIN
26 Last name or orga	anization name of prin			name of principal joint owner,	if known	28 Middle ini	tial, if known	
SYED			MOTN	AHMED				
	number, street, apt. or	suite no.) of pr	and the second second					
39939 STEV	ENSON CMN							
30 City, if known			31	State, if known	32 ZIP/Postal Code	if known	33 Country	if known
FREMONT				CA	94538		US	
	f account during caler nder Monetary amour		15a Amount unknown		Bank b Sec	urities c	Other—Ente	r type below
	,							
17 Name of financia	al institution in which a	account is held						
18 Account number	or other designation	19 Mailing a	addross (numb	er, street, apt. suite no.) of fin	ancial institution in w	aich account is h	old	
	g	13 Maining a					leid	
20 City		21 State, if	known 22	2 Foreign postal code, if kn	own 23 Co	ountry		
24 Number of joint ow	ners for this account	25 Taxpayer I	dentification Nu	umber of principal joint owner, if	f known. See instructio	ns	25a TIN type	SSN/ITIN
							Foreign	
26 Last name or orga	anization name of prine	cipal joint owne	r 27 First	name of principal joint owner,	if known	28 Middle ini	tial, if known	28a Suffix
29 Mailing address (r	number, street, apt. or	suite no.) of pr	incipal joint ow	vner, if known				
30 City, if known			31	State, if known	32 ZIP/Postal Code,	if known	33 Country,	if known
	*		RE	V 10/17/23 PRO				

* * * For E-	File Only -	Do Not	Mail *	* *	*					
	rmation on fin ority but no fi		• • •			-	ture or oth	ner		FinCEN Form 114 Page Number
Complete a sep Add an additional P				in or	der to prov	ide informat	ion on all acc	counts		of
1 Filing for calendar	3-4 Check appro	priate identific	ation nun	nber	6 Last na	ime or organ	ization name		-	1
year	🗙 Taxpayer Io	lentification N	umber			-				
2023		ntification nun			SYED					
	Enter ident	ification numb	er here:							
	087-15-	4857								
15 Maximum value of (See instructions un	account during cale der Monetary amou		15a Amo unkn		16 Type of	account a	Rank b	Securities	۵ 🗆	Other—Enter type below
	6,345.									
17 Name of financia	I institution in which	account is held								
UNION BANK	OF INDIA									
18 Account number of	or other designation	19 Mailing a	address (nu	umber	, street, apt.	or suite no.) o	of financial inst	titution in which ac	count is	s held
22181010000	2290	KASAVA	NAHALL	I						
20 City		21 State, if k	known	22		stal code, if k	nown	23 Country		
BANGALORE					560102		r r	IN		
34 Last name or organ	ization name of acco	ount owner					fication numbe $5 - 4857$	r of account owner	r	35a TIN type EIN SSN/ITIN
36 First name		37 Middle initia	37a Suff	ix 38	Mailing add		street, and ap	ot. or suite no.)		
					0000 GT		CIVIL			
MOIN AHMED 39 City		<i>b</i>	-	_	State	EVENSON	CMN 41 ZIP/Pos	tal Code		42 Country
FREMONT					CA		94538			US
43 Filer's title with this	owner						7			
JOINT										
15 Maximum value of (See instructions un			15a Amo Unkno		16 Type of	account a	Bank b	Securities	с 🗌	Other—Enter type below
	6,173.									
17 Name of financia	l institution in which	account is held								
HDFC										
18 Account number of	or other designation	19 Mailing a	ddress (nu	umber	, street, apt.	or suite no.) o	of financial inst	itution in which ac	count is	s held
54916100784	19	ELECTRO	ONTC C	TTY						
20 City		21 State, if k		22		stal code, if k	nown	23 Country		
BANGALORE					560100			IN		
34 Last name or organ	ization name of acco	ount owner				35 Tax identif	fication numbe	r of account owner		35a TIN type
SYED						087-1	5-4857			EIN 🛛 SSN/ITIN
36 First name		37 Middle initia	37a Suffi	ix 38	Mailing add	ress (number,	street, and ap	t. or suite no.)		
MOIN AHMED				39	9939 ST	EVENSON	CMN			
39 City				40	State		41 ZIP/Post	tal Code		42 Country
FREMONT				0	CA		94538			US
43 Filer's title with this	owner									100 - 100
SINGLE										
					REV 10/17/23	3 PRO				See Statement

* * * For E-	File Only -	· Do Not	Mail * *	* *					
	rmation on fin lority but no fi		• •		-	ture or otl	ner		FinCEN Form 114 Page Number
Complete a sep Add an additional P				order to provi	de informat	ion on all ac	counts		of
1 Filing for calendar	3-4 Check appro	priate identific	cation numbe	r 6 Last nai	me or organ	ization name		I	
year	X Taxpayer Id	lentification N	umber						
2023	Foreign ide	ntification nur	nber	SYED					
	Enter identi	fication numb	er here:						
	087-15-	4857							
15 Maximum value of (See instructions ur	l account during cale nder Monetary amour		15a Amount unknown	16 Type of a	account a	Bank t	Securities	с 🔲	Other—Enter type below
	5,517.								
17 Name of financia	I institution in which	account is held							
HDFC									
18 Account number of		_			or suite no.) o	of financial inst	titution in which acc	count is	held
54912700012	287		ONIC CIT		stal code, if k	nouvo	22. Country		
20 City		21 State, if	known 22	560100	stal coue, il k	nown	23 Country IN		
BANGALORE 34 Last name or organ	nization name of acco	ount owner			35 Tax identi	fication numbe	er of account owner	r	35a TIN type
SIRAJ					990-9:	2-6305			EIN SSN/ITIN
36 First name		37 Middle initia	al 37a Suffix (38 Mailing addr	ess (number	, street, and ap	ot. or suite no.)		
AZMA			3	39939 STE	VENSON	CMN			
39 City		2	4	40 State		41 ZIP/Pos	tal Code	\$	42 Country
FREMONT				CA		94538			US
43 Filer's title with this	owner		1						
SINGLE									
15 Maximum value of (See instructions un	account during caler der Monetary amoun		15a Amount Unknown	16 Type of a	account a	Bank t	Securities	с 🗌	Other—Enter type below
	4,507.								
17 Name of financia	I institution in which	account is held							
STATE BANK	OF INDIA								
18 Account number of	or other designation	19 Mailing a	address (numb	er, street, apt. o	or suite no.) o	of financial inst	itution in which ac	count is	held
00000040896	5457865	NRT BR	ANCH, KOR	AMANGALA					
20 City		21 State, if			stal code, if k	nown	23 Country		
BANGALORE				560035			IN		
34 Last name or organ	nization name of acco	ount owner		:	35 Tax identi	fication numbe	r of account owner		35a TIN type □ EIN
SYED					087-1	5-4857			Foreign
36 First name		37 Middle initia	al 37a Suffix 3	38 Mailing addr			t. or suite no.)		
MOIN AHMED				39939 STE	VENSON	CMN			
39 City			-	40 State		41 ZIP/Pos	tal Code		42 Country
FREMONT				CA		94538			US
43 Filer's title with this	owner								<u></u>
JOINTLY									
				REV 10/17/23	PRU				

REV 10/17/23 PRO

<u>* * * For E-</u>	File Only -	Do Not	Mail	* *	*					
	rmation on fin solidated repo		count(s)) wh	ere filer	is filing a			FinCEN Form 114 Page Number	
Complete a sep Add an additional P				in or	der to prov	ide informatio	on on all ac	counts	of	
1 Filing for calendar	3-4 Check appro	priate identifi	cation nur	nber	6 Last na	ame or organiz	zation name	2	I	
year	🗙 Taxpayer Id	lentification N	lumber							
2 0 2 3	Foreign ide	ntification nu	mber		SYED					
	Enter identi	fication num	per here:							
	087-15-	4857								
15 Maximum value of (See instructions un	account during cale nder Monetary amour		15a Amo unkn	nown	16 Type of account a Bank b Securities c Other—Enter type below					
17 Name of financia	l institution in which	account is held	ł		1		\$			
18 Account number of	or other designation	19 Mailing	address (n	umbei	r, street, apt.	or suite no.) of	f financial ins	titution in which accou	nt is held	
20 City		21 State, if	known	22	Foreign po	ostal code, if kn	lown	23 Country		
34 Organization name	of account owner					35 Tax identifi	ication numb	er of account owner	35a TIN type EIN SSN/ITIN	
38 Mailing address (nu	umber, street, Apt. or	Suite No.)						-		
						7				
39 City				40	State		41 ZIP/Pos	stal Code	42 Country	
15 Maximum value of (See instructions ur	f account during cale nder Monetary amou		15a Amo unkn	lown	16 Type of	account a	Bank	b 🗌 Securities c	Other—Enter type below	
17 Name of financia	I institution in which	account is held	t	Ľ						
18 Account number of	or other designation	19 Mailing	address (n	umbei	r, street, apt.	or suite no.) of	f financial ins	titution in which accou	int is held	
20 City		21 State, if	known	22	Foreign po	ostal code, if kn	own	23 Country		
34 Organization name	of account owner					35 Tax identif	ication numb	er of account owner	35a TIN type	
38 Mailing address (n	umber, street, apt. or	r suite no.)								
39 City				40	State		41 ZIP/Pos	tal Code	42 Country	
					REV 10/17/23	PRO				

MOIN AHMED SYED 087-15-4857

Form 114: Report of Foreign Bank and Financial Accounts

Part II: Information on financial account(s) owned separately

Continuation Statement

			Amt	Type of Account				
Name and Address	Account No.	Max Value	Un- known	Bank	Secu- rity	Other	Enter Type	
MARCELLUS								
929, DBS BUSINESS CENTER								
MUMBAI, 400093								
IN	109781	71672.			Х			
MIRAE ASSET	-							
UNIT NO-606-6TH FLOOR, WINDSOR								
MUMBAI, 400098								
IN	78823177836	10938.			Х			
AXIS FLEX CAP FUND-GR								
ALPHA, OFFICE FLOOR 8, NEAR KANJURM								
CHENNAI, 400042								
IN	91059281954	6922.			Х			
TATA DIGITAL INDIA FUND-GR								
9TH FLOOR, MAFATLAL CENTER, NARIMAN								
MUMBAI, 400021								
IN	465110247	908.			Х			
INVESCO INDIA GROWTH OPPORTUNITIES								
BUILDING B ALPHA OFFICE FLOOR 8								
MUMBAI, 400042								
IN	3105023043	2002.			Х			
HSBC FLEXI CAP FUND - GR								
NESCO COMPLEX, WESTERN EXPRESS								
MUMBAI, 400063								
IN	179503932	1026.			Х			

 \bigcirc

Additional Information From 2023 Report of Foreign Bank and Financial Accounts

Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (1) Max Value of Acct

Description 5877116/82 To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (2) Max Value of Acct Description MIRAE ASSET BANKING AND FINANCIAL (68275/82) MIRAE ASSET MID CAP (717703/82) MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description <td <="" colspan="2" th=""><th>Itemization Statement Amount 833 8,752 1,353</th></td>	<th>Itemization Statement Amount 833 8,752 1,353</th>		Itemization Statement Amount 833 8,752 1,353
To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (2) Max Value of Acct Description MIRAE ASSET BANKING AND FINANCIAL (68275/82) MIRAE ASSET MID CAP (717703/82) MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description AXIS FLEXI CAP FUND GR- (558523/82) AXIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82)	tal 71,672. Itemization Statement Amount 1,353. tal 10,938. Itemization Statement Amount		
Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (2) Max Value of Acct	Itemization Statement Amount 833 8,752 1,353 tal 10,938 Itemization Statement Amount		
Part II, Financial Account(s) Owned Separately (2) Max Value of Acct Description MIRAE ASSET BANKING AND FINANCIAL (68275/82) MIRAE ASSET MID CAP (717703/82) MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description ATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To	Amount 833 8,752 1,353 1,353 10,938 Itemization Statement Amount		
Max Value of Acct	Amount 833 8,752 1,353 10,938 10,938 Itemization Statement Amount		
Description MIRAE ASSET BANKING AND FINANCIAL (68275/82) MIRAE ASSET MID CAP (717703/82) MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description Art II, Financial Account(s) Owned Separately (4) Max Value of Acct Description Art A DIGITAL INDIA FUND-GR (62822/82) Art A SMALL CAP FUND (11683/82)	Amount 833 8,752 1,353 10,938 10,938 Itemization Statement Amount		
MIRAE ASSET BANKING AND FINANCIAL (68275/82) MIRAE ASSET MID CAP (717703/82) MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description AXIS FLEXI CAP FUND GR- (558523/82) AXIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To	833 8,752 1,353 tal 10,938 Itemization Statement Amount		
MIRAE ASSET MID CAP (717703/82) MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To	8,752 1,353 tal 10,938 Itemization Statement Amount		
MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description ATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82)	1,353 tal 10,938 Itemization Statement Amount		
To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description AXIS FLEXI CAP FUND GR- (558523/82) AXIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82)	tal 10,938 Itemization Statemen Amount		
Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description Tata Digital INDIA FUND-GR (62822/82) Tata SMALL CAP FUND (11683/82)	Itemization Statemen		
Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description AXIS FLEXI CAP FUND GR- (558523/82) AXIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82) To	Amount		
Part II, Financial Account(s) Owned Separately (3) Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To	Amount		
Max Value of Acct Description XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82) To	Amount		
Description AXIS FLEXI CAP FUND GR- (558523/82) AXIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82)	Amount		
XIS FLEXI CAP FUND GR- (558523/82) XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description ATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To			
XIS ARBITRAGE FUND-REGULAR GR (9129/82) To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82) To			
To Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description ATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To			
Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82) To			
Part II, Financial Account(s) Owned Separately (4) Max Value of Acct Description ATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To			
Max Value of Acct Description TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82) To			
Description ATA DIGITAL INDIA FUND-GR (62822/82) ATA SMALL CAP FUND (11683/82) To	Hereizetien Clotener		
TATA DIGITAL INDIA FUND-GR (62822/82) TATA SMALL CAP FUND (11683/82) To	Itemization Statemen		
TATA SMALL CAP FUND (11683/82)	Amount		
То	766		
	142		
Form 114: Report of Foreign Bank and Financial Accounts	tal908		
Part II, Financial Account(s) Owned Separately (5)			
Max Value of Acct	Itemization Statemen		
Description	Amount		
NVESCO LARGE MIDCAP FUND 164160/82)	2,002		
Το	tal 2,002		

Part II, Financial Account(s) Owned Separately (b)

Max Value of Acct

Description	Amount
-------------	--------

Itemization Statement

Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (6) Max Value of Acct

Description Amount HSBC FLEXI CAP FUND - GR (84166/82) 1,026. Total 1,026.

Itemization Statement