Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	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 D	ecember 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	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s)	=370121
5 Amount you owe	
	come tax return (original or amended) I am now authorizing, and to the best or
to send my return to the IRS and to receive from the IRS (a) an acknowle for any delay in processing the return or refund, and (c) the date of any reagent to initiate an ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of estiauthorization is to remain in full force and effect until I notify the U.S. T payment, I must contact the U.S. Treasury Financial Agent at 1-888-3 business days prior to the payment (settlement) date. I also authorize the taxes to receive confidential information necessary to answer inquiries	ntermediate service provider, transmitter, or electronic return originator (ERO dgement of receipt or reason for rejection of the transmission, (b) the reason fund. If applicable, I authorize the U.S. Treasury and its designated Financia to the financial institution account indicated in the tax preparation software for mated tax, and the financial institution to debit the entry to this account. This reasury Financial Agent to terminate the authorization. To revoke (cancel) a 53-4537. Payment cancellation requests must be received no later than 2 financial institutions involved in the processing of the electronic payment or and resolve issues related to the payment. I further acknowledge that the tax return (original or amended) I am now authorizing and, if applicable, my
Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC	to enter or generate my PIN 5 4 8 5 7 as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended)	
	turn (original or amended) I am now authorizing. Check this box only using the Practitioner PIN method. The ERO must complete Part III
Your signature ►	Date ►
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 2 6 3 0 5 as my
signature on the income tax return (original or amended)	Enter five digits, but don't enter all zeros
	turn (original or amended) I am now authorizing. Check this box only
	using the Practitioner PIN method. The ERO must complete Part II
below.	
Spouse's signature	Date ►
	eturns Only—continue below
Part III Certification and Authentication — Practition	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-or	
	Don't enter all zeros
	or the electronic individual income tax return (original or amended) I am now ed above. I confirm that I am submitting this return in accordance with the r Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only—[Oo not w	rite or stap	ole in this sp	oace.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	S	ee sep	oarate ir	nstruction	าร.
Your first name	e and m	iddle initial	Last nar	me						Y	our so	cial secu	urity numb	 oer
MOIN AH	MED		SYED								087	15	4857	
If joint return, s	spouse'	s first name and middle initial	Last nar	me						s	pouse's	s social	security nu	umber
AZMA			SIRA	J							990	92	6305	
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.				F	Apt. no.	P	reside	ntial Ele	ction Cam	ıpaign
39939 S'	TEVE	NSON CMN						3	3023				ou, or your	
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete sp	oaces bel	ow.	Sta	te	ZIP c	ode				ointly, war d. Checkii	
FREMONT						CA	A	945	38				ot change	
Foreign countr	y name		F	oreign pr	ovince/state/o	count	ty	Foreig	n postal c	ode y	our tax	or refur		pouse
Filing Status	s	Single					☐ Head of he	ouseh	old (HOF	1)				
Check only		Married filing jointly (even if only o	ne had ii	ncome)			_							
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (Q	SS)			
	lf :	you checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOH	or Q	SS box,	enter t	he chi	ld's nar	ne if the	
	qu	ualifying person is a child but not you	ır depen	dent:					ΔA					
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l. award. or	pavn	ment for prope	rtv or	services	: or (b) sell.			
Assets		nange, or otherwise dispose of a dig				-						☐ Ye	s XN	0
Standard	Son	neone can claim: You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you		-									
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Spc	ouse	: Was bor	n befo	ore Janua	ary 2, 1	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	_{ip} (4) Check t	ne box	if qualif	fies for (s	see instruct	tions):
If more		First name Last name			number		to you		Child t	ax crec	lit	Credit for	other depe	ndents
than four									[
dependents,									[
see instruction and check	IS							3- K	[
here]								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)						1a		164,96	68.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .					•	1b			
W-2 here. Also	С	Tip income not reported on line 1a	(see ins	struction	s)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstru	ıctions)				1d	4		
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e	4		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct			10 1 1 2			, ·			1h	4		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>							
	Z	Add lines 1a through 1h	1.		i						1z	30 E2	164,96	<u>88.</u>
Attach Sch. B	2a		2a		1.0		axable interest				2b)		
if required.	3a		3a				ordinary divider				3b	1		17.
Standard	4a	The state of the s	4a				axable amoun				4b	4		
Deduction for—	5a	Contract to the second of the	5a				axable amoun			•	5b			
Single or Married filing	6a	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6a				axable amoun	t			6b			
separately,	C	If you elect to use the lump-sum e					•			.			<u> </u>	1.0
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. Ц	7	+		$\frac{10.}{10}$
jointly or Qualifying	8	Additional income from Schedule									8		-19 , 24	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9	+	145,53	<u> 35.</u>
\$27,700 • Head of	10	Adjustments to income from Sche									10	1	145 5	2.5
household, \$20,800	11	Subtract line 10 from line 9. This is		-					• •		11		145,53	
If you checked	12	Standard deduction or itemized								•	12		27,70	<u> </u>
any box under Standard	13	Qualified business income deduct									13	+	07 -	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 7(
	7 7 5	SUBTRACT LING 1/1 from ling 11 It 70	O Or ICCO	- Antar			TOVODIA INAAM	-Δ			- 45			

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	16,538.
Credits	17						17	·
	18	Add lines 16 and 17					18	16,538.
	19	Child tax credit or credit for other depender	nts from Sched	ule 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	e 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			25a 29	,612.		
	b	Form(s) 1099			25b			
	C	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	29,612.
If you have a	26	2023 estimated tax payments and amount a	applied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	29,612.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amoun	t you overpaid		34	13,074.
	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	is attached, chec	k here		35a	13,074.
Direct deposit?	b	Routing number X X X X X X X X X	XX	c Type:	Checking S	Savings		
See instructions.	d	Account number X X X X X X X X	XXXX	X X X X X	XX			
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>					37	
rou owe	38	Estimated tax penalty (see instructions) .	-		38		37	
Third Doube		you want to allow another person to dis						
Third Party Designee		tructions	· · · ·		Yes. Co	mplete b	elow.	⋈ No
200.900	De	signee's	Phone		Perso	nal identif	ication	
	nai		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				IT PROFESS	IONAL	(see		,
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		If the	IRS se	nt your spouse an
Keep a copy for your records.				100				ection PIN, enter it here
your records.				HOME MAKER	900	(see	nst.)	
		one no. (669) 577-4500	Email address	MOINDOT11@				Tat. 1 11
Paid		eparer's name Preparer's signa			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/08/2024	P02082		Self-employed
Use Only	Fire	m's name GLOBAL TAXES LLC	ANCIONI ESPACION IN TAKAN NATI			Phor	e no.	(678) 965-9522
	Fire	m's address 245 ROONEY CT E BRI	JNSWICK N	J 08816		Firm'	s EIN	<u>84-3</u> 171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

Sequence No. 01

Your social security number
087-15-4857

MOIN	AHMED SYED & AZMA SIRAJ		087-15-48	57
Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			-19,240.
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
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	0		
	instructions)	8m 8n		
	Section 951(a) inclusion (see instructions)	80		
0	Section 461(I) excess business loss adjustment	8p		
p a	Taxable distributions from an ABLE account (see instructions)	8q		
ч r	Scholarship and fellowship grants not reported on Form W-2	8r		
	Nontaxable amount of Medicaid waiver payments included on Form	0.		
3	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	nere and on	Form	

-19,240.

10

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis go	overnment	
	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		
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction		
18	Penalty on early withdrawal of savings		
19a	Alimony paid		
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	Student loan interest deduction	22	
23		23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals	_	
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
i	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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)		
Z	Other adjustments. List type and amount:		
25	Total other adjustments. Add lines 24a through 24z	25	4
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter he		
20	Form 1040, 1040-SR, or 1040-NR, line 10	ere and on 26	
		20	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

MOIN AHMED SYED & AZMA SIRAJ

Name(s) shown on return

Your social security number 087-15-4857

	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional					
Pa	Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
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) Adjustmen to gain or loss Form(s) 8949, line 2, column	from Part I,	(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.					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	4,525.	4,735.			-210.
	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 (least continuous)				4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a		mn (h). If you have	any long-		
	term capital gains or losses, go to Part II below. Otherwise				7	-210.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	1 0				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III		

Schedule D (Form 1040) 2023 Page 2

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 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. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 210.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

Form **8949**

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.

2023 Attachment Sequence No. 12A

OMB No. 1545-0074

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

MOIN AHMED SYED & AZMA SIRAJ

Social security number or taxpayer identification number

087-15-4857

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.

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

	(B) Short-term transactions(C) Short-term transactions				sis wasn't report	ed to the IF	RS		
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	(sales price) (see instructions) and see Column (e) in the separate 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.	
							,		
ne Sc	tals. Add the amounts in columns gative amounts). Enter each totaledule D, line 1b (if Box A above by e is checked), or line 3 (if Box 6)	al here and inc e 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.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number MOIN AHMED SYED & AZMA SIRAJ 087-15-4857

Par					007-13-4		
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use Schedu	ı le C . See ins	tructions. If you a	re an individua	ıl, report	farm
	Did you make any payments in 2023 that would require you						⊠ No
В	If "Yes," did you or will you file required Form(s) 1099? .				<u> [</u>	Yes	☐ No
1a	Physical address of each property (street, city, state, ZI	P code)					
Α	JANAKIRAMA TOWERS PHASE-2 HYDERABAD TI	ELANGANA I	N 500090	0		47	
В						7	
С							
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair	rental and		Fair Rental Days	Personal U Days	lse	QJV
Α	personal use days. Check the Q		Α	365)	
В	if you meet the requirements to qualified joint venture. See instru		В				
C	<u> </u>		C				
1	of Property: Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal 5 Lar 6 Roy		7 Self-Rental 8 Other (descr			
				Properti	es:		
Incor			A	В		С	
3	Rents received	3	750	·			
4	Royalties received	4					
Expe 5	nses: Advertising	5					
6	Auto and travel (see instructions)	6	1,499				
7	Cleaning and maintenance	7	1,499				
8	Commissions	8	1,000	•			
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	2,999				
12	Mortgage interest paid to banks, etc. (see instructions)	12	, C C C C C C C C C C C C C C C C C C C				
13	Other interest	13					
14	Repairs	14	4,999				
15	Supplies	15	3,995	•			
16	Taxes	16					
17	Utilities	17	4,499				
18	Depreciation expense or depletion	18					
	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	19,990	•			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-19,240				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (19,240.				,
23a	Total of all amounts reported on line 3 for all rental prope	<u> </u>	23		750.		
b	Total of all amounts reported on line 4 for all royalty prop		0 10		•		
c	Total of all amounts reported on line 12 for all properties						
d	Total of all amounts reported on line 18 for all properties		<u> </u>				
е	Total of all amounts reported on line 20 for all properties			Be 19	,990.		
24	Income. Add positive amounts shown on line 21. Do no		osses .		. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losses from l	ine 22. Enter	total losses here	e 25 (19	,240.
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a				n 26	-19	9,240.

Form **8938**(Rev. November 2021) Department of the Treasury

Internal Revenue Service

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.

► Attach to your tax return.

For calendar year 20 ²³ or tax year beginning , 20

20 , and ending , 20

OMB No. 1545-2195	
Attachment Sequence No. 938	

If you have attached additional statements, check here **Number of additional statements** Name(s) shown on return 2 Taxpayer identification number (TIN) MOIN AHMED SYED & AZMA SIRAJ 087-15-4857 Type of filer **c** Corporation a X Specified individual **b** Partnership If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) a Name Foreign Deposit and Custodial Accounts Summary Part I 6 93,125. 7 8 Were any foreign deposit or custodial accounts closed during the tax year? X No 9 **Other Foreign Assets Summary** Part II Number of foreign assets (reported in Part VI) 10 11 93,468. 12 Were any foreign assets acquired or sold during the tax year? X No Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on Where reported (a) Asset category (b) Tax item form or schedule (d) Form and line (e) Schedule and line 13 Foreign deposit and a Interest \$ custodial accounts **b** Dividends \$ Royalties \$ d Other income \$ e Gains (losses) \$ Deductions \$ Credits \$ 14 Other foreign assets a Interest \$ \$ **b** Dividends Royalties \$ d Other income \$ \$ e Gains (losses) f Deductions \$ g Credits \$ Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 16 Number of Forms 3520-A 15 Number of Forms 3520 17 Number of Forms 5471 18 Number of Forms 8621 19 Number of Forms 8865

Form 8938 (Rev. 11-2021) 2 Page **2**

Part	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)
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 b Custodial 21 Account number or other designation
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? 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 exchange rate used if not from U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a	Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional)
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
28	City or town, state or province, country, and ZIP or foreign postal code
Part	
lf 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
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	\square \$0-\$50,000 b \square \$50,001-\$100,000 c \square \$100,001-\$150,000 d \square \$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 is denominated (b) Foreign currency exchange rate used if not from U.S. dollars (c) Source of exchange rate used if not from 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 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) Corporation (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 postal code
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.
а	Name of issuer or counterparty
	Check if information is for Susuer 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 person
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.
е	City or town, state or province, country, and ZIP or foreign postal code

Form 8938 (Rev. 11-2021) 3 Page **2**

Part	V Detailed Information for Each (see instructions)	h Foreign Deposit and C	ustodia	I Account Included in the Part I	Summary
If you	have more than one account to report	in Part V, attach a separate s	statement	for each additional account. See ins	tructions.
20	Type of account a 🗷 Deposi			count number or other designation	
	b Custoo	laid	0:	93801000442	
22	Check all that apply a Accoun	nt opened during tax year	b . A	ccount closed during tax year	
	c 🗌 Accour	nt jointly owned with spouse	d 🗷 N	o tax item reported in Part III with respo	ect to this asset
23	Maximum value of account during tax				6,906.
24	Did you use a foreign currency excha	inge rate to convert the value	of the ac	count into U.S. dollars? 🗵	∕es □ No
25	If you answered "Yes" to line 24, com				
	(a) Foreign currency in which	(b) Foreign currency exchar	0	(c) Source of exchange rate used it	
	account is maintained	used to convert to U.S.		Treasury Department's Bureau of t	he Fiscal Service
	INR		.0121		
26a	Name of financial institution in which ICICI BANK	account is maintained	b Glob	pal Intermediary Identification Number	(GIIN) (Optional)
27	Mailing address of financial institution	n in which account is maintair	ned. Num	ber, street, and room or suite no.	
	RAJARAJESHWARI NAGAR				
28	City or town, state or province, count	ry, and ZIP or foreign postal	code	_	
	BANGALORE, KARNATAKA IN 5	560052			
Part	VI Detailed Information for Each	h "Other Foreign Asset"	Include	d in the Part II Summary (see in	structions)
lf you	have more than one asset to report in	Part VI, attach a separate sta	tement fo	or each additional asset. See instructi	ons.
29	Description of asset			ntifying number or other designation	
	ADITYA BIRLA SUN LIFE MII		10152		
31	Complete all that apply. See instruction				
а	Date asset acquired during tax year,				
b	Date asset disposed of during tax year				
С	☐ Check if asset jointly owned with		k if no tax	x item reported in Part III with respec	t to this asset
32	Maximum value of asset during tax ye				
а	★ \$0–\$50,000 b □ \$50,001				100
e	If more than \$200,000, list value .				<u> </u>
33 34	Did you use a foreign currency excha If you answered "Yes" to line 33, com		or the as	set into 0.5. dollars?	∕es X No
34	(a) Foreign currency in which asset		ngo roto	(c) Source of exchange rate used if	not from IIC
	is denominated	used to convert to U.S.	_	Treasury Department's Bureau of t	
	is deficitifiated	used to convert to c.e.	dollars	Troubary Bopartment & Baroau or t	no i local oci vice
35	If asset reported on line 29 is stock of	a foreign entity or an interest	in a foreio	n entity, enter the following information	on for the asset
а	Name of foreign entity	a totalgit attaly of all intersect		(Optional)	
_		RLA SUN LIFE MIDCAP F		() []	
С	Type of foreign entity (1) Partr	nership (2) X Corporatio	n (3)	☐ Trust (4) ☐ Estate	
d	Mailing address of foreign entity. Nun	nber, street, and room or suit			
	841 SENAPATHI BHAWAN, EL	PHINSTONE			
е	City or town, state or province, count	ry, and ZIP or foreign postal of	code		
	MUMBAI, MAHARASHTRA IN 4	00013			
36	If asset reported on line 29 is not stoot the asset.	ck of a foreign entity or an inte	erest in a	foreign entity, enter the following info	ormation for
	Note: If this asset has more than one		h a separ	rate statement with the same informa	tion for each
	additional issuer or counterparty. See	instructions.			
а	Name of issuer or counterparty Check if information is for Issue	er Counterparty			
b	Type of issuer or counterparty				
D	(1) Individual (2) Partne	rship (3) Corporatio	n (4	l) Trust (5) Estate	
С	Check if issuer or counterparty is a		n person	, I hast (e) Listate	
d	Mailing address of issuer or counterp	· · · · · · · · · · · · · · · · · · ·		e no.	
_	5 and 222 21 and 20 and 10 p	,			
е	City or town, state or province, count	ry, and ZIP or foreign postal o	code		

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Part	Detailed Information for Each (see instructions)	h Foreign Deposit and Cus	stodial Account Included in the Part I Summary			
If vou	, ,	in Part V. attach a separate sta	tement for each additional account. See instructions.			
20	Type of account a 🗵 Deposi		21 Account number or other designation			
	b ☐ Custoo		5491270001287			
22			b ☐ Account closed during tax year			
			d 🗵 No tax item reported in Part III with respect to this asset			
23	Maximum value of account during tax	(year	5,517.			
24	Did you use a foreign currency excha	nge rate to convert the value of	f the account 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 exchang				
	account is maintained	used to convert to U.S. do				
	INR	<u> </u>	0121			
26a	Name of financial institution in which	account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)			
	HDFC					
27	•		d. Number, street, and room or suite no.			
	SKY WARDS TECH PARK ELCTE					
28	City or town, state or province, count		ode			
Dort	BANGALORE, KARNATAKA IN 5		ncluded in the Part II Summary (see instructions)			
			ment for each additional asset. See instructions.			
29	Description of asset		30 Identifying number or other designation			
29	AXIS FLEX CAP FUND		91059281954			
31	Complete all that apply. See instruction		The state of the s			
a	Date asset acquired during tax year,					
b	Date asset disposed of during tax year					
С	☐ Check if asset jointly owned with		if no tax item reported in Part III with respect to this asset			
32	Maximum value of asset during tax ye					
а						
е						
33	Did you use a foreign currency excha		f the asset into U.S. dollars? Yes 🗵 No			
34	If you answered "Yes" to line 33, com	plete all that apply.				
	(a) Foreign currency in which asset					
	is denominated	used to convert to U.S. do	ollars Treasury Department's Bureau of the Fiscal Service			
35			a foreign entity, enter the following information for the asset.			
а	Name of foreign entity	X CAP FUND	b GIIN (Optional)			
•	Type of foreign entity (1) Partr		(3) ☐ Trust (4) ☐ Estate			
c d	Mailing address of foreign entity. Nun					
u	ALPHA, OFFICE FLOOR 8, N		no.			
е	City or town, state or province, count		nde			
Ŭ	CHENNAI, TAMILNADU IN 40					
36			est in a foreign entity, enter the following information for			
	the asset.	y a reverger erran, er arranser				
	Note: If this asset has more than one	issuer or counterparty, attach a	a separate statement with the same information for each			
	additional issuer or counterparty. See					
а	Name of issuer or counterparty					
	Check if information is for Issue	er 🗌 Counterparty				
b	Type of issuer or counterparty					
	(1) Individual (2) Partne		(4) Trust (5) Estate			
С	Check if issuer or counterparty is a	☐ U.S. person ☐ Foreign p				
d	Mailing address of issuer or counterp	arty. Number, street, and room	or suite no.			
е	City or town, state or province, count	ry, and ZIP or foreign postal co	ode			

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Part	Detailed Information for Eacl (see instructions)	n Foreign Deposit and Custoo	lial Account Included in the Part I Summary			
lf vou	, ,	n Part V. attach a separate statem	ent for each additional account. See instructions.			
20	Type of account a 🗵 Deposit		Account number or other designation			
	b ☐ Custodi		221810100002290			
22			Account closed during tax year			
			No tax item reported in Part III with respect to this asset			
23	Maximum value of account during tax	year	\$ 6,345.			
24	Did you use a foreign currency exchar	nge rate to convert the value of the	account into U.S. dollars? X Yes No			
25	If you answered "Yes" to line 24, com	plete all that apply.				
		(b) Foreign currency exchange ra				
	account is maintained	used to convert to U.S. dollars				
	INR	.012	The state of the s			
26a	Name of financial institution in which a	account is maintained b G	lobal Intermediary Identification Number (GIIN) (Optional)			
	UNION BANK OF INDIA					
27	Mailing address of financial institution		umber, street, and room or suite no.			
00	D NO 9 BY 1A NEAR AYISH B. City or town, state or province, countr					
28	BANGALORE, KARNATAKA IN 5					
Part			ded in the Part II Summary (see instructions)			
			t for each additional asset. See instructions.			
29	Description of asset		dentifying number or other designation			
	HSBC FLEXI CAP FUND -GR		5039/32			
31	Complete all that apply. See instruction	ons for reporting of multiple acquisi	tion 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 s		tax item reported in Part III with respect to this asset			
32	Maximum value of asset during tax year (check box that applies)					
а	★ \$0–\$50,000 b □ \$50,001–					
е	If more than \$200,000, list value Did you use a foreign currency exchar					
33 34	If you answered "Yes" to line 33, comp		asset into U.S. dollars? Yes X No			
34	(a) Foreign currency in which asset		e (c) Source of exchange rate used if not from U.S.			
	is denominated	used to convert to U.S. dollars				
35	If asset reported on line 29 is stock of a	a foreign entity or an interest in a for	reign entity, enter the following information for the asset.			
а	Name of foreign entity		IIN (Optional)			
		I CAP FUND -GR				
С	Type of foreign entity (1) Partne		(3) Trust (4) Estate			
d	Mailing address of foreign entity. Num					
_	NESCO COMPLEX, WESTERN EX					
е	City or town, state or province, countr MUMBAI, MAHARASHTRA IN 40					
36			a foreign entity, enter the following information for			
30	the asset.	K of a foreign entity of all interest in	ra foreign entity, enter the following information for			
		issuer or counterparty, attach a se	parate statement with the same information for each			
	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 Issuer	Counterparty				
b	Type of issuer or counterparty	-				
	(1) Individual (2) Partners	ship (3) Corporation	(4) Trust (5) Estate			
С		U.S. person Foreign person				
d	Mailing address of issuer or counterpa	arty. Number, street, and room or s	uite no.			
		170				
е	City or town, state or province, countr	y, and ∠IP or foreign postal code				

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Part	Detailed Information for Eac (see instructions)	h Foreign Deposit and C	ustodia	Account Included in the Part IS	Summary	
If you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional account. See instr	uctions.	
20	Type of account a X Deposi	t	21 Acc	count number or other designation		
	b Custoc	lial	01	0000040896457865		
22		nt opened during tax year		ccount closed during tax year		
		t jointly owned with spouse		o tax item reported in Part III with respec	t to this asset	
23	Maximum value of account during tax				<u>4</u> ,507.	
24	Did you use a foreign currency excha	-	of the ac	count into U.S. dollars? 🗵 Ye	es 🗌 No	
25	If you answered "Yes" to line 24, com					
	(a) Foreign currency in which	(b) Foreign currency exchar	0	(c) Source of exchange rate used if		
	account is maintained	used to convert to U.S.		Treasury Department's Bureau of th	e Fiscal Service	
	INR		.0121	al late was a diam dalam ifi ati a Number W	<u> </u>	
26a	Name of financial institution in which STATE BANK OF INDIA	account is maintained	b Glob	oal Intermediary Identification Number ((Optional) (Villa	
27	Mailing address of financial institution	in which account is maintain	od Num	ther street and room or suite no		
21	L K PLAZA, SY NO 9/1, VAF		iea. Nuili	iber, street, and room or suite no.		
28	City or town, state or province, count		code			
20	BENGALURU, KARNATAKA IN 5		, ouc			
Part	VI Detailed Information for Eac		Include	d in the Part II Summary (see inst	tructions)	
	have more than one asset to report in					
29	Description of asset			ntifying number or other designation		
	INVESCO INDIA GROWTH OPPO	ORTUNI	31050	23043		
31	Complete all that apply. See instruction	ons for reporting of multiple a	cquisitio	n or disposition dates.		
а	Date asset acquired during tax year, i					
b	Date asset disposed of during tax year					
С	1000 St. (200 St. (20					
32	Maximum value of asset during tax year (check box that applies) ■ \$0-\$50,000 ■ \$50,001-\$100,000 ■ \$150,001-\$200,000 ■ \$150,001-\$200,000					
а	★ \$0-\$50,000 b □ \$50,001-				00	
<u>е</u> 33	If more than \$200,000, list value . Did you use a foreign currency excha	nge rate to convert the value	of the as	set into U.S. dollars?	es 🗵 No	
34	If you answered "Yes" to line 33, com		01 1110 40	oct into o.o. donaro	<u> </u>	
	(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 th		
35	If asset reported on line 29 is stock of	a foreign entity or an interest	in a foreig	gn entity, enter the following information	for the asset.	
а	Name of foreign entity		b GIIN	(Optional)		
		DIA GROWTH OPPORTUNITIES				
С	Type of foreign entity (1) Partn			☐ Trust (4) ☐ Estate		
d	Mailing address of foreign entity. Nun		e no.			
е	BUILDING B, ALPHA OFFICE City or town, state or province, count		codo			
C	MUMBAI, MAHARASHTRA IN 40		Joue			
36			erest in a	foreign entity, enter the following infor	mation for	
	the asset.	g ,		5 7		
	Note: If this asset has more than one	issuer or counterparty, attacl	h a separ	rate statement with the same informati	on for each	
	additional issuer or counterparty. See	instructions.				
а	Name of issuer or counterparty					
	Check if information is for	r Counterparty				
b	Type of issuer or counterparty	(a) 🗆 a		N [] T (5) [] 5 1		
	(1) Individual (2) Partner			I) Trust (5) Estate		
C C	Check if issuer or counterparty is a	· · · · · · · · · · · · · · · · · · ·	person	0.00		
d	Mailing address of issuer or counterp	arry. Number, Street, and roo	iii or Sult	e IIO.		
Δ.	City or town, state or province, count	ry, and ZIP or foreign postal o	code			

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Part	V Detailed Information for Each (see instructions)	h Foreign Deposit and C	ustodia	I Account Included in the Part I Su	nmary	
If you	, ,	in Part V, attach a separate s	tatement	for each additional account. See instruc	tions.	
20	Type of account a 🗷 Deposit			count number or other designation		
	b Custoo	laid	5	491610078419		
22	Check all that apply a Accoun	nt opened during tax year	b 🗌 A	ccount closed during tax year		
		nt jointly owned with spouse		o tax item reported in Part III with respect t	o this asset	
23	Maximum value of account during tax				<u>6</u> ,173.	
24	Did you use a foreign currency excha	inge rate to convert the value	of the ac	count into U.S. dollars? 🗵 Yes	No	
25	If you answered "Yes" to line 24, com					
	(a) Foreign currency in which	(b) Foreign currency exchar	0	(c) Source of exchange rate used if not		
	account is maintained	used to convert to U.S.		Treasury Department's Bureau of the F	iscal Service	
	INR		.0121			
26a	Name of financial institution in which HDFC BANK	account is maintained	b Glob	oal Intermediary Identification Number (GIII	V) (Optional)	
27	Mailing address of financial institution	n in which account is maintair	ned. Num	ber, street, and room or suite no.	_	
	ELECTRONIC CITY					
28	City or town, state or province, count	ry, and ZIP or foreign postal of	code	_		
	BANGALORE, KARNATAKA IN 5	560100				
				d in the Part II Summary (see instru		
If you		Part VI, attach a separate sta		or each additional asset. See instructions	•	
29	Description of asset			ntifying number or other designation		
	MIRAE ASSET BANKING AND I			177836		
31	Complete all that apply. See instruction			the second secon		
a	Date asset acquired during tax year,					
b	Date asset disposed of during tax year					
C	COST OF THE PROPERTY OF THE PR					
32	Maximum value of asset during tax year (check box that applies) ★ \$0-\$50,000 b \$50,001-\$100,000 c \$100,001-\$150,000 d \$150,001-\$200,000					
а						
e 22	If more than \$200,000, list value . Did you use a foreign currency excha	unge rate to convert the value	of the as	sset into U.S. dollars? Yes	 ▼ No	
33 34	If you answered "Yes" to line 33, com		Of the as	set into 0.5. dollars:	_ 🔼 110	
04	(a) Foreign currency in which asset		nge rate	(c) Source of exchange rate used if not	from LLS	
	is denominated	used to convert to U.S.		Treasury Department's Bureau of the F		
35	If asset reported on line 29 is stock of	a foreign entity or an interest	in a foreig	gn entity, enter the following information for	or the asset.	
а	Name of foreign entity			l (Optional)	_	
	MIRAE ASSI	ET BANKING AND FINANC				
С	Type of foreign entity (1) Partr		-	☐ Trust (4) ☐ Estate		
d	Mailing address of foreign entity. Nun		e no.			
	UNIT NO 606-6TH FLOOR, W					
е	City or town, state or province, count		code			
	MUMBAI, MAHARASHTRA IN 4					
36	If asset reported on line 29 is not stoot the asset.	k of a foreign entity or an inte	erest in a	foreign entity, enter the following information	ation for	
	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 Issue	er 🗌 Counterparty				
b	Type of issuer or counterparty					
	(1) Individual (2) Partne			l) 🗌 Trust (5) 🗌 Estate		
С	Check if issuer or counterparty is a		person			
d	Mailing address of issuer or counterp	arty. Number, street, and roo	m or suit	e no.		
е	City or town, state or province, count	ry, and ZIP or foreign postal of	code			

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Part	Detailed Information for Each Foreign Dep (see instructions)	oosit and Custodial Account Included in the Part I Summary					
If vou	,	a separate statement for each additional account. See instructions.					
20	Type of account a 🗵 Deposit	21 Account number or other designation					
	b Custodial	109781					
22	Check all that apply a Account opened during	tax year b Account closed during tax year					
	c Account jointly owned w						
23	Maximum value of account during tax year	63,677.					
24	Did you use a foreign currency exchange rate to conv	ert the value of the account into U.S. dollars? X Yes					
25	If you answered "Yes" to line 24, complete all that app	oly.					
	()	rency exchange rate (c) Source of exchange rate used if not from U.S.					
	account is maintained used to con	nvert to U.S. dollars Treasury Department's Bureau of the Fiscal Service					
	INR	.0127					
26a		ained b Global Intermediary Identification Number (GIIN) (Optional)					
	MARCELLUS						
27		nt is maintained. Number, street, and room or suite no.					
	929, DBS BUSINESS CENTER						
28	City or town, state or province, country, and ZIP or fo MUMBAI, MAHARASHTRA IN 400093	reign postal code					
Dart		ign Asset" Included in the Part II Summary (see instructions)					
		separate statement for each additional asset. See instructions.					
29	Description of asset	30 Identifying number or other designation					
23	TATA DIGITAL INDIA FUND-GR	4651102/47					
31	Complete all that apply. See instructions for reporting	The state of the s					
а							
b							
С		d					
32	Maximum value of asset during tax year (check box that applies)						
а	a ⋈ \$0–\$50,000 b □ \$50,001–\$100,000	∑ \$0-\$50,000 b □ \$50,001-\$100,000 c □ \$100,001-\$150,000 d □ \$150,001-\$200,000					
е							
33	Did you use a foreign currency exchange rate to conv						
34	If you answered "Yes" to line 33, complete all that app						
	(a) Foreign currency in which asset (b) Foreign cur						
	is denominated used to con	nvert to U.S. dollars Treasury Department's Bureau of the Fiscal Service					
05	If a set appointed on line 20 is stock of a few investigation	y as interest in a family autily, autoutles faller in family and autily and					
35		or an interest in a foreign entity, enter the following information for the asset. b GIIN (Optional)					
а	TATA DIGITAL INDIA						
С		Corporation (3) ☐ Trust (4) ☐ Estate					
d							
-	UNIT NO 103,1ST FLOOR OFF CENTRA						
е	011	reign postal code					
	MUMBAI MAHARASHTRA IN 400098						
36	If asset reported on line 29 is not stock of a foreign er	ntity or an interest in a foreign entity, enter the following information for					
	the asset.						
	Note: If this asset has more than one issuer or counted	erparty, attach a separate statement with the same information for each					
	additional issuer or counterparty. See instructions.						
а							
	Check if information is for	party					
b	31						
	(1) Individual (2) Partnership (3)	Corporation (4) Trust (5) Estate					
C		Foreign person					
d	d Mailing address of issuer or counterparty. Number, st	reet, and room or suite no.					
•	City or town state or province country and 710 or fo	raign poetal code					
е	 City or town, state or province, country, and ZIP or fo 	reigit postal code					

Additional Information From 2023 Federal Tax Return

Form 8938: Statement of Specified Foreign Assets

Max value of all assets

Itemization Statement

Description		Amount
7664541/82		93,468.
1	Total	93,468.



TAXABLE YEAR **FORM** California e-file Signature Authorization for Individuals 8879 Your SSN or ITIN Your name 087-15-4857 MOIN AHMED SYED Spouse's/RDP's name Spouse's/RDP's SSN or ITIN AZMA SIRAJ 990-92-6305 Part I Tax Return Information (whole dollars only) 145535 7169 Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filling a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ☑ lauthorize GLOBAL TAXES LLC to enter my PIN **ERO firm name** Do not enter all zeros as my signature on my 2023 e-filed California individual income tax return. Will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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 \(\bigvereal_{\text{\color}}\) Date Spouse's/RDP's PIN: check one box only ▼ I authorize GLOBAL TAXES LLC to enter my PIN **ERO firm name** Do not enter all zeros as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's signature Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return 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 FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. Date > 03/08/2024 ERO's signature

2023 California Resident Income Tax Return

540

AP:

ATTACH FEDERAL RETURN

087-15-4857 SYED 990-92-6305 23

MOINAHMED SYED AZMA SIRAJ

39939 STEVENSON CMN APT 3023

FREMONT CA 94538

04-02-1975 05-29-1977

		Enter your county at time or ming (see instructions)							
e e	•	ALAMEDA [Alameda Alameda Alamed							
der		If your address above is the same as your principal/physical residence address at the time of filing, check this box • ×							
esi		If not, enter below your principal/physical residence address at the time of filing.							
<u>e</u>		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.							
Principal Residence	ledow								
Pri		City State ZIP code							
	•								
		If your California filing status is different from your federal filing status, check the box here							
atus	1	Single Head of household (with qualifying person). See instructions.							
Filing Status	2	× Married/RDP filing jointly (even if some space of the discourse) Qualifying surviving spouse/RDP. Enter year spouse/RDP died.							
<u>=</u>		only one spouse/RDP had income). See instructions. See instructions.							
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.							
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr							
•	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.							
SL	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked							
<u>ō</u>	_	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$144 = • \$ 288							
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions							
Ä	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions							
		REV 02/02/24 PRO							

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Υοι	ır naı	me:	SYE	D					You	r SSN o	or ITIN:	087-	-15-	4857					
	10	Depen	dents: I			lude y ndent 1		lf or y	our spo	use/RD		endent 2					Dependent 3		
		First	Name	•	Боро	- Indone	<u> </u>				•					•	Doponaoni o		
SI		Last	Name	•							•					•			
Exemptions			. See																
Exem		Dep	uctions. endent's ionship	•							•					•			
		to yo																	
	Tota	l depei	ndent ex	xemp	otions								1 0		X \$446	= (\$		
	11	Exem	ption a	ımou	ınt: A	dd line	7 thr	ough I	ine 10.	Transfe	r this am	ount to li	ine 32			① 1	1\$	28	88
	12	State	wages	fron	ı you	r feder	al						1	64968	.00		7		
																		145525	
	13 14		Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 • 13																
Taxable Income		Part	I, line 2	7, co	lumn	В							iX.,		•	4			. 00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions											145535	. 00					
	16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C												. 00					
able	17	7 California adjusted gross income. Combine line 15 and line 16										. 00							
Ta		18 Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR											- [
		larger of Your California standard deduction shown below for your filing status:									}								
	Single or Married/RDP fiMarried/RDP filing jointly, H										l .					_			
			•	If Ma	ırrie <mark>d</mark> /	RDP fili	ing sep	arately	or the b	ox on lin	e 6 is che			instructions		,		10726	. 00
	19	Subti	ract line s than z	18 1 ero,	rom enter	ine 17 -0	'. This 	is you	ır taxab	le inco	me. 				•	19		134809	. 00
									5		~								
	31	Tax.	Check tl	he bo	ox if f	rom:		_ Tax	Table		× Ta	Rate So	chedul	е					
	20	- Fire ma		المائلة ما	. F.			_	3 3800	1 16 110					• 3	31		5868	. 00
ах	32									-	ur federa			ıan 	• 3	32		288	. 00
<u>10</u>	33	Subt	ract line	32 1	rom	line 31	. If les	s than	r zero, e	nter -0-					•	33		5580	. 00
	34	Tax.	See inst	ructi	ons.	Check	the bo	ox if fr	om:	So	chedule G	-1	F	TB 5870A	• (34			. 00
												_						5580	. 00
	35	Auu	1116 33 (anu I	nie 3	11,41	· · · · ·					*****			🔮 🤅	 			• [UU]
dits	40	Nonr	efundat	ole C	hild a	nd De	pende	nt Car	e Expen	ses Cre	dit. See i	nstructio	ns		• 4	10			. 00
Special Credits	43	Enter	credit i	name	,						code ●		and	I amount.	• 4	13			. 00
ecia																			. 00
_	44	Enter	credit	ııam	<i>=</i>						code •	,	⊥ ano	l amount.	• 4	+4			• 00

You	r nar	ne:	SYED	Your SSN or ITIN:	087-15-485	7				
S	45	To cl	laim more than two credits, see instru	uctions. Attach Schedule	P (540)		45			. 00
Credit	46	Nonr	refundable Renter's Credit. See instru	ctions			46			. 00
Special Credits	47	Add	line 40 through line 46. These are you	ur total credits		•	47			. 00
Sp	48	Subt	tract line 47 from line 35. If less than	zero, enter -0		•	48		5580	. 00
xes	61		rnative Minimum Tax. Attach Schedule							00
Other Taxes	62	Ment	tal Health Services Tax. See instruction	ons			62			- 00
ਰੋ	63	Othe	er taxes and credit recapture. See inst	ructions		.,•	63			- 00
	64	Add	line 48, line 61, line 62, and line 63. 1	This is your total tax		•	64		5580	. 00
	71	Calif	fornia income tax withheld. See instru	ctions			71		12749	. 00
	72	2023	3 California estimated tax and other pa	ayments. See instructior	ıs		72			. 00
	73	With	nholding (Form 592-B and/or Form 59	3). See instructions			73			. 00
Payments	74	Exce	ess SDI (or VPDI) withheld. See instru	ictions			74			. 00
Payı	75	Earn	ed Income Tax Credit (EITC). See inst	tructions			75			. 00
	76	Your	ng Child Tax Credit (YCTC). See instru	octions			76			. 00
	77 78	Add	er Youth Tax Credit (FYTC). See instru line 71 through line 77. These are you instructions	ur total payments.					12749	• 00 • 00
UseTax	91		Tax. Do not leave blank. See instructi		● 91			0 .00		
<u> </u>		If lin	e 91 is zero, check if: No t	use tax is owed.	You paid you	r use tax o	bligati	on directly to CDTFA.		
ISR Penaltv	92	See	ou and your household had full-year h instructions. Medicare Part A or C co ou did not check the box, see instructi	verage is qualifying heal			×			
Pe –	1	Indiv	vidual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92			_00		
en en	93	Payn	ments balance. If line 78 is more than	line 91, subtract line 91	from line 78		93		12749	. 00
Overpaid Tax/Tax Due	94 95 96	Payn subt Indiv	Tax balance. If line 91 is more than I ments after Individual Shared Responseract line 92 from line 93vidual Shared Responsibility Penalty Erract line 93 from line 92	sibility Penalty. If line 93 Balance. If line 92 is mor	is more than line 9 e than line 93,	2,	95		12749	- 00 - 00 - 00
ð	97	Over	rpaid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95	•	97		7169	. 00
		RE\	V 02/02/24 PRO							

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Form 540 2023 **Side 3**

our nar	ne:	SYED	Your SSN or ITIN:	087-15-4857			
98 <u>e</u>	Amo	unt of line 97 you want applied to yo	ur 2024 estimated tax		• 98	0	. 00
전 99 전	Over	unt of line 97 you want applied to you paid tax available this year. Subtract lue. If line 95 is less than line 64, sub	line 98 from line 97		• 99	7169	. 00
À 100	Tax o	lue. If line 95 is less than line 64, sub	otract line 95 from line 6	4	100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions		• 400		. 00
	Alzhe	imer'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	ary Tax Contribution Fund	d	• 405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		• 406		. 00
	Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407		. 00
	Califo	ornia Peace Officer Memorial Foundat	tion Voluntary Tax Contri	bution Fund	• 408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	• 422		. 00
3	State	Parks Protection Fund/Parks Pass P	urchase		• 423		. 00
	Prote	ect Our Coast and Oceans Voluntary 1	Tax Contribution Fund		• 424		. 00
	Keep	Arts in Schools Voluntary Tax Contri	bution Fund		• 425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fun	d	• 438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	• 439		. 00
	Rape	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 co	ntribution	• 110		. 00

	r nan	
Amount You Owe	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. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information.
and	112 113	Interest, late return penalties, and late payment penalties
Interest and Penalties		Check the box: ● FTB 5805 attached ● FTB 5805F attached
_	114	Total amount due. See instructions. Enclose, but do not staple, any payment
	115	REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
		Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115 7169
t Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
Refund and Direct Deposit		 Routing number Checking Savings Account number 116 Direct deposit amount 00
Refu		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
		● Routing number Checking
Voter Info.		For voter registration information, check the box and go to sos.ca.gov/elections. See instructions
Health Care Coverage Info.	•	Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions
F	REV 02	Sign your tax return on Side (

175 3105234 Form 540 2023 **Side 5**

Your name:	SYED	Your SSN or ITIN:	087-15-4857
Your name:	SYED	Your SSN or ITIN:	087-15-4

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return. Our privacy notice 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 ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Date Spouse's/RDP's signature (if a joint tax return, both must sign) Your signature Your email address. Enter only one email address. Preferred phone number 6695774500 Sign Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Here SYAM PRIYA RAM SAGAR GUPTA TALLAM It is unlawful to forge a Firm's name (or yours, if self-employed) PTIN spouse's/ P02082703 RDP's GLOBAL TAXES LLC signature. Firm's address Firm's FEIN Joint tax 245 ROONEY CT E BRUNSWICK NJ 08816 843171965 return? See instructions. × Do you want to allow another person to discuss this tax return with us? See instructions... No Print Third Party Designee's Name Telephone Number

2023 California Adjustments — Residents

CA (540)

Īm	Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.								
	Name(s) as shown on tax return SSN or ITIN								
M	OIN AHMED SYED & AZMA SIRAJ	J				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 1a	•	164968	•		•			
	b Household employee wages not reported on federal Form(s) W-2	•		•		•			
	c Tip income not reported on line 1a 1c	•		•		•			
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	•		•		•			
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•		•		•			
	f Employer-provided adoption benefits from federal Form 8839, line 29	•		•		•			
	g Wages from federal Form 8919, line 6 1g	•		•		•			
	h Other earned income. See instructions 1h	•	0	•		•			
	i Nontaxable combat pay election. See instructions1i					•			
	z Add line 1a through line 1i1z	•	164968	•		•			
		•		0		•			
		•	17	•		•			
4	IRA distributions. See instructions. a 4b	•		•		•			
5	Pensions and annuities. See instructions. a • 5b	0		•		•			
6	Social security benefits. a • 6b	0		•					
	Corp.	0	-210	•		•			
	ction B – Additional Income from federal Schedule 1	(For	m 1040)						
1	Taxable refunds, credits, or offsets of state and local income taxes	•		•					
2	a Alimony received. See instructions 2a	•				•			
3	Business income or (loss). See instructions. \dots 3	•		•		•			
	Other gains or (losses)	•		•		•			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	-19240	•		•			
6	Farm income or (loss)	•		•		•			
7	Unemployment compensation	•		•					

ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	В	Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a	•	()			•
b Gambling	•		•		
c Cancellation of debt8c	•		•		•
d Foreign earned income exclusion from federal Form 2555 8d	•	()			•
e Income from federal Form 8853 8e	•				0
f Income from federal Form 8889	•		•		
g Alaska Permanent Fund dividends8g	•				
h Jury duty pay8h	•				
i Prizes and awards	•				
j Activity not engaged in for profit income 8j	•				
k Stock options	•				•
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 8I	•				
m Olympic and Paralympic medals and USOC prize money 8m					
n IRC Section 951(a) inclusion	•		•		
o IRC Section 951A(a) inclusion80	0		•		
p IRC Section 461(I) excess business loss adjustment 8p	•		•		•
q Taxable distributions from an ABLE account 8q	•				
r Scholarship and fellowship grants not reported on federal Form(s) W-28r					
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	•	()			
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•				
u Wages earned while incarcerated8u	•				
z Other income. List type and amount.					
●8z	•		ledow		•

Section B – Additional Income	▲ Federal Amounts	B Subtractions See instructions	↑ Additions
Continued	(taxable amounts from your federal tax return)	See instructions	See instructions
9 a Total other income. Add lines 8a through 8z 9a	•	•	•
b1 Disaster loss deduction from form FTB 3805V 9b1		•	
b2 NOL deduction from form FTB 3805V 9b2		•	
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		•	
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses	•	•	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	•	0	•
13 Health savings account deduction	•	•	
14 Moving expenses. Attach form FTB 3913. See instructions	•		•
15 Deductible part of self-employment tax. See instructions	•	•	
16 Self-employed SEP, SIMPLE, and qualified plans16	•		
17 Self-employed health insurance deduction. See instructions	0	•	
18 Penalty on early withdrawal of savings	•		
19 a Alimony paid	•		•
b Recipient's: SSN ⊚			
Last Name			
20 IRA deduction	•	•	•
21 Student loan interest deduction21	•		•
22 Reserved for future use			
23 Archer MSA deduction	•		

ction C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other adjustments: a Jury duty pay	•			
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•		•	•
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•	
d Reforestation amortization and expenses24d	•		$ _{\odot}$	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•			
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•	•
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	•			
i 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 violations24i	•		0	
j Housing deduction from federal Form 2555 24 j	•		•	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•			
z Other adjustments. List type and amount.				
●24z	•		•	•
Total other adjustments. Add line 24a through line 24z	0		•	•
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	0		•	•
Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	145535	•	•

Pa	rt II Adjustments to Federal Itemized Deductions					
Che	eck the box if you did NOT itemize for federal but will itemize	for Ca	alifornia •			
		A	Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructi	ions
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 145535 2					
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	•			•	
	tes You Paid a State and local income tax or general sales taxes5a	•	14127	14127		
	b State and local real estate taxes	•				
	c State and local personal property taxes 5c	•				
	d Add line 5a through line 5c	•	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 6	0		•	•	
	Add line 5e and line 67	•	10000	14127	•	4127
	a Home mortgage interest and points reported to you on federal Form 1098	•			•	
	b Home mortgage interest not reported to you on federal Form 1098 8b	0			•	
	c Points not reported to you on federal Form 10988c	•			•	
	d Reserved for future use8d					
	e Add line 8a through line 8c	•		•	•	
9	Investment interest	•		•	•	

10 Add line 8e and line 9...

•

•

	t II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instruct	ions
Gifts	s to Charity				
11	Gifts by cash or check	•	•	•	
12	Other than by cash or check	•	•	•	
13	Carryover from prior year	•	•	•	
14	Add line 11 through line 13	•	•	0	
15	nalty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15	•	•	0	
Othe	r Itemized Deductions			77	
16	Other—from list in federal instructions .16	•		•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	10000	1412	7 •	4127
	Total. Combine line 17 column A less column B plus co	lumn C		18	0
Job	Expenses and Certain Miscellaneous Deductions				
20	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions. Tax preparation fees		• 19 • 20		
	box, etc. List type		21	<u>0</u>	
22	Add line 19 through line 21		22	0	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	145535			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .		291	1	
25	Subtract line 24 from line 22. If line 24 is more than line	22, enter 0		② 25	0
26	Total Itemized Deductions. Add line 18 and line 25		******************	② 26	0
27	Other adjustments. See instructions. Specify.			② 27	
28	Combine line 26 and line 27		******************	② 28	0
29	Is your 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 No. Transfer 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 Schedule C	A (540), line 29	• 29	0
	Yes. Complete the Itemized Deductions Worksheet in the Enter the larger of the amount on line 29 or your stand	ard deduction shown below:	:	© 29	0
30	Yes. Complete the Itemized Deductions Worksheet in th	ard deduction shown below: ctionsalifying surviving spouse/RDF	: \$5,363 ² \$10,726		0 0726

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

FinCEN Form 114

Department of the Treasury OMB no. 1506-0009

(Rev. September 2013)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

Do not use previous editions of this form

1		•	s for c ed 12/3	alendar 31
	2	Ω	2	3

Amended

Part I	Filer informatio	n										
2 Type of filer												
a 🗙 Individua	a 🛛 Individual b 🗌 Partnership c 🔲 Corporation d 🔲 Consolidated e 🔲 Fiduciary or other - Enter type											
2 II C Townsus										a data of hirth		
, ,	U.S. Taxpayer Identification Number 3a TIN type 4 Foreign identification (Complete only if item 3 is not applicable) 5 Individual's date of birth MM/DD/YYYY											
087-15-48	J.S. Identification	SSN/IT										
	mplete item 4	EIN	b Num	ber		c Country of	Issue		04/02	/1975		
6 Last name o	r organization name		7 First name 8 Middle initial 8a Suffix									
SYED	_			MOIN	AHMED							
9 Mailing addr	ess (number, street, ar	nd apt. or s	uite no.)									
39939 S	TEVENSON CMN	. Apt.	3023									
10 City		11 State		12 ZIP	/Postal Code		13 Count	ry				
FREMONT		CA		94	538		US					
14 a) Does the	e filer have a financial	interest in	25 or more f	inancial account	s?							
Yes ☐ No 🔀	Enter number of acc	ounts	Do	not complete Pa	rt II or Part III	, but maintain record	ds of the inform	nation.				
_												
b) Does the Yes ☐	e filer have signature a Enter number of acc						n on whose be	ehalf the filer	has signati	ire authority		
No 🗵	Line namber of dec			inproto i dit iv, it		, to tor oddit poros		, , , , , , , , , , , , , , , , , , ,	nao oignate	aro addironty.		
	_											
Part II	Information on	financi	al accou	nt(s) owned	d separate	ely						
	alue of account during			5a Amount 16	Type of accour	nt a 🗌 Bank	b Securitie	es c 🗌	Other—En	ter type below		
(See instructi	ions under Monetary at 93,468		sp 2)	unknown								
17 Name of fin	nancial institution in wh		t is held									
See Sta		on 10 I	Mailing addr	oo (number etr	oot opt or qui	to no) of financial in	actitution in wh	ich coccupt	io hold			
18 Account nur	mber or other designati	011 19 1	walling addre	ess (number, sur	eet, apt. or sur	te no.) of financial in	istitution in wii	ich account	is field			
	_											
20 City		21 8	State, if know	n 22 For	reign postal co	de, if known	23 Count	ry				
_												
Signature	44a Check	here X	if this repor	is completed by	a third party p	reparer and comple	te the third part	y preparer s	ection.			
44 Filer signa		45	Filer title, if	not reporting a p	ersonal accou	nt		46	Date (MM/E	DD/YYYY) o-fill when the		
•	ill be electronically ed when filed									nically signed		
	47 Preparer's last nan	The second secon	48 First nam	е	49 MI	50 Check [if	51 TIN		51a TIN	type 🗷 PTIN		
Third Party	5 50 0 1 1 50 E 1 50 E 1 50 E 1											
Preparer	(678) 965-952			GLOBAL T.		:	84-3171		J-u IIIV	☐ Foreign		
Use Only	55 Mailing address (r		eet, apt.or s		56 City	50		58 ZIP/Pos	stal Code	59 Country		
	245 ROONEY	СТ		-	E BRUNS	WICK	NJ	08816		US		

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions 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 Information on financial account(s) owned jointly								FinCEN Form 114 page number	
Complete a se	parate block fo	or each ac	count owr	ned jointly					
Add an additional Part III page as many times as necessary in order to provide information on all accounts								_	
Filing for calendar year	1 Filing for calendar vear 3-4 Check appropriate identification number 6 Last name or organization name								
,	▼ Taxpayer Ic	lentification N	lumber	OVED					
2 0 2 3	Foreign ide	ntification nu	mber	SYED					
	Enter ident	ification numb	per here:						
087-15-4857									
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2) 15a Amount unknown 16 Type of account a Bank b Securities c Other—Enter type below									
17 Name of financ	al institution in which	account is held	1						
18 Account number	or other designation	19 Mailing	address (numb	er, street, apt. or suite no.) of	financial institution	in which account i	s held		
20 City		21 State, if	known 22	Foreign postal code, if kn	own 23 (Country			
24 Number of joint ov	ners for this account	25 Taxpayer	Identification N	umber (TIN) of principal joint	owner, if known. Se	ee instructions	25a TIN typ EIN [Foreig	SSN/ITIN	
26 Last name or orga	anization name of princ	cipal joint owne	27 First ı	name of principal joint owner,	if known	28 Middle ini	tial, if known	28a Suffix	
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known									
30 City, if known	30 City, if known 31 State, if known 32 ZIP/Postal Code, if known 33 Country, if known								
	f account during caler nder Monetary amoun		15a Amount unknown	16 Type of account a	Bank b Se	ecurities c	Other—Ente	r type below	
17 Name of financia	al institution in which a	ccount is held							
18 Account number	or other designation	19 Mailing	address (numbe	er, street, apt. suite no.) of fin	ancial institution in	which account is h	eld		
20 City		21 State, if	known 22	Foreign postal code, if known	own 23 (Country		_	
24 Number of joint ow	oners for this account	25 Taxpayer	dentification Nu	mber of principal joint owner, if	known. See instructi	ions	25a TIN type	SSN/ITIN	
26 Last name or orga	anization name of princ	cipal joint owne	r 27 First i	name of principal joint owner,	if known	28 Middle ini	tial, if known	28a Suffix	
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known									
30 City, if known			31	State, if known	32 ZIP/Postal Cod	e, if known	33 Country,	if known	
REV 10/17/23 PRO									

	Information on fin authority but no fi					ture or otl	her	FinCEN Form 114 Page Number
-	separate block for nal Part IV page as ma			order to pro	vide informat	ion on all acc	counts	of
1 Filing for caler	ndar 3-4 Check appro	priate identific	ation numb	er 6 Last n	ame or organ	ization name	!	
year	Taxpayer Id	lentification N	umber					
2 0 2 3	∃_	ntification nun	nber	SYED				
	087-15-	fication numb	er nere.					
	lue of account during cale	ndar year	15a Amoun unknow		f account a	☐ Bank b	b Securities c	Other—Enter type below
17 Name of fin	ancial institution in which	account is held				(
18 Account num	mber or other designation	19 Mailing a	ddress (num	ber, street, ap	. or suite no.) o	of financial inst	titution in which accor	unt is held
20 City		21 State, if I	known 2	22 Foreign p	ostal code, if k	nown	23 Country	
34 Last name or	organization name of acco	ount owner			35 Tax identi	fication number	er of account owner	35a TIN type BIN SSN/ITIN Foreign
36 First name		37 Middle initia	37a Suffix	38 Mailing ad	dress (number,	, street, and ap	ot. or suite no.)	
39 City		•		40 State		41 ZIP/Pos	stal Code	42 Country
43 Filer's title wit	th this owner					•		
	ue of account during caler ns under Monetary amoun		15a Amoun Unknow	31	faccount a	Bank b	Securities c	Other—Enter type below
17 Name of fin	ancial institution in which	account is held						
18 Account nun	nber or other designation	19 Mailing a	ddress (num	ber, street, ap	. or suite no.) o	of financial inst	titution in which acco	unt is held
20 City		21 State, if k	known 2	22 Foreign p	ostal code, if k	nown	23 Country	
34 Last name or	organization name of acco	ount owner			35 Tax identif	fication numbe	r of account owner	35a TIN type BIN SSN/ITIN Foreign
36 First name		37 Middle initia	37a Suffix	38 Mailing ad	dress (number,	street, and ap	ot. or suite no.)	
39 City				40 State		41 ZIP/Pos	tal Code	42 Country
43 Filer's title wit	th this owner					å		

REV 10/17/23 PRO

* * * For E-	<u>File Only -</u>	DO NOT	Mail * '	* *				
GI G V	rmation on fin solidated repo		ount(s) w	here filer i	s filing a			FinCEN Form 114 Page Number
Complete a sep	arate block fo	r each ac	count					of
Add an additional P				order to provi	de informatio	n on all acc	counts	
1 Filing for calendar year	3-4 Check approp	oriate identific	cation number	er 6 Last na	me or organiz	zation name		
your	Taxpayer Id	entification N	umber					
2 0 2 3	$\frac{2}{2} \frac{0}{2} \frac{3}{3}$ Foreign identification number							
	Enter identi	fication numb	er here:					
	087-15-							
15 Maximum value of (See instructions un	account during caler der Monetary amour		15a Amount unknowr	1,000 000 000 000 0000	account a	☐ Bank t	Securities c	Other—Enter type below
17 Name of financia	I institution in which	account is held						
18 Account number of	or other designation	19 Mailing a	address (numb	oer, street, apt.	or suite no.) of	financial inst	titution in which account is	s held
20 City 21 State, if known 22 Foreign postal code, if known 23 Country								
34 Organization name of account owner 35 Tax identification number of account owner 35a TIN type EIN SS Foreign						☐ EIN ☐ SSN/ITIN		
38 Mailing address (nu	umber, street, Apt. or	Suite No.)			>			
39 City			40) State		41 ZIP/Pos	tal Code	42 Country
15 Maximum value of (See instructions ur	account during cale nder Monetary amour		15a Amount unknowr		account a	☐ Bank t	Securities c	Other—Enter type below
17 Name of financia	l institution in which	account is held						
18 Account number of	or other designation	19 Mailing a	address (numb	per, street, apt.	or suite no.) of	financial inst	titution in which account is	s held
20 City		21 State, if	known 22	2 Foreign po	stal code, if kn	own	23 Country	
34 Organization name	of account owner				35 Tax identifi	ication numbe	er of account owner	35a TIN type SSN/ITIN Sroreign
38 Mailing address (n	umber, street, apt. or	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

are in miles matien on maneral account(e) ewhou copara			Amt		Туре	of Acc	ount
Name and Address			Un- known	Bank	Secu- rity	Other	Enter Type
MARCELLUS							
929, DBS BUSINESS CENTER							
MUMBAI, 400093							
IN	109781	71672.			X		
MIRAE ASSET							
UNIT NO-606-6TH FLOOR, WINDSOR							
MUMBAI, 400098							
IN	78823177836	10938.			X		
AXIS FLEX CAP FUND-GR							
ALPHA, OFFICE FLOOR 8, NEAR KANJURM							
CHENNAI, 400042							
IN	91059281954	6922.			X		
TATA DIGITAL INDIA FUND-GR							
UNIT NO-103, 1ST FLOOR, OFF CENTRA							
MUMBAI, 400098							
IN	465110247	908.			X		
INVESCO INDIA GROWTH OPPORTUNITIES							
BUILDING B ALPHA OFFICE FLOOR 8							
MUMBAI, 400042							
IN	3105023043	2002.			X		
HSBC FLEXI CAP FUND - GR							
NESCO COMPLEX, WESTERN EXPRESS							
MUMBAI, 400063							
IN	179503932	1026.			X		

Itemization Statement

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 Itemization Statement

Description		P	Amount
5877116/82			71,672.
	Total		71,672.

Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (2)

Max Value of Acct Itemization Statement

Description	Amount
MIRAE ASSET BANKING AND FINANCIAL (68275/82)	833
MIRAE ASSET MID CAP (717703/82)	8,752
MIRAE ASSET ELSS TAX SAVER FUNDS (110964/82)	1,353
Total	10,938

Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (3)

Max Value of Acct Itemization Statement

Description	Amount
AXIS FLEXI CAP FUND GR- (558523/82)	6,811.
AXIS ARBITRAGE FUND-REGULAR GR (9129/82)	111.
Total	6,922.

Form 114: Report of Foreign Bank and Financial Accounts Part II, Financial Account(s) Owned Separately (4)

Max Value of Acct Itemization Statement

Description	Amount
TATA DIGITAL INDIA FUND-GR (62822/82)	766.
TATA SMALL CAP FUND (11683/82)	142.
Total	908.

Form 114: Report of Foreign Bank and Financial Accounts

Part II, Financial Account(s) Owned Separately (5)

Max Value of Acct Itemization Statement

Description	Amount
INVESCO LARGE MIDCAP FUND (164160/82)	2,002.
Total	2,002.

Form 114: Report of Foreign Bank and Financial Accounts

Part II, Financial Account(s) Owned Separately (6)

Max Value of Acct

Max value of Acct		ttorriization otatomont
	Description	Amount

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

Max Value of Acct

Itemization Statement

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

