

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 22249620240800a8g2nu

Taxpayer's name MOIN AHMED SYED	Social security number 087-15-4857
Spouse's name FNU AZMA SIRAJ	Spouse's social security number 990-92-6305

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income . . . . .	1	145,780.
2	Total tax . . . . .	2	16,592.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	29,612.
4	Amount you want refunded to you . . . . .	4	13,020.
5	Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	4	8	5	7
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

2	6	3	0	5
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

087-15-4857

Taxpayer name MOIN AHMED SYED & FNU AZMA SIRAJ

Taxpayer address (optional)

39939 STEVENSON CMN APT 3023

FREMONT, CA 94538

- Your federal income tax return for 2023 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 03/21/2024 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 22249620240800a8g2nu.
- Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Amended U.S. Individual Income Tax Return

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2023 or fiscal year (enter month and year ended)

Form header section containing personal information: Your first name and middle initial (MOIN AHMED), Last name (SYED), Your social security number (087-15-4857), Spouse's social security number (990-92-6305), Home address (39939 STEVENSON CMN), City (FREMONT), State (CA), ZIP code (94538), and Foreign country name.

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

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

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.

Main table with columns: Line number, Description, A. Original amount reported or as previously adjusted (see instructions), B. Net change - amount of increase or (decrease) - explain in Part II, C. Correct amount. Includes sections for Income and Deductions (lines 1-5), Tax Liability (lines 6-11), Payments (lines 12-17), and Refund or Amount You Owe (lines 18-23).

Complete and sign this form on page 2.

**Part I Dependents**

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change— amount of increase or (decrease)	C. Correct number
<b>24</b> Reserved for future use . . . . .	<b>24</b>		
<b>25</b> Your dependent children who lived with you . . . . .	<b>25</b> 0	0	
<b>26</b> Reserved for future use . . . . .	<b>26</b>		
<b>27</b> Other dependents . . . . .	<b>27</b> 0	0	
<b>28</b> Reserved for future use . . . . .	<b>28</b>		
<b>29</b> Reserved for future use . . . . .	<b>29</b>		
<b>30</b> List <b>ALL</b> dependents (children and others) claimed on this amended return.			

**Dependents** (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Part II Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

LETTER OF EXPLANATION IS ATTACHED

<b>Sign Here</b>	<b>Remember to keep a copy of this form for your records.</b>				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.				
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
Phone no. (669) 577-4500	Email address				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	SYAM PRIYA RAM SAGAR GUPTA	SYAM PRIYA RAM SAGAR GUPTA	04/09/2024	P02082703	
	Firm's name	Firm's address			Phone no. (678) 965-9522
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816			Firm's EIN 84-3171965	

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial MOIN AHMED Last name SYED Your social security number 087 15 4857

If joint return, spouse's first name and middle initial FNU Last name AZMA SIRAJ Spouse's social security number 990 92 6305

Home address (number and street). If you have a P.O. box, see instructions. 39939 STEVENSON CMN Apt. no. 3023 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. FREMONT State CA ZIP code 94538 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 16,592.

Table for Payments (lines 25-33) including federal income tax withheld, EIC, and total payments of 29,612.

Table for Refund (lines 34-36) showing overpaid amount of 13,020 and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38) showing amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for preparer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

Your social security number  
087-15-4857

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-19,240.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-19,240.

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

Schedule 1 (Form 1040) 2023



**Part II Adjustments to Income**

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

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

MOIN AHMED SYED & FNU AZMA SIRAJ

Your social security number

087-15-4857

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	4,525.	4,735.		-210.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -210.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-210.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 210. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

MOIN AHMED SYED & FNU AZMA SIRAJ

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	01/01/23	12/31/23	4,525.	4,735.			-210.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			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**

OMB No. 1545-0074

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

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

MOIN AHMED SYED & FNU AZMA SIRAJ

Your social security number

087-15-4857

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** JANAKIRAMA TOWERS PHASE-2 HYDERABAD TELANGANA IN 500090

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 750.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b> 1,499.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 1,999.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 2,999.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 4,999.		
<b>15</b> Supplies . . . . .	<b>15</b> 3,995.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 4,499.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 19,990.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -19,240.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 19,240. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 750.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 19,990.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b> ( 19,240. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b> -19,240.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-19,240.

Schedule E (Form 1040) 2023

# Statement of Specified Foreign Financial Assets

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

OMB No. 1545-2195

Attachment  
 Sequence No. 938

For calendar year 20 23 or tax year beginning , 20 , and ending , 20

If you have attached additional statements, check here  Number of additional statements 6

<b>1</b> Name(s) shown on return MOIN AHMED SYED & FNU AZMA SIRAJ	<b>2</b> Taxpayer identification number (TIN) 087-15-4857
<b>3</b> Type of filer <b>a</b> <input checked="" type="checkbox"/> Specified individual <b>b</b> <input type="checkbox"/> Partnership <b>c</b> <input type="checkbox"/> Corporation <b>d</b> <input type="checkbox"/> Trust	
<b>4</b> 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.) <b>a</b> Name _____ <b>b</b> TIN _____	

**Part I Foreign Deposit and Custodial Accounts Summary**

<b>5</b> Number of deposit accounts (reported in Part V) . . . . . ▶	6
<b>6</b> Maximum value of all deposit accounts . . . . .	\$ 100,561.
<b>7</b> Number of custodial accounts (reported in Part V) . . . . . ▶	
<b>8</b> Maximum value of all custodial accounts . . . . .	\$
<b>9</b> Were any foreign deposit or custodial accounts closed during the tax year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Other Foreign Assets Summary**

<b>10</b> Number of foreign assets (reported in Part VI) . . . . . ▶	5
<b>11</b> Maximum value of all assets (reported in Part VI) . . . . .	\$ 93,468.
<b>12</b> Were any foreign assets acquired or sold during the tax year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
<b>13</b> Foreign deposit and custodial accounts	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
<b>14</b> Other foreign assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> 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.

**15** Number of Forms 3520 \_\_\_\_\_ **16** Number of Forms 3520-A \_\_\_\_\_ **17** Number of Forms 5471 \_\_\_\_\_  
**18** Number of Forms 8621 \_\_\_\_\_ **19** Number of Forms 8865 \_\_\_\_\_

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary** (see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

<b>20</b> Type of account	<b>a</b> <input type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial	<b>21</b> Account number or other designation
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset
<b>23</b> Maximum value of account during tax year . . . . .	\$	
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25</b> If you answered "Yes" to line 24, complete all that apply.		
<b>(a)</b> Foreign currency in which account is maintained	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>26a</b> Name of financial institution in which account is maintained	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.		
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code		

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

<b>29</b> Description of asset	<b>30</b> Identifying number or other designation		
<b>31</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.			
<b>a</b> Date asset acquired during tax year, if applicable . . . . .			
<b>b</b> Date asset disposed of during tax year, if applicable . . . . .			
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset			
<b>32</b> Maximum value of asset during tax year (check box that applies)			
<b>a</b> <input type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000			
<b>e</b> If more than \$200,000, list value . . . . . \$			
<b>33</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>34</b> If you answered "Yes" to line 33, complete all that apply.			
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>35</b> 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.			
<b>a</b> Name of foreign entity		<b>b</b> GIIN (Optional)	
<b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate			
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no.			
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code			
<b>36</b> 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.			
<b>Note:</b> 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.			
<b>a</b> Name of issuer or counterparty			
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty			
<b>b</b> Type of issuer or counterparty			
<b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate			
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person			
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.			
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code			

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary** (see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial	<b>21</b> Account number or other designation 093801000442
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
<b>23</b> Maximum value of account during tax year . . . . .		\$ 6,906.
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> If you answered "Yes" to line 24, complete all that apply.		
<b>(a)</b> Foreign currency in which account is maintained INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars .0121	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>26a</b> Name of financial institution in which account is maintained ICICI BANK	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. RAJARAJESHWARI NAGAR		
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA IN 560052		

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

<b>29</b> Description of asset AXIS FLEX CAP FUND	<b>30</b> Identifying number or other designation 91059281954
<b>31</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
<b>a</b> Date asset acquired during tax year, if applicable . . . . .	
<b>b</b> Date asset disposed of during tax year, if applicable . . . . .	
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>32</b> Maximum value of asset during tax year (check box that applies)	
<b>a</b> <input checked="" type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000	
<b>e</b> If more than \$200,000, list value . . . . . \$	
<b>33</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>34</b> If you answered "Yes" to line 33, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>35</b> 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.	
<b>a</b> Name of foreign entity AXIS FLEX CAP FUND	<b>b</b> GIIN (Optional)
<b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input checked="" type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate	
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. ALPHA, OFFICE FLOOR 8, NEAR KANJURM	
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code CHENNAI, TAMILNADU IN 400042	
<b>36</b> 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.	
<b>Note:</b> 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.	
<b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
<b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate	
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.	
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code	



Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If 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 [X] Deposit b [ ] Custodial 21 Account number or other designation 5491270001287
22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [X] 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 exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained INR
(b) Foreign currency exchange rate used to convert to U.S. dollars .0121
(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 HDFC
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. SKY WARDS TECH PARK ELCTRONIC CITY
28 City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA IN 560100

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset HSBC FLEXI CAP FUND -GR 30 Identifying number or other designation 1795039/32
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [X] 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)
a [X] \$0-\$50,000 b [ ] \$50,001-\$100,000 c [ ] \$100,001-\$150,000 d [ ] \$150,001-\$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [X] No
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 to convert to 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.
a Name of foreign entity HSBC FLEXI CAP FUND -GR b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [X] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no. NESCO COMPLEX, WESTERN EXPRESS
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA IN 400063
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.
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c 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.
e City or town, state or province, country, and ZIP or foreign postal code

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If 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 [X] 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 [X] 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 exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No 25 If you answered "Yes" to line 24, complete all that apply. (a) Foreign currency in which account is maintained INR (b) Foreign currency exchange rate used to convert to U.S. dollars .0121 (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 UNION BANK OF INDIA 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. D NO 9 BY 1A NEAR AYISH BAZAR 28 City or town, state or province, country, and ZIP or foreign postal code KASAVANAHALLI, BANGALORE KARNATAKA IN 560035

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset INVESCO INDIA GROWTH OPPORTUNI 30 Identifying number or other designation 31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c [ ] Check if asset jointly owned with spouse d [X] 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) a [X] \$0-\$50,000 b [ ] \$50,001-\$100,000 c [ ] \$100,001-\$150,000 d [ ] \$150,001-\$200,000 e If more than \$200,000, list value \$ 33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [X] No 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 to convert to 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. a Name of foreign entity INVESCO INDIA GROWTH OPPORTUNITIES b GIIN (Optional) c Type of foreign entity (1) [ ] Partnership (2) [X] Corporation (3) [ ] Trust (4) [ ] Estate d Mailing address of foreign entity. Number, street, and room or suite no. BUILDING B, ALPHA OFFICE FLOOR 8 e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA IN 400042 36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions. a Name of issuer or counterparty Check if information is for [ ] Issuer [ ] Counterparty b Type of issuer or counterparty (1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate c 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. e City or town, state or province, country, and ZIP or foreign postal code

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If 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 [X] Deposit b [ ] Custodial 21 Account number or other designation 00000040896457865
22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [X] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 4,507.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained INR
(b) Foreign currency exchange rate used to convert to U.S. dollars .0121
(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 STATE BANK OF INDIA
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. AVS COMPOUND 80 FEET ROAD 4TH BLOCK, KORAMANGALA
28 City or town, state or province, country, and ZIP or foreign postal code BENGALURU, KARNATAKA IN 560034

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset MIRAE ASSET BANKING AND FINANC 30 Identifying number or other designation 78823177836
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [X] 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)
a [X] \$0-\$50,000 b [ ] \$50,001-\$100,000 c [ ] \$100,001-\$150,000 d [ ] \$150,001-\$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [X] No
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 to convert to 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.
a Name of foreign entity MIRAE ASSET BANKING AND FINANC b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [X] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no. UNIT NO 606-6TH FLOOR, WINDSOR
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA IN 400098
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.
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c 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.
e City or town, state or province, country, and ZIP or foreign postal code

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If 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 [X] Deposit b [ ] Custodial 21 Account number or other designation 5491610078419
22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [X] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 6,173.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained INR
(b) Foreign currency exchange rate used to convert to U.S. dollars .0121
(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 HDFC BANK
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. ELECTRONIC CITY
28 City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA IN 560100

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset TATA DIGITAL INDIA FUND-GR 30 Identifying number or other designation 4651102/47
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [X] 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)
a [X] \$0-\$50,000 b [ ] \$50,001-\$100,000 c [ ] \$100,001-\$150,000 d [ ] \$150,001-\$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [X] No
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 to convert to 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.
a Name of foreign entity TATA DIGITAL INDIA FUND-GR b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [X] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no. 9TH FLOOR, MAFATLAL CENTER, NARIMAN
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI MAHARASHTRA IN 400021
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.
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c 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.
e City or town, state or province, country, and ZIP or foreign postal code

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary** (see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

<b>20</b> Type of account	<b>a</b> <input checked="" type="checkbox"/> Deposit <b>b</b> <input type="checkbox"/> Custodial	<b>21</b> Account number or other designation 109781
<b>22</b> Check all that apply	<b>a</b> <input type="checkbox"/> Account opened during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse	<b>b</b> <input type="checkbox"/> Account closed during tax year <b>d</b> <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
<b>23</b> Maximum value of account during tax year . . . . .		\$ 71,113.
<b>24</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> If you answered "Yes" to line 24, complete all that apply.		
<b>(a)</b> Foreign currency in which account is maintained INR	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars .0121	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>26a</b> Name of financial institution in which account is maintained MARCELLUS	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)	
<b>27</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 929, DBS BUSINESS CENTER		
<b>28</b> City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA IN 400093		

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

<b>29</b> Description of asset	<b>30</b> Identifying number or other designation		
<b>31</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.			
<b>a</b> Date asset acquired during tax year, if applicable . . . . .			
<b>b</b> Date asset disposed of during tax year, if applicable . . . . .			
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset			
<b>32</b> Maximum value of asset during tax year (check box that applies)			
<b>a</b> <input type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000			
<b>e</b> If more than \$200,000, list value . . . . . \$			
<b>33</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>34</b> If you answered "Yes" to line 33, complete all that apply.			
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>35</b> 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.			
<b>a</b> Name of foreign entity		<b>b</b> GIIN (Optional)	
<b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate			
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no.			
<b>e</b> City or town, state or province, country, and ZIP or foreign postal code			
<b>36</b> 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.			
<b>Note:</b> 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.			
<b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty			
<b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate			
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person			
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.			
<b>e</b> City or town, state or province, country, and ZIP or foreign 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.
<b>Total</b>	<b>93,468.</b>

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Rows include MOIN AHMED SYED (087-15-4857) and FNU AZMA SIRAJ (990-92-6305).

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Rows include California adjusted gross income (145535), Amount you owe (2), and Refund or no amount due (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.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 54857 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.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 42422 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.

Spouse's/RDP's signature Date

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.

2 2 2 4 9 6 0 8 2 7 1

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.

ERO's signature Date 04/09/2024

# 2023 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

087-15-4857 SYED 990-92-6305  
MOINAHMED SYED  
FNU AZMA SIRAJ

23

39939 STEVENSON CMN APT 3023  
FREMONT CA 94538

04-02-1975 05-29-1977

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1  Single

4  Head of household (with qualifying person). See instructions.

2  Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5  Qualifying surviving spouse/RDP. Enter year spouse/RDP died.   
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.  6

Exemptions

► For 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.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.  7  2 X \$144 =  \$  288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions.  8  X \$144 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$144 =  \$



Your name:  Your SSN or ITIN:

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ..... ● 10  X \$446 = ● \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... ● 11 \$

<b>12</b>	State wages from your federal Form(s) W-2, box 16 ..... ● 12	<input type="text" value="164968"/>	<input type="text" value="00"/>
<b>13</b>	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13	<input type="text" value="145535"/>	<input type="text" value="00"/>
<b>14</b>	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. .... ● 14	<input type="text"/>	<input type="text" value="00"/>
<b>15</b>	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15	<input type="text" value="145535"/>	<input type="text" value="00"/>
<b>16</b>	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. .... ● 16	<input type="text"/>	<input type="text" value="00"/>
<b>17</b>	California adjusted gross income. Combine line 15 and line 16 ..... ● 17	<input type="text" value="145535"/>	<input type="text" value="00"/>
<b>18</b>	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. .... \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions. . . ● 18	<input type="text" value="10726"/>	<input type="text" value="00"/>
<b>19</b>	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... ● 19	<input type="text" value="134809"/>	<input type="text" value="00"/>

<b>31</b>	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule		
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● 31	<input type="text" value="5868"/>	<input type="text" value="00"/>
<b>32</b>	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. .... ● 32	<input type="text" value="288"/>	<input type="text" value="00"/>
<b>33</b>	Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33	<input type="text" value="5580"/>	<input type="text" value="00"/>
<b>34</b>	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A . . ● 34	<input type="text"/>	<input type="text" value="00"/>
<b>35</b>	Add line 33 and line 34. .... ● 35	<input type="text" value="5580"/>	<input type="text" value="00"/>

<b>40</b>	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... ● 40	<input type="text"/>	<input type="text" value="00"/>
<b>43</b>	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43	<input type="text"/>	<input type="text" value="00"/>
<b>44</b>	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

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Your name:  Your SSN or ITIN:

<b>Special Credits</b>	45	To claim more than two credits, see instructions. Attach Schedule P (540) . . . . .	<input type="radio"/>	45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable Renter's Credit. See instructions . . . . .	<input type="radio"/>	46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits . . . . .	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text" value="00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/>	48	<input type="text" value="5580"/>	<input type="text" value="00"/>

<b>Other Taxes</b>	61	Alternative Minimum Tax. Attach Schedule P (540) . . . . .	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	63	<input type="text"/>	<input type="text" value="00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax. . . . .	<input type="radio"/>	64	<input type="text" value="5580"/>	<input type="text" value="00"/>

<b>Payments</b>	71	California income tax withheld. See instructions . . . . .	<input type="radio"/>	71	<input type="text" value="12749"/>	<input type="text" value="00"/>
	72	2023 California estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or Form 593). See instructions . . . . .	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC). See instructions . . . . .	<input type="radio"/>	75	<input type="text"/>	<input type="text" value="00"/>
	76	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	76	<input type="text"/>	<input type="text" value="00"/>
	77	Foster Youth Tax Credit (FYTC). See instructions . . . . .	<input type="radio"/>	77	<input type="text"/>	<input type="text" value="00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	78	<input type="text" value="12749"/>	<input type="text" value="00"/>

<b>Use Tax</b>	91	<b>Use Tax.</b> Do not leave blank. See instructions. . . . .	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value="00"/>
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

<b>ISR Penalty</b>	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . .	<input type="radio"/>	<input checked="" type="checkbox"/>
	If you did not check the box, see instructions.			
Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . <input type="radio"/> 92 <input type="text"/> <input type="text" value="00"/>				

<b>Overpaid Tax/Tax Due</b>	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . .	<input checked="" type="radio"/>	93	<input type="text" value="12749"/>	<input type="text" value="00"/>
	94	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91 . . . . .	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value="00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. . . . .	<input checked="" type="radio"/>	95	<input type="text" value="12749"/>	<input type="text" value="00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. . . . .	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value="00"/>
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. . . . .	<input checked="" type="radio"/>	97	<input type="text" value="7169"/>	<input type="text" value="00"/>

Your name: SYED

Your SSN or ITIN: 087-15-4857

<b>Overpaid Tax/Tax Due</b>	<b>98</b> Amount of line 97 you want applied to your <b>2024</b> estimated tax . . . . . ● <b>98</b>	0	.00
	<b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . ● <b>99</b>	7169	.00
	<b>100</b> Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . . ● <b>100</b>		.00

		<b>Code</b>	<b>Amount</b>
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . . ●	<b>400</b>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . ●	<b>401</b>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . ●	<b>403</b>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . . ●	<b>405</b>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . . ●	<b>406</b>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . . ●	<b>407</b>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . . ●	<b>408</b>	.00
	California Sea Otter Voluntary Tax Contribution Fund . . . . . ●	<b>410</b>	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . . ●	<b>413</b>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . . ●	<b>422</b>	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . . ●	<b>423</b>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . ●	<b>424</b>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . . ●	<b>425</b>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . ●	<b>438</b>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . ●	<b>439</b>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . . ●	<b>440</b>	.00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . . ●	<b>444</b>	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . . ●	<b>445</b>	.00	
<b>110</b> Add amounts in code 400 through code 445. This is your total contribution . . . . . ● <b>110</b>		.00	

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

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. Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties. 113 Underpayment of estimated tax. 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. Direct deposit amount: 7169.

Refund and Direct 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: Routing number, Type (Checking, Savings), Account number, Direct deposit amount.

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.

Sign your tax return on Side 6

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

**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](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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.

Your signature: [ ] Date: [ ] Spouse's/RDP's signature (if a joint tax return, both must sign): [ ]

Your email address. Enter only one email address. [ ]  Preferred phone number: 6695774500

# Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)  
SYAM PRIYA RAM SAGAR GUPTA

Firm's name (or yours, if self-employed): GLOBAL TAXES LLC PTIN: P02082703

Firm's address: 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's FEIN: 843171965

Do you want to allow another person to discuss this tax return with us? See instructions. . . . .  Yes  No

Print Third Party Designee's Name: [ ] Telephone Number: [ ]

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# 2023 California Adjustments — Residents

# CA (540)

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

Name(s) as shown on tax return MOIN AHMED SYED & FNU AZMA SIRAJ	SSN or ITIN 087154857
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<b>Part I Income Adjustment Schedule</b>	<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
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<b>Section A – Income</b> from federal Form 1040 or 1040-SR			
<b>1 a</b> Total amount from federal Form(s) W-2, box 1. See instructions . . . . . <b>1a</b>	<input checked="" type="radio"/> 164968	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Household employee wages not reported on federal Form(s) W-2 . . . . . <b>1b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Tip income not reported on line 1a . . . . . <b>1c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>d</b> Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . <b>1d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Taxable dependent care benefits from federal Form 2441, line 26 . . . . . <b>1e</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . <b>1f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Wages from federal Form 8919, line 6. . . . . <b>1g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Other earned income. See instructions . . . . . <b>1h</b>	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> Nontaxable combat pay election. See instructions. . . . . <b>1i</b>			<input checked="" type="radio"/>
<b>z</b> Add line 1a through line 1i. . . . . <b>1z</b>	<input checked="" type="radio"/> 164968	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/> <b>2b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/> 17 <b>3b</b> <input checked="" type="radio"/> 17		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/> <b>4b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/> <b>5b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Social security benefits. <b>a</b> <input checked="" type="radio"/> <b>6b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>7</b> Capital gain or (loss). See instructions . . . . . <b>7</b>	<input checked="" type="radio"/> -210	<input checked="" type="radio"/>	<input checked="" type="radio"/>

<b>Section B – Additional Income</b> from federal Schedule 1 (Form 1040)			
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<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>2 a</b> Alimony received. See instructions. . . . . <b>2a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>3</b> Business income or (loss). See instructions. . . . <b>3</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>	<input checked="" type="radio"/> -19240	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

Section B – Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>8</b> Other income:			
<b>a</b> Federal net operating loss . . . . . <b>8a</b>	<input type="radio"/> ( )		<input type="radio"/>
<b>b</b> Gambling . . . . . <b>8b</b>	<input type="radio"/>	<input type="radio"/>	
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input type="radio"/> ( )		<input type="radio"/>
<b>e</b> Income from federal Form 8853 . . . . . <b>8e</b>	<input type="radio"/>		<input type="radio"/>
<b>f</b> Income from federal Form 8889 . . . . . <b>8f</b>	<input type="radio"/>	<input type="radio"/>	
<b>g</b> Alaska Permanent Fund dividends . . . . . <b>8g</b>	<input type="radio"/>		
<b>h</b> Jury duty pay . . . . . <b>8h</b>	<input type="radio"/>		
<b>i</b> Prizes and awards . . . . . <b>8i</b>	<input type="radio"/>		
<b>j</b> Activity not engaged in for profit income . . . . . <b>8j</b>	<input type="radio"/>		
<b>k</b> Stock options . . . . . <b>8k</b>	<input type="radio"/>		<input type="radio"/>
<b>l</b> Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . <b>8l</b>	<input type="radio"/>		
<b>m</b> Olympic and Paralympic medals and USOC prize money . . . . . <b>8m</b>	<input type="radio"/>		
<b>n</b> IRC Section 951(a) inclusion . . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>	
<b>o</b> IRC Section 951A(a) inclusion . . . . . <b>8o</b>	<input type="radio"/>	<input type="radio"/>	
<b>p</b> IRC Section 461(l) excess business loss adjustment <b>8p</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>q</b> Taxable distributions from an ABLÉ account . . <b>8q</b>	<input type="radio"/>		
<b>r</b> Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . <b>8r</b>	<input type="radio"/>		
<b>s</b> Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . <b>8s</b>	<input type="radio"/> ( )		
<b>t</b> Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . . <b>8t</b>	<input type="radio"/>		
<b>u</b> Wages earned while incarcerated . . . . . <b>8u</b>	<input type="radio"/>		
<b>z</b> Other income. List type and amount.  <input type="radio"/> _____ <b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B – Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
<b>9 a</b> Total other income. Add lines 8a through 8z. <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b1</b> Disaster loss deduction from form FTB 3805V. <b>9b1</b>		<input type="radio"/>	
<b>b2</b> NOL deduction from form FTB 3805V . . . . . <b>9b2</b>		<input type="radio"/>	
<b>b3</b> NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . <b>9b3</b>		<input type="radio"/>	
<b>10 Total.</b> 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. . . . . <b>10</b>	<input type="radio"/> 145535	<input type="radio"/>	<input type="radio"/>

**Section C – Adjustments to Income**  
from federal Schedule 1 (Form 1040)

<b>11</b> Educator expenses . . . . . <b>11</b>	<input type="radio"/>	<input type="radio"/>	
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . . <b>12</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input type="radio"/>	<input type="radio"/>	
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input type="radio"/>		<input type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions. . . . . <b>15</b>	<input type="radio"/>	<input type="radio"/>	
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans. <b>16</b>	<input type="radio"/>		
<b>17</b> Self-employed health insurance deduction. See instructions. . . . . <b>17</b>	<input type="radio"/>	<input type="radio"/>	
<b>18</b> Penalty on early withdrawal of savings . . . . . <b>18</b>	<input type="radio"/>		
<b>19 a</b> Alimony paid. . . . . <b>19a</b>	<input type="radio"/>		<input type="radio"/>
<b>b</b> Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
<b>20</b> IRA deduction . . . . . <b>20</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input type="radio"/>		<input type="radio"/>
<b>22</b> Reserved for future use. . . . . <b>22</b>			
<b>23</b> Archer MSA deduction. . . . . <b>23</b>	<input type="radio"/>		

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<b>Section C – Adjustments to Income</b> Continued		<b>A Federal Amounts</b> (taxable amounts from your federal tax return)	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay . . . . . <b>24a</b>	<input type="radio"/>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. . . . . <b>24b</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . . <b>24c</b>	<input type="radio"/>	<input type="radio"/>	
<b>d</b>	Reforestation amortization and expenses. . . . . <b>24d</b>	<input type="radio"/>	<input type="radio"/>	
<b>e</b>	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . <b>24e</b>	<input type="radio"/>		
<b>f</b>	Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g</b>	Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input type="radio"/>		
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. . . . . <b>24i</b>	<input type="radio"/>	<input type="radio"/>	
<b>j</b>	Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input type="radio"/>	<input type="radio"/>	
<b>k</b>	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input type="radio"/>		
<b>z</b>	Other adjustments. List type and amount.  <input type="radio"/> _____ <b>24z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25</b>	Total other adjustments. Add line 24a through line 24z . . . . . <b>25</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26</b>	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>27</b>	<b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>	<input type="radio"/>	145535 <input type="radio"/>	<input type="radio"/>

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**Part II Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California . . . . .

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses . . . . . <input checked="" type="radio"/> _____ <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 145535 <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . . <input checked="" type="radio"/> 10915 <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . <input checked="" type="radio"/> <b>4</b>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes. <b>.5a</b> <input checked="" type="radio"/> 14127 <input checked="" type="radio"/> 14127			
<b>b</b> State and local real estate taxes . . . . . <b>.5b</b> <input checked="" type="radio"/>			
<b>c</b> State and local personal property taxes . . . . . <b>.5c</b> <input checked="" type="radio"/>			
<b>d</b> Add line 5a through line 5c. . . . . <b>.5d</b> <input checked="" type="radio"/> 14127			
<b>e</b> 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 . . . . . <b>.5e</b> <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 14127 <input checked="" type="radio"/> 4127			
<b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6. . . . . <b>7</b> <input checked="" type="radio"/> 10000 <input checked="" type="radio"/> 14127 <input checked="" type="radio"/> 4127			
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 . . . . . <b>.8a</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098 . . . . . <b>.8b</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098. <b>.8c</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Reserved for future use . . . . . <b>.8d</b>			
<b>e</b> Add line 8a through line 8c. . . . . <b>.8e</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>9</b> Investment interest. . . . . <b>9</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9. . . . . <b>10</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>

REV 03/05/24 PRO

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>			
11 Gifts by cash or check. . . . . 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. . . . . 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. . . . . 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 . . . . . 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Casualty and Theft Losses</b>			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Other Itemized Deductions</b>			
16 Other—from list in federal instructions. . . . . 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . 17	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 14127	<input checked="" type="radio"/> 4127
18 Total. Combine line 17 column A less column B plus column C . . . . .		<input checked="" type="radio"/> 18	0
<b>Job Expenses and Certain Miscellaneous Deductions</b>			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . .	<input checked="" type="radio"/> 19		
20 Tax preparation fees . . . . .	<input checked="" type="radio"/> 20		
21 Other expenses: investment, safe deposit box, etc. List type. . . . .	<input checked="" type="radio"/> 21	0	
22 Add line 19 through line 21 . . . . .	<input checked="" type="radio"/> 22	0	
23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .	<input checked="" type="radio"/> 145535		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . .	<input checked="" type="radio"/> 24	2911	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . .	<input checked="" type="radio"/> 25		0
26 Total Itemized Deductions. Add line 18 and line 25 . . . . .	<input checked="" type="radio"/> 26		0
27 Other adjustments. See instructions. Specify. . . . .	<input checked="" type="radio"/> 27		
28 Combine line 26 and line 27. . . . .	<input checked="" type="radio"/> 28		0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately . . . . .		\$237,035	
Head of household . . . . .		\$355,558	
Married/RDP filing jointly or qualifying surviving spouse/RDP. . . . .		\$474,075	
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . .	<input checked="" type="radio"/> 29		0
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions . . . . .		\$5,363	
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . . . .		\$10,726	
Transfer the amount on line 30 to Form 540, line 18. . . . .	<input checked="" type="radio"/> 30		10726

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 This report is for calendar year ended 12/31
2 0 2 3
Amended [ ]

Part I Filer information

2 Type of filer

a [X] Individual b [ ] Partnership c [ ] Corporation d [ ] Consolidated e [ ] Fiduciary or other - Enter type

3 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

6 Last name or organization name 7 First name 8 Middle initial 8a Suffix

9 Mailing address (number, street, and apt. or suite no.)

10 City 11 State 12 ZIP/Postal Code 13 Country

14 a) Does the filer have a financial interest in 25 or more financial accounts?
b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year 15a Amount unknown 16 Type of account

17 Name of financial institution in which account is held

18 Account number or other designation 19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held

20 City 21 State, if known 22 Foreign postal code, if known 23 Country

Signature

44a Check here [X] if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature 45 Filer title, if not reporting a personal account 46 Date (MM/DD/YYYY)

Third Party Preparer Use Only
47 Preparer's last name 48 First name 49 MI 50 Check [ ] if self-employed 51 TIN 51a TIN type [X] PTIN
52 Contact phone no. 52a Ext. 53 Firm's name 54 Firm's TIN 54a TIN type [X] EIN
55 Mailing address (number, street, apt. or suite no.) 56 City 57 State 58 ZIP/Postal Code 59 Country

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.

<b>Part III Information on financial account(s) owned jointly</b>				FinCEN Form 114 page number	
<b>Complete a separate block for each account owned jointly</b>				— of —	
Add an additional Part III page as many times as necessary in order to provide information on all accounts					
1 Filing for calendar year  2 0 2 3	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number  Enter identification number here:  087-15-4857	6 Last name or organization name  SYED			
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)  6,906.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of financial institution in which account is held  ICICI					
18 Account number or other designation  093801000442	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held  RAJARAJESHWARI NAGAR				
20 City  BANGALORE	21 State, if known	22 Foreign postal code, if known  560052	23 Country  IN		
24 Number of joint owners for this account  2	25 Taxpayer Identification Number (TIN) of principal joint owner, if known. See instructions  087154857,990926305			25a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> Foreign	
26 Last name or organization name of principal joint owner  SYED		27 First name of principal joint owner, if known  MOIN AHMED		28 Middle initial, if known	28a Suffix
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known  39939 STEVENSON CMN					
30 City, if known  FREMONT		31 State, if known  CA	32 ZIP/Postal Code, if known  94538	33 Country, if known  US	
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below			
17 Name of financial institution in which account is held					
18 Account number or other designation	19 Mailing address (number, street, apt. suite no.) of financial institution in which account is held				
20 City	21 State, if known	22 Foreign postal code, if known	23 Country		
24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions			25a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign	
26 Last name or organization name of principal joint owner		27 First name of principal joint owner, if known		28 Middle initial, 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 Code, if known	33 Country, if known	
REV 10/17/23 PRO					

<b>Part IV</b> Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)	FinCEN Form 114 Page Number  __ of __
<b>Complete a separate block for each account</b> Add an additional Part IV page as many times as necessary in order to provide information on all accounts	

1 Filing for calendar year  <u>2 0 2 3</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number  Enter identification number here: 087-15-4857	6 Last name or organization name  SYED
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)  6,345.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below

17 Name of financial institution in which account is held  UNION BANK OF INDIA			
18 Account number or other designation  221810100002290	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held  KASAVANAHALLI		
20 City  BANGALORE	21 State, if known	22 Foreign postal code, if known  560102	23 Country  IN
34 Last name or organization name of account owner  SYED		35 Tax identification number of account owner  087-15-4857	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> Foreign
36 First name  MOIN AHMED	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)  39939 STEVENSON CMN
39 City  FREMONT	40 State  CA	41 ZIP/Postal Code  94538	42 Country  US
43 Filer's title with this owner  JOINT			

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)  6,173.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of financial institution in which account is held  HDFC			
18 Account number or other designation  5491610078419	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held  ELECTRONIC CITY		
20 City  BANGALORE	21 State, if known	22 Foreign postal code, if known  560100	23 Country  IN
34 Last name or organization name of account owner  SYED		35 Tax identification number of account owner  087-15-4857	35a TIN type <input type="checkbox"/> EIN <input checked="" type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
36 First name  MOIN AHMED	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)  39939 STEVENSON CMN
39 City  FREMONT	40 State  CA	41 ZIP/Postal Code  94538	42 Country  US
43 Filer's title with this owner  SINGLE			

<b>Part IV</b> Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)	FinCEN Form 114 Page Number  __ of __
<b>Complete a separate block for each account</b> Add an additional Part IV page as many times as necessary in order to provide information on all accounts	

1 Filing for calendar year  <u>2 0 2 3</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number  Enter identification number here: 087-15-4857	6 Last name or organization name  SYED
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)  5,517.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below

17 Name of financial institution in which account is held  
HDFC

18 Account number or other designation 5491270001287	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held ELECTRONIC CITY		
20 City BANGALORE	21 State, if known	22 Foreign postal code, if known 560100	23 Country IN

34 Last name or organization name of account owner SIRAJ	35 Tax identification number of account owner 990-92-6305	35a TIN type <input type="checkbox"/> EIN <input checked="" type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
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36 First name AZMA	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.) 39939 STEVENSON CMN	
39 City FREMONT	40 State CA	41 ZIP/Postal Code 94538	42 Country US	

43 Filer's title with this owner  
SINGLE

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)  4,507.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	--	---

17 Name of financial institution in which account is held  
STATE BANK OF INDIA

18 Account number or other designation 00000040896457865	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held NRI BRANCH, KORAMANGALA		
20 City BANGALORE	21 State, if known	22 Foreign postal code, if known 560035	23 Country IN

34 Last name or organization name of account owner SYED	35 Tax identification number of account owner 087-15-4857	35a TIN type <input type="checkbox"/> EIN <input checked="" type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
--	--	---

36 First name MOIN AHMED	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.) 39939 STEVENSON CMN	
39 City FREMONT	40 State CA	41 ZIP/Postal Code 94538	42 Country US	

43 Filer's title with this owner  
JOINTLY

**Part V Information on financial account(s) where filer is filing a consolidated report**

FinCEN Form 114  
Page Number

\_\_\_ of \_\_\_

**Complete a separate block for each account**

Add an additional Part V page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year  <u>2 0 2 3</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number  Enter identification number here:  087-15-4857	6 Last name or organization name  SYED
--	---	--

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	--	--

17 Name of financial institution in which account is held			
---	--	--	--

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
--	--	--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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34 Organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
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38 Mailing address (number, street, Apt. or Suite No.)			
--	--	--	--

39 City	40 State	41 ZIP/Postal Code	42 Country
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15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	--	--

17 Name of financial institution in which account is held			
---	--	--	--

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
--	--	--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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34 Organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
---------------------------------------	---	--

38 Mailing address (number, street, apt. or suite no.)			
--	--	--	--

39 City	40 State	41 ZIP/Postal Code	42 Country
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**Form 114: Report of Foreign Bank and Financial Accounts****Part II: Information on financial account(s) owned separately****Continuation Statement**

Name and Address	Account No.	Max Value	Amt Un-known	Type of Account			
				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 9TH FLOOR, MAFATLAL CENTER, NARIMAN MUMBAI, 400021 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		

## 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	Amount
5877116/82	71,672.
<b>Total</b>	<b>71,672.</b>

### 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.
<b>Total</b>	<b>10,938.</b>

### 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.
<b>Total</b>	<b>6,922.</b>

### 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.
<b>Total</b>	<b>908.</b>

### 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.
<b>Total</b>	<b>2,002.</b>

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

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