Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIICIIIaii	nevertue Service				
Submi	ission Identification Number (SID) 22249620240800a8g2nu				
Taxpaye	er's name	Socia	l security	number	
MOI	N AHMED SYED	08	7-15-	4857	
Spouse'	's name	Spou	se's socia	l security nu	ımber
FNU	AZMA SIRAJ	99	0-92-	6305	
Part	Tax Return Information — Tax Year Ending December 31,	2023 <mark>(Enter yea</mark> r	you are	e authoriz	zing.)
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		
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	Taxpayer Declaration and Signature Authorization (Be sure you penalties of perjury, I declare that I have examined a copy of the income tax return (original				
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that the amounts (original or amended) I am now authorizing. I consent to allow my intermediate service production of the IRS and to receive from the IRS (a) an acknowledgement of receipt or redelay in processing the return or refund, and (c) the date of any refund. If applicable, I a to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the fination is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cass days prior to the payment (settlement) date. I also authorize the financial institutions in the receive confidential information necessary to answer inquiries and resolve issues real identification number (PIN) below is my signature for the income tax return (original or	ovider, transmitter, o reason for rejection of uthorize the U.S. Tree on account indicated ancial institution to dentify the terminate the ancellation requests involved in the procestated to the paymer	r electron of the trai asury and in the tax ebit the e authorizati must be ssing of t nt. I furthe	nic return or nsmission, (d its designa preparation entry to this ion. To revous received no he electron er acknowle	riginator (ERO) (b) the reason ated Financial in software for account. This oke (cancel) a o later than 2 nic payment of ledge that the
	nic Funds Withdrawal Consent. Ayer's PIN: check one box only			4 0 5	
X	I authorize GLOBAL TAXES LLC to enter	or generate my PI	N 🖳	4 8 5	as my
	ERO firm name	-		r five digits, t enter all ze	
	signature on the income tax return (original or amended) I am now authorizing	•			
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.				
Your s	signature ►	Date ►			
Spous	se's PIN: check one box only				
X	_	or generate my PI	$N \mid 2 \mid$	6 3 0	5 as my
	ERO firm name			r five digits,	
	signature on the income tax return (original or amended) I am now authorizing	g.	don'	t enter all ze	ros
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.				
Spous	se's signature ▶	Date ►			
	Practitioner PIN Method Returns Only—con	tinue below			
Part	III Certification and Authentication — Practitioner PIN Method O	nly			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI		4 9 6		2 7 1
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic individual to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	hat I am submitting t	this return	n in accord	lance with the
ERO's	s signature ►	Date ►			
	ERO Must Retain This Form — See Inst	ructions			
	Don't Submit This Form to the IRS Unless Requ				

Form **9325**

Department of the Treasury - Internal Revenue Service

(January 2017)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file</i> . 087-15-4857	
Гахрауеі	r name MOIN AHMED SYED & FNU AZMA SIRAJ	
Гахрауе	r address (optional)	
39939	STEVENSON CMN APT 3023	
FREMON'	r, CA 94538	
1. X	Your federal income tax return for 2023	
	Submission Processing Center. The electronic filling	services were provided byGLOBAL TAXES LLC
2. 🗶		ng a Personal Identification Number (PIN) as your electronic tronic Return Originator (ERO) to enter or generate a PIN is 22249620240800a8g2nu.
3.	Your return was accepted on	Allow 4 to 6 weeks for the processing of your return.
	The Earned Income Credit or a dependent's exemp child's name and social security number mismatch.	tion on your return may be reduced or disallowed due to a
4.	Your electronic funds withdrawal payment request v	as accepted for processing.
5.	Your electronic funds withdrawal payment request variation.	vas not accepted for processing. Refer to the "If You Owe
6.	• •	on of Time to File U.S. Individual Income Tax Return, was bmission ID assigned to your extension

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*, 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* 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.

BAA REV 03/07/24 PRO Form **9325** (Rev. 1-2017)

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.

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. 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.

Catalog Number 12901K BAA www.irs.gov REV 03/07/24 PRO Form **9325** (Rev. 1-2017)

1040-X

Amended U.S. Individual Income Tax Return

(Rev. February 2024)

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

OMB No. 1545-0074

(1.000.10	ao to www.iis.	gov/i orilito t ox loi		i uie i	atest iiiioiiiiatioii.			
This r	eturn is for calendar year (enter year)	2023 or fiscal	year (enter mo	nth ar	nd year ended)			
Your fire	t name and middle initial	Last na	ame		Your social	security	y number	
MOIN	AHMED	SYE	D			087-15	-485	57
If joint re	eturn, spouse's first name and middle initial	Last na	ame			Spouse's so	cial se	curity number
FNU		AZM	A SIRAJ		990-92-6305			
Home a	ddress (number and street). If you have a P.O. box,	see instructions.			Apt. no.			tion Campaign
3993	9 STEVENSON CMN				3023			, or your spouse
City, tov	vn, or post office. If you have a foreign address, also	complete spaces below.	State	2	ZIP code			n't previously his fund, but now
FREM	TNOI		CA		94538			x below will not
Foreign	country name	Foreign province/state	/county	F	Foreign postal code	change you	ır tax o	r refund.
							You	ı 🗌 Spouse
	ded return filing status. You must ched						In ge	neral, you can't
chang	e your filing status from married filing joi	ntly to married filing	g separately afte	er the	return due date.	•		
Sin	gle 🗵 Married filing jointly 🗌 Married fil	ing separately (MFS	S) \square Head of h	nouse	ehold (HOH) 🔲 (Qualifying s	urvivir	ng spouse (QSS)
If you	checked the MFS box, enter the name of y	our spouse unless v	ou are amendin	n a Fo	orm 1040-NR If v	ou checked	the H	OH or OSS box
	he child's name if the qualifying person is a			gur	51111 10 10 1 4 11. 11 y	ou onconou		orror doc box,
	on lines 1 through 23, columns A through	•	•		A. Original amount	B. Net chan	ae-	
	ntered above.	ro, the amounte is	or the retain		reported or as	amount of inc	rease	C. Correct
Use P	art II on page 2 to explain any changes.				previously adjusted (see instructions)	or (decreas explain in P		amount
Incor	ne and Deductions							
1	Adjusted gross income. If a net ope	rating loss (NOL)	carryback is					
	included, check here			1	145,535.	2	45.	145,780.
2	Itemized deductions or standard deduc	tion		2	27,700.		0.	27,700.
3	Subtract line 2 from line 1			3	117,835.	2	45.	118,080.
4a	Reserved for future use		4a					
b	Qualified business income deduction .			4b	0.		0.	
5	Taxable income. Subtract line 4b from	line 3. If the result	for column C					
	is zero or less, enter -0- in column C .			5	117,835.	2	45.	118,080.
Tax L	iability							
6	Tax. Enter method(s) used to figure tax	(see instructions):						
	QDCGTW			6	16,538.		54.	16,592.
7	Nonrefundable credits. If a general busin	ness credit carrybac	ck is include <u>d,</u>					
	check here			7	0.		0.	
8	Subtract line 7 from line 6. If the result i	s zero or less, ente	r-0	8	16,538.		54.	16,592.
9	Reserved for future use			9				
10	Other taxes			10	0.		0.	0.
11	Total tax. Add lines 8 and 10			11	16,538.		54.	16,592.
Paym			4 DDT4					
12	Federal income tax withheld and exces			40	20 612			20 612
13	tax withheld. (If changing , see instructi Estimated tax payments, including amou	•		12	29,612.		0.	29,612.
14	Earned income credit (EIC)			14	0.			
15	Refundable credits from: Schedule 8			14	0.		0.	
10	8863 8885 8962 or oth			15	0.			
16	Total amount paid with request for exte	ncion of time to fil	o tay paid with			dditional	0.	
10							16	0.
17	Total payments. Add lines 12 through 1						17	29,612.
	nd or Amount You Owe	-, 55.5//// 5, and 11		• •			••	23,012.
18	Overpayment, if any, as shown on origin	nal return or as pre	viously adjusted	d bv t	he IRS		18	13,074.
19	Subtract line 18 from line 17. (If less that	-	•	-			19	16,538.
20	Amount you owe. If line 11, column C,		•				20	54.
21	If line 11, column C, is less than line 19,						21	
22	Amount of line 21 you want refunded to				-		22	0.
23	Amount of line 21 you want applied to y		estin		1 1			
	· · · · ·					plete and sig	n this	form on page 2.

Form 1040-X (Rev. 2-2024)

•		of dependents reported or as	B. Net change — amount of increase or (decrease)	C. Correct number	
	24				
	25	0	0		
	26				
	27	0	0		
	28				
	29				
this amended return.					
			(d) Check the box if qualifies for (see instructions):		
(b) Social security number	(c)	Relationship to you	Child tax credit	Credit for other dependents	
led below, tell us why	/ you	are filing Form	1040-X.		
d forms and schedule	es.				
	this amended return (b) Social security number	page 1.	page 1. of dependents reported or as previously adjusted 24 25 0 26 27 0 28 29 this amended return. (b) Social security number (c) Relationship to you led below, tell us why you are filing Form	page 1. colored or as previously adjusted or (decrease) amount of increase or (decrease) 0 0 25 0 0 26 0 27 0 0 0 28 29 0 this amended return. (c) Relationship to you (d) Check the box (see instreated or construction of the colored or construction of the colored or construction or colored or construction or colored or co	

LETTER OF EXPLAINATION IS ATTACHED

	Remember to keep a copy of this	s form fo	r your record	ls.						
	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.									
Sign	Your signature	Date	Your occupation		I	If the IRS sent you an Identity Protection PIN, enter it here				
Here			IT PROFESS	IONAL	(see inst.)					
	Spouse's signature. If a joint return, both mu	Date	Spouse's occupation HOME MAKER	on	I	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Phone no. (669) 577-4500		Email address			'				
Paid	Preparer's name	Preparer's	signature		Date	PTIN	Check if:			
Preparer	SYAM PRIYA RAM SAGAR GUPTA	SYAM	PRIYA RAM	SAGAR GUPTA	04/09/2024	P02082703	Self-employed			
-	Firm's name GLOBAL TAXES I	LC				Phone no. (678) 965-9522				
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm's EIN 84-3171965			

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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	_
MOIN AH	ME D		SYED	SYED						087 15 4857				
		s first name and middle initial		Last name								security numb	- oer	
FNU			AZMA	SIRAJ	J						990	92	6305	
Home address	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			•	ection Campai	ign
39939 S	[EVE]	NSON CMN						3	3023		Check h	nere if y	ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP c	ode		•	-	jointly, want \$	
FREMONT						CA	Δ	945	38		•		nd. Checking a not change	а
Foreign country	y name		F	Foreign pro	vince/state/o	count	ry	Foreig	ın postal o	code	your tax	or refu	_	se
Filing Status		Single					Head of h	ouseh	old (HOI	H)				
Check only	×	Married filing jointly (even if only or	ne had i	ncome)										
one box.	L	Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
		you checked the MFS box, enter the			ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ır depen	ndent:										-
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fina	ancial intere	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	☐ Ye	es 🗵 No	
Standard	Som	neone can claim: You as a de	pendent	t 🗌 Y	our spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	nd Spc	use	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) Sc	cial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instruction	ıs):
If more		irst name Last name			number		to you		Child t	tax cre	edit	Credit fo	or other depende	nts
than four														
dependents,														
see instruction and check	S													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructi	ons)						1a		164,968	•
Attach Form(s)	b	Household employee wages not re	eported	on Form(s	s) W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, li	ine 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	n Form 88	39, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			_
get a Form W-2, see	h	Other earned income (see instruction	,								1h	_	0	•
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>							
	z	Add lines 1a through 1h									1z		164,968	_
Attach Sch. B	2a		2a		17		axable interest				2b		245	
if required.	<u>3a</u>		3a				rdinary divide						17	<u>.</u>
Standard	4a		4a				axable amoun							_
Deduction for—	5a	-	5a				axable amoun							_
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			_
separately,	c	If you elect to use the lump-sum e		•		`	,				┤ ├_		010	
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		-210	
jointly or Qualifying	8	Additional income from Schedule	•								8		-19 , 240	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		145,780	•
\$27,700 • Head of	10	Adjustments to income from Sche									10		145 500	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		145,780	
If you checked	12	Standard deduction or itemized									12		27,700	•
any box under Standard	13	Qualified business income deducti									13		07 700	
Deduction, see instructions.	14	Add lines 12 and 13					 avable incom				14		27,700	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	16,592.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	16,592.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,592.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,592.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 29	612		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	29,612.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	29,612.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	13,020.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	13,020.
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See		•	
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No
		signee's		Phone			onal iden	tification	
<u></u>		me der penalties of perjury, I declare tl	aat I baya ayansina	no.			ber (PIN)	the best	of my lenguage and
Sign		lief, they are true, correct, and com			, , ,		,		, ,
Here	Vo	ur signature		Date	Your occupation		If +F	 ne IRS se	nt you an Identity
	10	ui signature		Date	Tour occupation				PIN, enter it here
Joint return?					IT PROFESS	IONAL	(se	e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.					HOME MAKED			ntity Prot e inst.)	ection PIN, enter it here
			0	Consil address	HOME MAKER		(00)		
-		one no. (669) 577-450 eparer's name	0 Preparer's signat	Email address	MOINDOT11@	Date Date	PTIN		Check if:
Paid		•	'		משתווט מגי			2772	Self-employed
Preparer							P0208		
Use Only	Firm's name GLOBAL TAXES LLC							(678) 965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firr	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

MOIN	AHMED SYED & FNU AZMA SIRAJ	087-15-48	57	
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received			
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		-19,240.	
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	0		
_	instructions)	8m 8n		
0	Section 951A(a) inclusion (see instructions)	80		
g	Section 461(I) excess business loss adjustment	8p		
•	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or	i i		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and or	ı Form 📗 📗	

1040, 1040-SR, or 1040-NR, line 8 . .

-19,240.

10

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Your social security number Name(s) shown on return 087-15-4857 MOIN AHMED SYED & FNU AZMA SIRAJ Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with 4,525. 4,735. -210. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -210.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 210.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

087-15-4857

MOIN AHMED SYED & FNU AZMA SIRAJ

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate combine the result (g) Code(s) from Amount of adjustment instructions. with column (a). instructions APEX CLEARING 01/01/23 12/31/23 4,525. 4,735. -210. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

4,525.

-210.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

4,735.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

MOIN	AHMED SYED & FNU AZMA SIRAJ	O SYED & FNU AZMA SIRAJ										
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule									
	Did you make any payments in 2023 that would require you											
B I	f "Yes," did you or will you file required Form(s) 1099?							. <u> </u>	s U No			
1a	Physical address of each property (street, city, state, ZIF	ode	e)									
Α	JANAKIRAMA TOWERS PHASE-2 HYDERABAD TE	ELANG	GANA IN	5000	90							
В												
С												
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair	rental	and	nd Days			Personal Use Days		QJV			
Α	personal use days. Check the Q			Α		365		0				
В	if you meet the requirements to f qualified joint venture. See instru			В								
С				С								
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ						
						Propertie	s:					
ncon				Α	- 0	В			С			
3	Rents received	3		/ .	50.							
4	Royalties received	4										
Exper		_										
5 6	Advertising	5 6		1 /	0.0							
7	Cleaning and maintenance	7		1,4								
8	Commissions	8		1,9	99.							
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		2,9	a a							
12	Mortgage interest paid to banks, etc. (see instructions)	12		2, 5	77.							
13	Other interest	13										
14	Repairs	14		4,9	99.							
15	Supplies	15		3,9								
16	Taxes	16		-,-								
17	Utilities	17		4,4	99.							
18	Depreciation expense or depletion	18		-								
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		19,9	90.							
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-	-19 , 2	40.							
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(19,24	0.)	()	(,			
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		750.					
b	Total of all amounts reported on line 4 for all royalty prop			.	23b							
С	Total of all amounts reported on line 12 for all properties			. [23c							
d	Total of all amounts reported on line 18 for all properties				23d							
е	Total of all amounts reported on line 20 for all properties				23e	19,	990.					
24	Income. Add positive amounts shown on line 21. Do not						24					
25	Losses. Add royalty losses from line 21 and rental real estate						25	(19,240.			
26	Total rental real estate and royalty income or (loss).											
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-19,240.			

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

Statement of Specified Foreign Financial Assets

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

► Attach to your tax return.

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

Attachment Sequence No. 938

, 20

OMB No. 1545-2195

lf y	you have attached additi	onal statements, check	k here 🗵 Numb	er of additional statements	s 6
1	Name(s) shown on return	า		2 Taxpayer identification	n number (TIN)
MOI	N AHMED SYED & FNU	J AZMA SIRAJ			087-15-4857
3	Type of filer				
	a X Specified individu	ial b 🗌 Partne	ership c Corp	oration d Trus	t
4	closely holds the partner current beneficiary of the specified person to list.)	ship or corporation. If yo	u checked box 3d, enter the	e name and TIN of the specif e name and TIN of the specif lo if you have more than one	fied person who is a
_	a Name			b TIN	
Part		and Custodial Accou			
5	Number of deposit accord	unts (reported in Part V)		<u> </u>	
6	Maximum value of all dep	posit accounts			\$ 100,561.
7	Number of custodial acc	ounts (reported in Part V)	<u> </u>	
8	Maximum value of all cus			<u> </u>	
9			losed during the tax year? .		Yes X No
Part					
10	Number of foreign assets	s (reported in Part VI) .			5
11	Maximum value of all ass	sets (reported in Part VI)	<u> </u>		\$ 93,468.
12					
Part	Summary of Tax	Items Attributable to	Specified Foreign Fina	ncial Assets (see instruc	tions)
	(a) Asset category	(b) Tax item	(c) Amount reported on	Where repo	orted
	(a) 7 looct category	(b) Tax Itom	form or schedule	(d) Form and line	(e) Schedule and line
13 F	Foreign deposit and	a Interest	\$		
(custodial accounts	b Dividends	\$		
		c Royalties	\$		
		d Other income	\$		
		e Gains (losses)	\$		
		f Deductions	\$		
		g Credits	\$		
14 (Other foreign assets	a Interest	\$		
		b Dividends	\$		
		c Royalties	\$		
		d Other income	\$		
		e Gains (losses)	\$		
		f Deductions	\$		
		g Credits	\$		
Part	V Excepted Specif	ied Foreign Financial	Assets (see instructions	(i)	
	reported specified foreign			ms, enter the number of such	n forms filed. You do
15	Number of Forms 3520	16 Numb	per of Forms 3520-A	17 Number of F	orms 5471
18	Number of Forms 8621		per of Forms 8865		

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

Part	V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summai (see instructions)	ry							
If you	nave more than one account to report in Part V, attach a separate statement for each additional account. See instructions.								
20	Type of account a Deposit b Custodial 21 Account number or other designation								
22	Check all that apply a Account opened during tax year b Account closed during tax year								
	c ☐ Account jointly owned with spouse d ☐ No tax item reported in Part III with respect to this	asset							
23	Maximum value of account during tax year								
24		No							
25	If you answered "Yes" to line 24, complete all that apply.								
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate used if not from	U.S.							
	account is maintained used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal S								
26a	Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Op-	tional)							
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.								
28	City or town, state or province, country, and ZIP or foreign postal code								
Part	Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions	<u>s)</u>							
	nave more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.	<u>-)</u>							
29	Description of asset 30 Identifying number or other designation								
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.								
а	Date asset acquired during tax year, if applicable								
b	Date asset disposed of during tax year, if applicable								
С	☐ Check if asset jointly owned with spouse d☐ Check if no tax item reported in Part III with respect to this as	sset							
32	Maximum value of asset during tax year (check box that applies)								
а	a □ \$0–\$50,000 b □ \$50,001–\$100,000 c □ \$100,001–\$150,000 d □ \$150,001–\$200,000								
е	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?	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 if not from used to convert to U.S. dollars (c) Source of exchange rate used if not from Treasury Department's Bureau of the Fiscal S								
35	If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the	asset.							
а	Name of foreign entity b GIIN (Optional)								
С	Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate								
d	Mailing address of foreign entity. Number, street, and room or suite no.								
е	City or town, state or province, country, and ZIP or foreign postal code								
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information f the asset.	or							
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for ea additional issuer or counterparty. See instructions.	ıch							
а	Name of issuer or counterparty								
	Check if information is for Suer Counterparty								
b	Type of issuer or counterparty								
	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate								
С	Check if issuer or counterparty is a U.S. person Foreign person								
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.								
е	City or town, state or province, country, and ZIP or foreign postal code								

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

Part	V Detailed Information for Eac (see instructions)	h Foreign Deposit and C	ustodia	I Account Included in the Part I Summary				
If you	, , , , , , , , , , , , , , , , , , , ,	in Part V, attach a separate s	tatement	t for each additional account. See instructions.				
20	Type of account a 🗵 Deposi	it	21 Acc	count number or other designation				
	b Custod	laid	0:	93801000442				
22	Check all that apply a Accour	nt opened during tax year	b A	ccount closed during tax year				
	c Accour	nt jointly owned with spouse	d × N	o tax item reported in Part III with respect to this asser				
23	Maximum value of account during tax	k year		· · · · · · · · \$ 6,906.				
24	Did you use a foreign currency excha	nge rate to convert the value	of the ac	count into U.S. dollars? X Yes No				
25	If you answered "Yes" to line 24, com	nplete all that apply.						
	(a) Foreign currency in which	(b) Foreign currency exchar		(c) Source of exchange rate used if not from U.S.				
	account is maintained	used to convert to U.S.	dollars	Treasury Department's Bureau of the Fiscal Service				
	INR		.0121					
26a	Name of financial institution in which	account is maintained	b Glob	oal Intermediary Identification Number (GIIN) (Optiona				
	ICICI BANK							
27	Mailing address of financial institution	າ in which account is maintain	ied. Num	ber, street, and room or suite no.				
	RAJARAJESHWARI NAGAR							
28	City or town, state or province, count		code					
	BANGALORE, KARNATAKA IN 5							
				ed in the Part II Summary (see instructions)				
	· · · · · · · · · · · · · · · · · · ·	Part VI, attach a separate sta		or each additional asset. See instructions.				
29	Description of asset			entifying number or other designation				
	AXIS FLEX CAP FUND			281954				
31	Complete all that apply. See instruction		-	· · · · · · · · · · · · · · · · · · ·				
a	Date asset acquired during tax year, i							
b	Date asset disposed of during tax year, if applicable							
C	☐ Check if asset jointly owned with spouse d ☐ Check if no tax item reported in Part III with respect to this asset Maximum value of asset during tax year (check box that applies)							
32	 ★ \$0-\$50,000 ★ \$50,001-\$100,000 ★ \$150,001-\$200,000 							
a e	If more than \$200,000, list value .							
33	Did you use a foreign currency excha							
34	If you answered "Yes" to line 33, com	-	or trie as	sset into 0.5. dollars: res _k_No				
٠.	(a) Foreign currency in which asset		nge rate	(c) Source of exchange rate used if not from U.S.				
	is denominated	used to convert to U.S.	0	Treasury Department's Bureau of the Fiscal Service				
35	If asset reported on line 29 is stock of	a foreign entity or an interest i	in a foreic	gn entity, enter the following information for the asse				
а	Name of foreign entity	<u> </u>		I (Optional)				
	9 ,	X CAP FUND						
С	Type of foreign entity (1) Partn	nership (2) 🗵 Corporatio	n (3)	☐ Trust (4) ☐ Estate				
d	Mailing address of foreign entity. Nun	nber, street, and room or suite	e no.					
	ALPHA, OFFICE FLOOR 8, N	EAR KANJURM						
е	City or town, state or province, count	ry, and ZIP or foreign postal of	code					
	CHENNAI, TAMILNADU IN 400	0042						
36	If asset reported on line 29 is not stoot the asset.	ck of a foreign entity or an inte	erest in a	foreign entity, enter the following information for				
		icouer or counterparty, attacl		rate statement with the same information for each				
	additional issuer or counterparty. See		i a sepai	rate statement with the same information for each				
9	Name of issuer or counterparty	, mod dottorio.						
а	Check if information is for Issue	er Counterparty						
b	Type of issuer or counterparty	Ocanicorparty						
~	(1) Individual (2) Partner	rship (3) Corporatio	n (4	1) ☐ Trust (5) ☐ Estate				
С	Check if issuer or counterparty is a		person	,				
d	Mailing address of issuer or counterp	· · · · · · · · · · · · · · · · · · ·		e no.				
-	<u> </u>	, , , , , , , , , , , , , , , , , , , ,						
е	City or town, state or province, count	erv. and ZIP or foreign postal o	code					

Form 8938 (Rev. 11-2021) 4 Page **2**

Part	 Detailed Information for Each (see instructions) 	ch Foreign Deposit and C	ustodia	I Account Included in the Part I Summary				
If vou	,	in Part V. attach a separate s	tatement	for each additional account. See instructions.				
20	Type of account a X Depos			count number or other designation				
	b ☐ Custod			491270001287				
22	Check all that apply a Accou	nt opened during tax year	b 🗌 A	ccount closed during tax year				
	c ☐ Accour	nt jointly owned with spouse	d 🗷 N	o tax item reported in Part III with respect to this asset				
23	Maximum value of account during tax	x year		 \$ 5,517.				
24	Did you use a foreign currency excha	ange rate to convert the value	of the ac	count into U.S. dollars? X Yes No				
25	If you answered "Yes" to line 24, con	nplete all that apply.						
	(a) Foreign currency in which	(b) Foreign currency exchain		(c) Source of exchange rate used if not from U.S.				
	account is maintained	used to convert to U.S.		Treasury Department's Bureau of the Fiscal Service				
	INR		.0121					
26a	Name of financial institution in which HDFC	account is maintained	b Glob	pal Intermediary Identification Number (GIIN) (Optional)				
27	Mailing address of financial institution	n in which account is maintair	ed. Num	ber, street, and room or suite no.				
	SKY WARDS TECH PARK ELCTI							
28	City or town, state or province, count	try, and ZIP or foreign postal of	code					
	BANGALORE, KARNATAKA IN S	560100						
Part	VI Detailed Information for Each	ch "Other Foreign Asset"	Include	d in the Part II Summary (see instructions)				
If you	•	Part VI, attach a separate sta		or each additional asset. See instructions.				
29	Description of asset			ntifying number or other designation				
	HSBC FLEXI CAP FUND -GR		17950					
31	Complete all that apply. See instruction							
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 ☐ Check if no tax item reported in Part III with respect to this asset							
32 a	Maximum value of asset during tax year (check box that applies) ★ \$0-\$50,000 ★ \$50,001-\$100,000 ★ \$150,001-\$200,000 ★ \$150,001-\$200,000							
e	E \$0-\$50,000 B □ \$50,001-\$100,000 C □ \$100,001-\$150,000 d □ \$150,001-\$200,000 If more than \$200,000, list value							
33	Did you use a foreign currency excha							
34	If you answered "Yes" to line 33, con							
	(a) Foreign currency in which asset		nge rate	(c) Source of exchange rate used if not from U.S.				
	is denominated	used to convert to U.S.	dollars	Treasury Department's Bureau of the Fiscal Service				
	_							
35		a foreign entity or an interest		gn entity, enter the following information for the asset.				
а	Name of foreign entity		b GIIN	(Optional)				
		XI CAP FUND -GR						
C	Type of foreign entity (1) Partr			☐ Trust (4) ☐ Estate				
d	Mailing address of foreign entity. Nur		e no.					
	NESCO COMPLEX, WESTERN E		2000					
е	City or town, state or province, count MUMBAI, MAHARASHTRA IN 4		Joue					
36			arast in a	foreign entity, enter the following information for				
50	the asset.	or or a foreign entity of air inte	siest iii a	foreign entity, enter the following information for				
	Note: If this asset has more than one	e issuer or counterparty, attacl	n a separ	rate statement with the same information for each				
	additional issuer or counterparty. See		. a copa.					
а	Name of issuer or counterparty							
	Check if information is for Issue	er Counterparty						
b	Type of issuer or counterparty	•						
	(1) Individual (2) Partne			I) Trust (5) Estate				
С	Check if issuer or counterparty is a		person					
d	Mailing address of issuer or counterp	party. Number, street, and roo	m or suit	e no.				
_	Oite ou tour otate	to and ZID out to the control of						
е	City or town, state or province, count	ιτy, anα ∠ι⊬ or toreign postal (coae					

Form 8938 (Rev. 11-2021) 5 Page **2**

Part	V Detailed Information for Each (see instructions)	ch Foreign Deposit and Cu	ıstodia	I Account Included in the Part I Summary				
If you	,	in Part V, attach a separate st	atement	for each additional account. See instructions.				
20	Type of account a X Depos			count number or other designation				
	b Custo			21810100002290				
22			b 🗌 Ad	ccount closed during tax year				
				o tax item reported in Part III with respect to this asset				
23	Maximum value of account during ta	x year		\$ 6,345.				
24	Did you use a foreign currency excha							
25	If you answered "Yes" to line 24, con	nplete all that apply.						
	(a) Foreign currency in which	(b) Foreign currency exchan		(c) Source of exchange rate used if not from U.S.				
	account is maintained	used to convert to U.S. d	lollars	Treasury Department's Bureau of the Fiscal Service				
	INR		.0121					
26a	Name of financial institution in which	account is maintained	b Glob	al Intermediary Identification Number (GIIN) (Optional)				
	UNION BANK OF INDIA							
27	Mailing address of financial institution		ed. Num	ber, street, and room or suite no.				
	D NO 9 BY 1A NEAR AYISH							
28	City or town, state or province, coun		ode					
Dowl	KASAVANAHALLI, BANGALORE			d in the Dort II Common (one instructions)				
				d in the Part II Summary (see instructions) or each additional asset. See instructions.				
	•	Part VI, attach a separate state						
29	Description of asset INVESCO INDIA GROWTH OPP	ODMINIT	31050	ntifying number or other designation				
31	Complete all that apply. See instruction							
а			-					
b	Date asset acquired during tax year, if applicable							
C	☐ Check if asset jointly owned with spouse ☐ Check if no tax item reported in Part III with respect to this asset							
32	Maximum value of asset during tax year (check box that applies)							
а								
е	If more than \$200,000, list value .			_ , , , , ,				
33	Did you use a foreign currency excha							
34	If you answered "Yes" to line 33, con	nplete all that apply.						
	(a) Foreign currency in which asset			(c) Source of exchange rate used if not from U.S.				
	is denominated	used to convert to U.S. d	Iollars	Treasury Department's Bureau of the Fiscal Service				
35		a foreign entity or an interest in		on entity, enter the following information for the asset.				
а	Name of foreign entity		b GIIN	(Optional)				
		DIA GROWTH OPPORTUNITIES	(0)					
C	Type of foreign entity (1) Parti			☐ Trust (4) ☐ Estate				
d	Mailing address of foreign entity. Nur		no.					
•	BUILDING B, ALPHA OFFICE City or town, state or province, countries		odo					
е	MUMBAI, MAHARASHTRA IN 4		oue					
36			rest in a	foreign entity, enter the following information for				
00	the asset.	on or a foreign entity of air inte	i cot iii a	foreign entity, enter the following information for				
	Note: If this asset has more than one	sissuer or counterparty, attach	a separ	rate statement with the same information for each				
	additional issuer or counterparty. See		a copa.	ato statement with the same information for sach				
а	Name of issuer or counterparty							
	Check if information is for Issue	er Counterparty						
b	Type of issuer or counterparty							
	(1) Individual (2) Partne	ership (3) Corporation	(4	l) 🗌 Trust (5) 🗌 Estate				
С	Check if issuer or counterparty is a	U.S. person Foreign						
d	Mailing address of issuer or counterp	party. Number, street, and room	n or suite	e no.				
е	City or town, state or province, coun	try, and ZIP or foreign postal co	ode					

Form 8938 (Rev. 11-2021) 6 Page **2**

Part	 Detailed Information for Each (see instructions) 	h Foreign Deposit and Cu	ustodia	Account Included in the Part I Summary				
If vou	,	in Part V. attach a separate st	tatement	for each additional account. See instructions.				
20	Type of account a X Depos			count number or other designation				
	b Custo			0000040896457865				
22	Check all that apply a Accou	nt opened during tax year	b 🗌 A	ccount closed during tax year				
	c ☐ Accou	nt jointly owned with spouse	d 🗷 N	o tax item reported in Part III with respect to this asset				
23	Maximum value of account during ta	x year		\$ 4 , 507.				
24	Did you use a foreign currency excha	ange rate to convert the value	of the ac	count into U.S. dollars?				
25	If you answered "Yes" to line 24, con	nplete all that apply.						
	(a) Foreign currency in which	(b) Foreign currency exchar		(c) Source of exchange rate used if not from U.S.				
	account is maintained	used to convert to U.S. of		Treasury Department's Bureau of the Fiscal Service				
	INR		.0121					
26a	Name of financial institution in which	account is maintained	b Glob	al Intermediary Identification Number (GIIN) (Optional)				
	STATE BANK OF INDIA							
27	Mailing address of financial institution			ber, street, and room or suite no.				
00	AVS COMPOUND 80 FEET ROAD City or town, state or province, county							
28	BENGALURU, KARNATAKA IN		oue					
Part			Include	d in the Part II Summary (see instructions)				
				or each additional asset. See instructions.				
29	Description of asset	Tarri, anasii a soparato star		ntifying number or other designation				
	MIRAE ASSET BANKING AND	FINANC		177836				
31	Complete all that apply. See instructi	ions for reporting of multiple a	cquisitio	n or disposition dates.				
а	Date asset acquired during tax year,							
b	Date asset disposed of during tax year, if applicable							
С	☐ Check if asset jointly owned with spouse d							
32	Maximum value of asset during tax year (check box that applies)							
а	∑ \$0–\$50,000 b □ \$50,001–\$100,000 c □ \$100,001–\$150,000 d □ \$150,001–\$200,000							
е	If more than \$200,000, list value .							
33	Did you use a foreign currency excha		of the as	set into U.S. dollars? Yes No				
34	If you answered "Yes" to line 33, con	1		(-) O				
	(a) Foreign currency in which asset is denominated	used to convert to U.S. of		(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service				
	13 denominated	document to o.c.	Johans	Treasury Department 3 Bureau of the Fiscal Colvice				
35	If asset reported on line 29 is stock of	a foreign entity or an interest in	n a foreic	n entity, enter the following information for the asset.				
а	Name of foreign entity	a loreign entity of an interest in		(Optional)				
		ET BANKING AND FINANC		(-1)				
С	Type of foreign entity (1) Partr	nership (2) X Corporation	n (3)	☐ Trust (4) ☐ Estate				
d	Mailing address of foreign entity. Nur	nber, street, and room or suite	no.					
	UNIT NO 606-6TH FLOOR, W	INDSOR						
е	City or town, state or province, coun-		ode					
	MUMBAI, MAHARASHTRA IN 4							
36	If asset reported on line 29 is not storthe asset.	ck of a foreign entity or an inte	rest in a	foreign entity, enter the following information for				
				and the state of t				
	additional issuer or counterparty. See		ı a separ	ate statement with the same information for each				
2	Name of issuer or counterparty	instructions.						
а	Check if information is for Issue	er Counterparty						
b	Type of issuer or counterparty	ocantorparty						
~	(1) Individual (2) Partne	ership (3) Corporation	n (4) 🗌 Trust (5) 🗎 Estate				
С	Check if issuer or counterparty is a	U.S. person Foreign		,				
d	Mailing address of issuer or counterp			e no.				
		· 						
е	City or town, state or province, coun	try, and ZIP or foreign postal c	ode					

Form 8938 (Rev. 11-2021) 7 Page **2**

Part	Detailed Information for Each (see instructions)	h Foreign Deposit and C	ustodia	l Account Included in th	e Part I Summary				
If you	have more than one account to report	in Part V, attach a separate s	tatement	for each additional account	See instructions.				
20	Type of account a 🗷 Deposi	it	21 Acc	count number or other design	nation				
	b Custod	dial	54	491610078419					
22	Check all that apply a Accour	nt opened during tax year	b A	ccount closed during tax yea	ar				
	c 🗌 Accour	nt jointly owned with spouse	d X N	o tax item reported in Part III v	with respect to this asset				
23	Maximum value of account during tax	kyear			. \$ 6,173.				
24	Did you use a foreign currency excha	nge rate to convert the value	of the ac	count into U.S. dollars? .	. X Yes No				
25	If you answered "Yes" to line 24, com	plete all that apply.							
	(a) Foreign currency in which	(b) Foreign currency exchai		(c) Source of exchange rate					
	account is maintained	used to convert to U.S.		Treasury Department's B	Bureau of the Fiscal Service				
	INR		.0121						
26a	Name of financial institution in which	account is maintained	b Glob	al Intermediary Identification	Number (GIIN) (Optional)				
	HDFC BANK								
27	Mailing address of financial institution	in which account is maintair	ed. Num	ber, street, and room or suit	e no.				
	ELECTRONIC CITY	1715							
28	City or town, state or province, count BANGALORE, KARNATAKA IN 5		coae						
Dart	VI Detailed Information for Each		Includo	d in the Part II Summan	(see instructions)				
	have more than one asset to report in								
29	Description of asset	i ari vi, attacii a separate sta		ntifying number or other des					
29	TATA DIGITAL INDIA FUND-C	⊋R	46511	, ,	ignation				
31	Complete all that apply. See instruction			•					
а	Date asset acquired during tax year, i		•	•					
b		Date asset disposed of during tax year, if applicable							
С	☐ Check if asset jointly owned with spouse d								
32	Maximum value of asset during tax year (check box that applies)								
а	★ \$0–\$50,000 b □ \$50,001–\$100,000 c □ \$100,001–\$150,000 d □ \$150,001–\$200,000								
е	If more than \$200,000, list value .				. \$				
33	Did you use a foreign currency excha	nge rate to convert the value	of the as	set into U.S. dollars?	. 🗌 Yes 🕱 No				
34	If you answered "Yes" to line 33, com	plete all that apply.							
	(a) Foreign currency in which asset	, ,	0	(c) Source of exchange rate					
	is denominated	used to convert to U.S.	dollars	Treasury Department's B	Bureau of the Fiscal Service				
35	If asset reported on line 29 is stock of	a foreign entity or an interest			nformation for the asset.				
а	Name of foreign entity	ITAL INDIA FUND-GR	b GIIN	(Optional)					
•	Type of foreign entity (1) Partn		n (3)	☐ Trust (4) ☐ Estate					
c d	Mailing address of foreign entity. Nun			☐ Trust (4) ☐ Estate					
u	9TH FLOOR, MAFATLAL CENT		5 110.						
е	City or town, state or province, count	<u> </u>	code						
	MUMBAI MAHARASHTRA IN 40	•	, , ,						
36	If asset reported on line 29 is not stoo	ck of a foreign entity or an inte	erest in a	foreign entity, enter the follo	wing information for				
	the asset.	,		<i>3</i>	•				
	Note: If this asset has more than one	issuer or counterparty, attacl	n a separ	ate statement with the same	e information for each				
	additional issuer or counterparty. See	instructions.							
а	Name of issuer or counterparty								
	Check if information is for	er Counterparty							
b	Type of issuer or counterparty	<u> </u>							
	(1) Individual (2) Partner			l) Trust (5) Esta	te				
C	Check if issuer or counterparty is a	· · · · · · · · · · · · · · · · · · ·	person						
d	Mailing address of issuer or counterp	апу. Number, street, and roo	m or suite	e no.					
_	City or town state or province	n, and 7ID or foreign post-1	nodo.						
е	City or town, state or province, count	iy, and zir or foreign postal (Joue						

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Part	Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the F (see instructions)	art I Summary							
If you	you have more than one account to report in Part V, attach a separate statement for each additional account. S	ee instructions.							
20									
	b ☐ Custodial 109781								
22	2 Check all that apply a Account opened during tax year b Account closed during tax year								
	c ☐ Account jointly owned with spouse d 🗷 No tax item reported in Part III with								
23	<u> </u>								
24		X Yes No							
25	, , , , , , , , , , , , , , , , , , , ,								
	(a) Foreign currency in which (b) Foreign currency exchange rate (c) Source of exchange rate (c) Source of exchange rate (d) Source of exchange rate (d) Source of exchange rate (e) Source (e)								
	account is maintained used to convert to U.S. dollars Treasury Department's Bure	au of the Fiscal Service							
00-	INR .0121	mber (CIINI) (Ontional)							
26a	Name of financial institution in which account is maintained MARCELLUS b Global Intermediary Identification Number	mber (Gilin) (Optional)							
27	·	0							
21	929, DBS BUSINESS CENTER	0.							
28									
	MUMBAI, MAHARASHTRA IN 400093								
Part	art VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (s	ee instructions)							
If you	you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See in	structions.							
29	29 Description of asset 30 Identifying number or other design	ation							
31									
a									
b		Date asset disposed of during tax year, if applicable							
C		espect to this asset							
32 a									
e	and the state of t	•							
33		Yes No							
34									
	(a) Foreign currency in which asset (b) Foreign currency exchange rate (c) Source of exchange rate	sed if not from U.S.							
	is denominated used to convert to U.S. dollars Treasury Department's Bure	au of the Fiscal Service							
35		rmation for the asset.							
а	a Name of foreign entity b GIIN (Optional)								
	c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate								
c d									
u	walling address of loreign entity. Number, street, and room of suite no.								
е	e City or town, state or province, country, and ZIP or foreign postal code								
	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -								
36	If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following	ng information for							
	the asset.								
	Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same in	formation for each							
	additional issuer or counterparty. See instructions.								
а	· -								
	Check if information is for Susuer Counterparty								
b	, ,								
_	(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate								
Q C									
d	witaning address of issuer of counterparty. Number, street, and room of suite no.								
е	e 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.
Total	93,468.

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

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature

TAXABLE YEAR

FORM

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

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

MOINAHMED SYED

FNU AZMA SIRAJ

39939 STEVENSON CMN APT 3023

FREMONT CA 94538

04-02-1975 05-29-1977

		nter your county at time of filing (see instructions)								
ė	\odot	ALAMEDA								
enc		your address above is the same as your principal/physical residence address at the time of filing, check this box 🗨 🔀								
sid		not, enter below your principal/physical residence address at the time of filing.								
Re		reet address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.								
Principal Residence	•									
Prin		ty State ZIP code								
_	•	•								
		f 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 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.								
Ē		only one spouse/RDP had income). See instructions. See instructions.								
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.								
	6	f someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr								
_	F F o	ine 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.								
S	7	Whole dollars only	ń							
ij	_	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. • 7 2 X \$144 = • \$								
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; f both are visually impaired, enter 2. See instructions	7							
EX	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; f both are 65 or older, enter 2. See instructions	_]							
		REV 03/05/24 PRO	┙							

175

Your name:			SYE	D			Your	r SSN or	ITIN:	087-	15-4857				
	10	Depen	dents: I		ot include Dependen	•	or your spo	use/RDP.	Depen	dent 2			Dependent 3		
		First	Name	•	Берепиен					uent 2		•	Dependent 0		
<u>s</u>		Last	Name	•											
Exemptions			. See	•											
Exen		Dep	uctions. endent's ionship	•											
		to yo	u												
	Tota											\$446 = (
	11	Exem	iption a	ımou	nt: Add li	ne 7 thro	ugh line 10.	Transfer t	his amou	unt to lin	e 32	• 1	1 \$	28	88]
	12	State Form	wages	from 2, box	your fed	eral 		. • 12			164968	. 00			
Taxable Income	13									040-SR	line 11	13		145535	. 00
	14	Califo	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11											\Box	
	15	5 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.											145535	.00	
	16												.00		
ple Ir														145535	
Таха	17		(-							`		140000	. 00
	10	8 Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status:									Į				
		Single or Married/RDP filing separatelyMarried/RDP filing jointly, Head of household, or Q													
	19	Subt	If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions. • 18 Subtract line 18 from line 17. This is your taxable income .												
		If les	If less than zero, enter -0									. 00			
							Tax Table	[:	X Tax I	Rate Sch	edule				
	31	Tax.	Check tl	he bo	x if from		FTB 3800					a 21		5868	. 00
	32						t from line 1	-	federal A	AGI is m	ore than			288	.00
Tax														5580	
	33						Γ								00
	34						(if from: ● L		edule G-1					E F O O	00
	35	Add	ine 33 a	and li	ne 34							• 35		5580	. 00
dits	40	Nonr	efundab	ole Cl	nild and [)ependen	t Care Expen	ses Credi	t. See ins	struction	S	• 40			. 00
Cre	43	Enter	credit i	name)		-		code •		and amount	• 43			. 00
Special Credits	44		credit						code •		and amount				. 00
U)													REV 03/05/24 PRO		

You	r nar	ne:	SYED	Your SSN or ITIN:	087-15-4857				
S	45	To cl	laim more than two credits, see instru	uctions. Attach Schedule	P (540)	• 45			00
Special Credits	46	Noni	refundable Renter's Credit. See instru	ctions		• 46			. 00
ecial	47	Add	line 40 through line 46. These are yo	ur total credits		• 47			. 00
Sp	48	Subt	tract line 47 from line 35. If less than	zero, enter -0		• 48		5580	. 00
				D (5.40)		- 01			. 00
xes	61		rnative Minimum Tax. Attach Schedul						
Other Taxes	62		tal Health Services Tax. See instruction						00
ŏ	63		er taxes and credit recapture. See inst					5580	. 00
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		● 64		3360	<u>00</u>
	71	Calif	ornia income tax withheld. See instru	ctions		• 71		12749	. 00
	72	2023	3 California estimated tax and other p	ayments. See instructior	IS	• 72			. 00
	73	With	sholding (Form 592-B and/or Form 59	93). See instructions		• 73			. 00
Payments	74	Exce	ess SDI (or VPDI) withheld. See instru	uctions		• 74			. 00
Payn	75	Earn	ed Income Tax Credit (EITC). See ins	tructions		• 75			. 00
	76	Your	ng Child Tax Credit (YCTC). See instru	uctions		• 76			. 00
	77		er Youth Tax Credit (FYTC). See instru			• 77			. 00
	78		line 71 through line 77. These are yo instructions			● 78		12749	. 00
Use Tax	91	Use	Tax. Do not leave blank. See instruct	ions	• 91		0 .00		
n		If lin	e 91 is zero, check if: No	use tax is owed.	You paid your u	se tax obligati	on directly to CDTFA.		
ISR Penaltv	92	See	ou and your household had full-year h instructions. Medicare Part A or C co ou did not check the box, see instructi	verage is qualifying heal		• X			
Pe	1	Indiv	vidual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92		_ 00		
en en	93	Payn	ments balance. If line 78 is more than	line 91, subtract line 91	from line 78	● 93		12749	. 00
Overpaid Tax/Tax Due	94 95 96	Payn subt	Tax balance. If line 91 is more than I ments after Individual Shared Respon ract line 92 from line 93idual Shared Responsibility Penalty E	sibility Penalty. If line 93	is more than line 92,	• 94		12749	. 00
verpai	30		ract line 93 from line 92			● 96			. 00
Ó	97		rpaid tax. If line 95 is more than line 6	64, subtract line 64 from	line 95	• 97		7169	. 00
		RE\	V 03/05/24 PRO						

175 3103234

Form 540 2023 **Side 3**

our nar	ne:	SYED	Your SSN or ITIN:	087-15-4857		l	
98 <u>e</u> 98	Amo	unt of line 97 you want applied to yo	ur 2024 estimated tax		98	0	. 00
Ξ E E E	Over	unt of line 97 you want applied to yo paid tax available this year. Subtract lue. If line 95 is less than line 64, sub	line 98 from line 97		99	7169	. 00
`` E 100	Tax c	lue. If line 95 is less than line 64, sub	otract line 95 from line 64	4	100		. 00
					<u>Code</u>	Amount	
	Califo	ornia Seniors Special Fund. See instru	uctions		400		. 00
	Alzhe	imer's Disease and Related Dementia	a Voluntary Tax Contribu	tion Fund	401		. 00
	Rare	and Endangered Species Preservatio	n Voluntary Tax Contribu	ution Program	403		. 00
	Califo	ornia Breast Cancer Research Volunta	ary Tax Contribution Fund	d	405		. 00
	Califo	ornia Firefighters' Memorial Voluntary	/ Tax Contribution Fund .		406		. 00
	Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		407		. 00
	Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	408		. 00
	Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		410		_00
	Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		413		. 00
	Scho	ol Supplies for Homeless Children Vo	oluntary Tax Contribution	Fund	422		. 00
3	State	Parks Protection Fund/Parks Pass P	urchase		423		. 00
	Prote	ect Our Coast and Oceans Voluntary 1	Tax Contribution Fund		424		. 00
	Keep	Arts in Schools Voluntary Tax Contri	bution Fund		425		. 00
	Califo	ornia Senior Citizen Advocacy Volunta	ary Tax Contribution Fund	d •	438		. 00
	Nativ	e California Wildlife Rehabilitation Vo	oluntary Tax Contribution	Fund	439		. 00
	Rape	Kit Backlog Voluntary Tax Contributi	on Fund		440		. 00
	Suici	de Prevention Voluntary Tax Contribu	ution Fund		444		. 00
	Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		445		. 00
110	Add	amounts in code 400 through code 4	45. This is your total cor	ntribution	110		. 00

Your name:			SYED	f you do	o not have an	Your SSN or ITIN: amount on line 99, add li	087-15- ne 94, line 96		e 110. Se	ee instructions. Do not send cash.	
Amount You Owe		Mail		E TAX E	BOARD, PO E	BOX 942867, SACRAME					<u>00</u>
and ies	112 113		rest, late return pe erpayment of esti		•	yment penalties			112		. 00
Interest and Penalties		Chec									. 00
	114	Total	l amount due. Se	e instru	uctions. Encl	ose, but do not staple, ar	ny payment .		114		<u>00</u>
	115	REF	UND OR NO AMO	UNT D	UE. Subtract	t the sum of line 110, lin	e 112, and lir	ne 113 from line 9	99. See	instructions.	
		Mail	to: Franchise	гах во	ARD, PO BO	X 942840, SACRAMENT	TO CA 94240	-0001	115	7169	. 00
ct Deposit	Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided of See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:										
Refund and Direct Deposit			Routing number	TyX	pe Checking Savings	• Account number 32516820240	9			● 116 Direct deposit amount 7169	. 00
Refu		The	he remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type								
		• F	Routing number		Checking Savings	Account number				● 117 Direct deposit amount	. 00
Voter Info.		Forv	voter registration	inform	ation, check	the box and go to sos.c	a.gov/electio	n s . See instructio	ons		
Health Care Coverage Info.)	-				ow-cost health care cove n your tax return with Co		-			No

Sign your tax return on Side 6

175 3105234 Form 540 2023 **Side 5**

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

IMPORTANT:	See the instructions to find out if you should att.	ach a copy of your	complete federal tax return.						
to locate FTB 113	can be found in annual tax booklets or online. Go to ftl EN-SP, Franchise Tax Board Privacy Notice on Collect f perjury, I declare that I have examined this tax retu	ion. To request this not	tice by mail, call 800.338.0505 ar	nd enter form code 948 w	hen instructed.				
is true, correct, a	nd complete.	Date		signature (if a joint tax ref	-				
rour signature		Date	Spouse s/nDF s s	signature (ii a joint tax rei	turri, botti must sigri)				
	Your email address. Enter only one email addre	ess.		Prefe	erred phone number				
Sign				6695	774500				
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)								
	SYAM PRIYA RAM SAGAR GUPTA								
It is unlawful to forge a	Firm's name (or yours, if self-employed)		● PTIN						
spouse's/ RDP's	GLOBAL TAXES LLC		P02082703						
signature.	Firm's address				● Firm's FEIN				
Joint tax return?	245 ROONEY CT E BRUNSV	VICK NJ 08	816		843171965				
See instructions.	Do you want to allow another person to disc	uss this tax return v	with us? See instructions	····• Yes	× No				
	Print Third Party Designee's Name			Telephon	e Number				

2023 California Adjustments — Residents

CA (540)

	portant: Attach this schedule behind Form 540,	Side 6 as a supporting Cali	fornia schedule.	OON ITIN
	me(s) as shown on tax return			SSN or ITIN
	OIN AHMED SYED & FNU AZMA S			087154857
Pá Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	164968	•	•
	b Household employee wages not reported on federal Form(s) W-2	•	•	•
	${f c}$ Tip income not reported on line 1a 1 ${f c}$	•	•	•
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	•	•	•
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•	•	•
	f Employer-provided adoption benefits from federal Form 8839, line 29	•	•	•
	g Wages from federal Form 8919, line 6 1g	•	•	•
	\boldsymbol{h} Other earned income. See instructions $\ldots\ldots\boldsymbol{1}\boldsymbol{h}$	0	•	•
	i Nontaxable combat pay election. See instructions1i			•
	z Add line 1a through line 1i1z		•	•
	Taxable interest. a • 2b	•	•	•
	Ordinary dividends. See instructions. a • 17 3b	17	•	•
4	IRA distributions. See instructions. a • 4b	•	•	•
		•	•	•
6	Social security benefits. a • 6b	•	•	
	Capital gain or (loss). See instructions		•	•
	ction B – Additional Income from federal Schedule 1	(Form 1040)		
1	Taxable refunds, credits, or offsets of state and local income taxes	•	•	
2	a Alimony received. See instructions 2a	•		•
3	Business income or (loss). See instructions $\bf 3$	•	•	•
	Other gains or (losses)	•	•	•
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	● -19240	•	•
6	Farm income or (loss) 6	•	•	•
7	Unemployment compensation	•	•	

ction B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a	• ()		•
b Gambling8b	•	•	
c Cancellation of debt 8c	•	•	•
d Foreign earned income exclusion from federal Form 2555	• ()		•
e Income from federal Form 8853 8e	•		•
f Income from federal Form 8889	•	•	
g Alaska Permanent Fund dividends8g	•		
h Jury duty pay8h	•		
i Prizes and awards	•		
j Activity not engaged in for profit income 8j	•		
k Stock options8k	•		•
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	•		
m Olympic and Paralympic medals and USOC prize money	•		
n IRC Section 951(a) inclusion	•	•	
o IRC Section 951A(a) inclusion80	•	•	
p IRC Section 461(I) excess business loss adjustment 8p	•	•	•
q Taxable distributions from an ABLE account 8q	•		
r Scholarship and fellowship grants not reported on federal Form(s) W-28r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•		
u Wages earned while incarcerated8u	•		
z Other income. List type and amount.			
● 8z			•

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z 9a	•	•	•
b1 Disaster loss deduction from form FTB 3805V 9b	1	•	
b2 NOL deduction from form FTB 3805V 9b:	2	•	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809	3	•	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	145535		•
Section C – Adjustments to Income rom federal Schedule 1 (Form 1040)			
11 Educator expenses	•	•	
Certain business expenses of reservists, performing artists, and fee-basis government officials12	•	•	•
3 Health savings account deduction	•	•	
4 Moving expenses. Attach form FTB 3913. See instructions	•		•
5 Deductible part of self-employment tax. See instructions	•	•	
6 Self-employed SEP, SIMPLE, and qualified plans16	•		
7 Self-employed health insurance deduction. See instructions	•	•	
8 Penalty on early withdrawal of savings	•		
9 a Alimony paid			•
b Recipient's: SSN ⊙	-		
Last Name			
20 IRA deduction	•	•	•
1 Student loan interest deduction21	•		•
22 Reserved for future use			
23 Archer MSA deduction	•		

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

9 Investment interest.....

10 Add line 8e and line 9......**10**

	eck the box if you did NOT ite		mizo	for C	alifornia					
	sek tile box il you did NOT ite	inize for federal but will fler	111126	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions	S
Me	dical and Dental Expenses	See instructions.								
1	Medical and dental expenses •		1							
2	Enter amount from federal Form 1040 or 1040-SR, line 11	145535	2							
3	Multiply line 2 by 7.5% (0.075)	10915								
4	Subtract line 3 from line 1 If line 3 is more than line 1	, enter 0	4	•				•		
	ces You Paid a State and local income t	ax or general sales taxes.	.5a	•	14127	•	14127			
	b State and local real esta	te taxes	.5b	•						
	c State and local personal	property taxes	.5c	•						
	d Add line 5a through line	5c	.5d	•	14127					
	e Enter the smaller of line married filing separately Enter the amount from I in line 5e, column B.	r) in column A. ine 5a, column B								
	Enter the difference fror column A in line 5e, col	n line 5d and line 5e, umn C	.5e	•	10000	•	14127	•	2	4127
6	Other taxes. List type • _		6	•		•		•		
	Add line 5e and line 6		.7	•	10000	•	14127	•	2	4127
	erest You Paid a Home mortgage interes you on federal Form 109	t and points reported to	8a	•				•		
	b Home mortgage interes on federal Form 1098	t not reported to you	.8b	•				•		
	c Points not reported to y	ou on federal Form 1098	.8c	•				•		
	d Reserved for future use		.8d							
	e Add line 8a through line	8c	.8e	•		•		•		

REV 03/05/24 PRO

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•

	rt II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Add See	itions instructions
Gif	s to Charity				
11	Gifts by cash or check	•	•	•	
12	Other than by cash or check	•	•	•	
13	Carryover from prior year	•	•	•	
14	Add line 11 through line 13	•	•	•	
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•	•	•	
0th	er Itemized Deductions				
16	Other—from list in federal instructions16	•	•	•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	10000	1412	7 •	4127
18	Total. Combine line 17 column A less column B plus col	lumn C		18	0
Job	Expenses and Certain Miscellaneous Deductions				
20	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions. Tax preparation fees		20		
	box, etc. List type		21	<u>J</u>	
22	Add line 19 through line 21		22	O	
	Enter amount from federal Form 1040 or 1040-SR, line 11			_	
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .		291	1	
25	Subtract line 24 from line 22. If line 24 is more than line	22, enter 0		25	0
26	Total Itemized Deductions. Add line 18 and line 25			26	0
27	Other adjustments. See instructions. Specify.			27	
28	Combine line 26 and line 27			28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately	pouse/RDP	\$237,035 \$355,558 \$474,075	0.00	
	Vas Complete the Itemized Deductions Workshoot in the	a instructions for Cabadula O	// /6/II/ line 20	(.	^
	Yes. Complete the Itemized Deductions Worksheet in th			<u> </u>	0
30	Yes. Complete the Itemized Deductions Worksheet in the Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instrument Married/RDP filing jointly, head of household, or qu	lard deduction shown below: actionsalifying surviving spouse/RDF	: \$5,363 ⊇\$10,726		10726

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

FinCEN Form 114

Department of the Treasury OMB no. 1506-0009

(Rev. September 2013)

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

Do not use previous editions of this form

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

Amended

Part I F	iler information	า									
2 Type of filer											
a 🗙 Individua	al b 🔲 Partnership	о с 🔲 (Corporation of	d Cons	olidated	е 🗌	Fiduciary or other -	Enter type			
3 U.S. Taxpayer	U.S. Taxpayer Identification Number 3a TIN type 4 Foreign identification (Complete only if item 3 is not applicable) 5 Individual's date of bit MM/DD/YYYY										
087-15-48	-	⊠ SSN/I	тін а Тур	oe: 🗌 Pass	port 🔲	Foreigr	n TIN Dother _			IVIIVI/ L	<i>,</i> D/1111
If filer has no U	J.S. Identification nplete item 4	☐ EIN	b Nun	nher			c Country of	leeue		04/02	:/1975
	r organization name		D IVAII		rst name		C Country of	15540	8	Middle initial	·
SYED	organization name				N AHI					Wildale IIIIIai	oa Gamz
	ess (number, street, ar	nd apt. or	suite no.)	1							-
		·									
	TEVENSON CMN	-		12	ZIP/Posta	al Cada		40.0			
10 City		11 Stat						13 Count	iry		
FREMONT		CA			94538	3		US			
14 a) Does the	e filer have a financial Enter number of acc					or Part III	but maintain recon	ds of the inform	mation		
No 🗵				or complete			, 241				
b) Does the	e filer have signature a	uthority o	ver but no fir	nancial interes	t in 25 o	r more fi	nancial accounts?				
Yes 🔲	Enter number of acc							on on whose b	ehalf the file	r has signatı	ure authority.
No 🛛											
Part II	Information on	financ	ial accou	int(s) owr	ned se	narate	alv				
				· ,		-		b 🗆 0iti		Other Fra	
	alue of account during ons under Monetary ar		' I	15a Amount unknown	то туре	or accour	nt a ∏ Bank	b Securiti	es c 🗌	Other—En	ter type below
`	93,468		. ,								
17 Name of fin	ancial institution in wh	ich accoui	nt is held	· ·							
See Sta	tomont										
	mber or other designati	on 19	Mailing addr	ess (number.	street. a	nt. or sui	te no.) of financial i	nstitution in wh	ich account	is held	
			. 5	,	, .		, , , , , , , , , , , , , , , , , , , ,				
20 City		- 04	01-1- 11	wn 22	Eoroign	nootal or	ode, if known	22.02	·		
20 City		21	State, if know	wn 22	roreign	postai cc	ode, ii kilowii	23 Coun	try		
Cianastrus	44 81 4	. 5									
Signature							oreparer and comple	te the third par			
44 Filer signa The report wi	ture Il be electronically	45	Filer title, if	not reporting	a persor	nal accou	int		46 This	Date (MM/E date will auto	DD/YYYY) o-fill when the
•	d when filed								I	AR is electror	nically signed
	47 Preparer's last nam		48 First nam	ne		49 MI	50 Check if self-employed	51 TIN	0.3		type 🗷 PTIN
Third Party	PRIYA RAM SAGAR 52 Contact phone no		SYAM 52a Ext.	53 Firm's r	name		Sen-employed	P020827			IN ☐ Foreign type 🕱 EIN
Preparer Use Only	(678) 965-952			GLOBAL		S LLC		84-3171			☐ Foreign
USE OILLY	55 Mailing address (r		treet, apt.or s	1	56		57 State 58 Z			stal Code	59 Country
		E BRUNSWICK			NJ	08816		US			

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

PRIVACYACTAND PAPERWORK REDUCTION ACT NOTICE

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

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

Part III Information on financial account(s) owned jointly										Form 114
Complete a ser	page nu									
Add an additional P	art III page as ma	ny times as r	ecessary	in or	rder to provide informatio	n on all acc	ounts		_ of .	_
Filing for calendar year	3-4 Check approp	priate identifi	cation nur	nber	6 Last name or organiz	zation name				
,	▼ Taxpayer Id	entification N	lumber		_					
2 0 2 3	Foreign ide	ntification nui	mber		SYED					
	Enter identi	fication numb	er here:							
	087-15-									
15 Maximum value of			15a Amo	ount	16 Type of account a	⊠ Bank b	Securi	ities c \square	Other—Ente	r type below
(See instructions under Monetary amounts, step 2) unknown										,, ,,
17 Name of financia	6,906.	account is held								
ICICI										
18 Account number of	or other designation	19 Mailing	address (n	umbe	r, street, apt. or suite no.) of	financial inst	itution in w	hich account is	s held	
09380100044	12	RAJARA	JESHWA	RI	NAGAR					
20 City	- <u>-</u>	21 State, if		22	Foreign postal code, if known	own	23 Cour	ntry		
BANGALORE					560052		IN			
24 Number of joint own					ımber (TIN) of principal joint	owner, if kno	wn. See in	structions		SSN/ITIN
26 Last name or organ	2 sization name of princ		4857 , 9		26305 ame of principal joint owner,	if known		28 Middle init	Foreig	
_	a					II KIIOWII			,	200 00
SYED 29 Mailing address (nu	ımber street ant or	suite no) of pr			AHMED er if known					
39939 STEVENSON CMN										
30 City, if known										
FREMONT				C	Δ	94538			US	
15 Maximum value of			15a Amo				Securi	ties c		r type below
(See instructions un	der Monetary amoun	ts, step 2)	unkn			_	_	_		
17 Name of financial	institution in which a	ccount is held								
Traine of intarioral	moutation in which a									
18 Account number o	r other designation	19 Mailing	address (ni	umbei	r, street, apt. suite no.) of fin	ancial institut	ion in whic	h account is h	eld	
20 City		21 State, if	known	22	Foreign postal code, if known	own	23 Cour	ntry		
		05 T		NI		ilmanını Cani	4		OF a TIM tune	
24 Number of joint own	ers for this account	25 laxpayeri	dentificatio	n Nun	nber of principal joint owner, if	known. See ii	rstructions			SSN/ITIN
26 Last name or organ	ization name of princ	inal joint owno	r 27.5	irat n	ame of principal laint awar	if Impure		28 Middle init	Foreign	28a Suffix
20 Last flame of organ	ization hame of princ	apai joint owne	27 F	irst na	ame of principal joint owner,	if known		20 Middle IIII	iai, ii kilowii	20a Sullix
29 Mailing address (nu	imher street ant or	suite no) of pr	incinal ioin	t own	er if known					
25 Maning address (no	imber, street, upt. or	suite no., or pr	iricipai joiri	COWII	cr, ii known					
30 City, if known				31	State, if known	32 ZIP/Post	tal Code, if I	known	33 Country,	if known
				DEV	40/47/00 PPO					
				KEV	10/17/23 PRO					

			Part IV Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)								
Complete a sep	arate block fo	or each acc	ount					of			
Add an additional P				in order to prov	vide informati	ion on all ac	counts				
1 Filing for calendar	3-4 Check appro	priate identifica	ation num	nber 6 Last na	ame or organ	ization name)				
year	X Taxpayer Id	entification Nu	ımber								
2 0 2 3		ntification num	hor	SYED							
	☐ Foreign ide	ntification num	ibei								
	Enter identi	fication number	er here:								
	087-15-	4857									
15 Maximum value of (See instructions un			15a Amou unkno		account a	Bank I	b Securities c	Other—Enter type below			
(CCC menacione an	6,345.	, ٥.٥, -)		,,,,,,							
17 Name of financial		account is held									
UNION BANK	OF INDIA										
18 Account number of	-	19 Mailing a	ddress (nu	mber, street, apt.	or suite no.) o	of financial ins	titution in which accoun	t is held			
22181010000	2290	KASAVAN	דאנואדד י	т							
20 City	2290	21 State, if k			ostal code, if ki	nown	23 Country				
BANGALORE		,		560102			IN				
34 Last name or organ	ization name of acco	ount owner			35 Tax identif	fication number	er of account owner	35a TIN type			
SYED		087-15	5-4857		│						
36 First name		37 Middle initial	37a Suffi	x 38 Mailing add	lress (number,	street, and ap	pt. or suite no.)				
MOIN AHMED				39939 ST	EVENSON	CMN					
39 City				40 State	<u> </u>	41 ZIP/Pos	stal Code	42 Country			
FREMONT				CA		94538		US			
43 Filer's title with this	owner			1 011		1 31000		00			
JOINT											
15 Maximum value of a			15a Amou	unt 16 Type of	account a	⋉ Bank	b ∏ Securities c	Other—Enter type below			
(See instructions und	•	its, step 2)	Unkno	wn		_		_			
17 Name of financial	6,173.	account is hold									
	institution in which	account is field									
HDFC		10 Mailing a	ddraga (nu	mbor stroot out	or quito no \ o	of financial inc	titution in which coorun	t in hold			
18 Account number of	· ·	19 Mailing a	uaress (nu	пірег, ѕпеет, арт.	or suite no.) c	n imanciai ins	titution in which accoun	t is field			
54916100784	19	ELECTRO									
20 City		21 State, if k	nown	560100	ostal code, if ki	nown	23 Country IN				
BANGALORE 34 Last name or organ	ization name of acco	unt owner		360100	35 Tax identif	ication numbe	er of account owner	35a TIN type			
	ization name or door	ount owner						☐ EIN ☐ SSN/ITIN ☐ Foreign			
SYED 36 First name		37 Middle initial	37a Suffix	x 38 Mailing add	087-15		ot or suite no)	Larongii			
oo i not namo		or middle irrition	or a same		•	•					
MOIN AHMED 39 City				39939 ST 40 State	EVENSON	1	stal Codo	42 Country			
,						41 ZIP/Pos		42 Country			
FREMONT				CA		94538		US			
43 Filer's title with this	owner										
SINGLE											

REV 10/17/23 PRO

See Statement

	ormation on fin hority but no fi					ture or ot	her	FinCEN Form 114 Page Number
Complete a se	parate block fo	or each acc	ount					of
Add an additional I	Part IV page as ma	any times as ne	ecessary i	n order to prov	vide informati	on on all ac	counts	
1 Filing for calendar 3-4 Check appropriate identification number 6 Last					ame or organ	ization name)	
year X Taxpayer Identification Number								
<u>2</u> <u>0</u> <u>2</u> <u>3</u>	☐ Foreign ide	ntification num	hor	SYED				
		ification numbe	er here:					
	087-15-							
15 Maximum value o (See instructions u	of account during cale under Monetary amou		15a Amou unknov		account a	Bank	b Securities c	Other—Enter type below
`	5 , 517.							
17 Name of financia	al institution in which	account is held		I				
HDFC								
18 Account number	or other designation	19 Mailing ad	ddress (nur	mber, street, apt.	or suite no.) o	of financial ins	titution in which account	is held
5491270001	287	ELECTRO	NIC CI	ТҮ				
20 City		21 State, if ki			stal code, if k	nown	23 Country	
BANGALORE				560100			IN	
34 Last name or orga	inization name of acco	ount owner	•		35 Tax identif	fication number	er of account owner	35a TIN type ☐ EIN 🛛 SSN/ITIN
SIRAJ					990-92			Foreign
36 First name		37 Middle initial	37a Suffix	38 Mailing add	ress (number,	street, and a	pt. or suite no.)	
AZMA				39939 ST	EVENSON	CMN		
39 City			•	40 State		41 ZIP/Pos	stal Code	42 Country
FREMONT				CA		94538		US
43 Filer's title with thi	s owner			·		-		
SINGLE								
15 Maximum value of (See instructions up	f account during caler nder Monetary amour		15a Amou Unknow		account a	X Bank	b Securities c	Other—Enter type below
	4,507.							
17 Name of financia	al institution in which	account is held						
STATE BANK	OF INDIA							
18 Account number	or other designation	19 Mailing ad	ddress (nur	nber, street, apt.	or suite no.) o	of financial ins	titution in which account	is held
0000004089	6457865	NRI BRA	NCH,KC)RAMANGALA	A			
20 City		21 State, if ki	nown	22 Foreign po	stal code, if ki	nown	23 Country	
BANGALORE				560035			IN	_
34 Last name or orga	inization name of acco	ount owner			35 Tax identif	ication numbe	er of account owner	35a TIN type ☐ EIN 🔀 SSN/ITIN
SYED					087-15	5-4857		Foreign
36 First name		37 Middle initial	37a Suffix	38 Mailing add	ress (number,	street, and ap	ot. or suite no.)	
MOIN AHMED				39939 ST	EVENSON	CMN		
39 City		1		40 State		41 ZIP/Pos	tal Code	42 Country
FREMONT				CA		94538		US
43 Filer's title with this	s owner			1		+		
JOINTLY								

* * * For E-File Only	- Do Not Mail * * *
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	formation on fin ensolidated repo		count(s)	whe	ere filer i	s filing a	3				FinCEN Form 114 Page Number
Complete a separate block for each account Add an additional Part V page as many times as necessary				in ord	ler to provi	de informa	tior	n on all acc	ounts		of
1 Filing for calenda	ar 3-4 Check appro	priate identifi	cation nun	nber	6 Last na	me or orga	niza	ation name			
year		lentification N	lumber								
2 0 2 3	Foreign ide	ntification nur	mber		SYED						
	Enter identi	fication numb	er here:								
	087-15-	4857									
	of account during cale under Monetary amour		15a Amo unkno		16 Type of	account a	a [Bank b	Securities	c \square	Other—Enter type below
17 Name of finan	cial institution in which	account is held	l								
18 Account numb	er or other designation	19 Mailing	address (nu	umber,	street, apt.	or suite no.)	of	financial insti	tution in which ac	ccount is	s held
20 City		21 State, if	known	22	Foreign po	stal code, if	kno	own	23 Country		
34 Organization name of account owner				□ EIN Î			35a TIN type ☐ EIN ☐ SSN/ITIN ☐ Foreign				
38 Mailing address	(number, street, Apt. or	Suite No.)									
39 City				40 S	State			41 ZIP/Posta	al Code		42 Country
	e of account during cale s under Monetary amou		15a Amo unkno		16 Type of a	account a	a [Bank b	Securities	c 🗌	Other—Enter type below
17 Name of finan	cial institution in which	account is held									
18 Account numb	er or other designation	19 Mailing	address (nu	ımber,	street, apt.	or suite no.)	of t	financial insti	tution in which ac	count is	s held
20 City		21 State, if	known	22	Foreign po	stal code, if	kno	own	23 Country		
34 Organization name of account owner					35 Tax ider	ntific	cation numbe	r of account owne	er	35a TIN type ☐ EIN ☐ SSN/ITIN ☐ Foreign	
38 Mailing address	(number, street, apt. or	r suite no.)									
39 City				40 S	tate			41 ZIP/Posta	al Code		42 Country

REV 10/17/23 PRO

MOIN AHMED SYED 087-15-4857

Form 114: Report of Foreign Bank and Financial Accounts

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

Continuation Statement

()			Amt		Туре		of Account		
Name and Address	Account No.	Max Value	Un- known	Bank	Secu- rity	Other	Enter Type		
MARCELLUS									
929, DBS BUSINESS CENTER									
MUMBAI, 400093									
IN	109781	71672.			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.			Х				
TATA DIGITAL INDIA FUND-GR									
9TH FLOOR, MAFATLAL CENTER, NARIMAN									
MUMBAI, 400021									
IN	465110247	908.			Х				
INVESCO INDIA GROWTH OPPORTUNITIES									
BUILDING B ALPHA OFFICE FLOOR 8									
MUMBAI, 400042									
IN	3105023043	2002.			Х				
HSBC FLEXI CAP FUND - GR									
NESCO COMPLEX, WESTERN EXPRESS									
MUMBAI, 400063									
IN	179503932	1026.			Х				

Itemization Statement

Additional Information From 2023 Report of Foreign Bank and Financial Accounts

Form 114: Report of Foreign Bank and Financial Accounts

Part II, Financial Account(s) Owned Separately (1)

Max Value of Acct Itemization Statement

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

Form 114: Report of Foreign Bank and Financial Accounts

Part II, Financial Account(s) Owned Separately (2)

Max Value of Acct Itemization Statement

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

Form 114: Report of Foreign Bank and Financial Accounts

Part II, Financial Account(s) Owned Separately (3)

Max Value of Acct Itemization Statement

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

Form 114: Report of Foreign Bank and Financial Accounts

Part II, Financial Account(s) Owned Separately (4)

Max Value of Acct Itemization Statement

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

Form 114: Report of Foreign Bank and Financial Accounts

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

Max Value of Acct Itemization Statement

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

Form 114: Report of Foreign Bank and Financial Accounts

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

Max Value of Acct

Description	Amount

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

rait ii, i manciai Account(3) Owned Deparately (0)

Max Value of Acct Itemization Statement

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