Form **8879**

Department of the Treasury Internal Revenue Service

(Rev. January 2021)

IRS *e-file* Signature Authorization

AMENDED

► ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074 **2022**

Submission Identification Number (SID) Taxpayer's name Social security number MOIN AHMED SYED 087-15-4857 Spouse's social security number Spouse's name FNU AZMA SIRAJ 990-92-6305 Tax Return Information - Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 122,649 2 2 12,514 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 22,677 4 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax retum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X | I authorize SHOONYA TAX SOLUTIONS INC to enter or generate my PIN 59056 as my **ERO firm name** Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. **AMENDED** don't enter all zeros I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ► Spouse's PIN: check one box only SHOONYA TAX SOLUTIONS INC to enter or generate my PIN 91100 as my |X | I authorize **ERO** firm name Enter five digits, but don't enter all zeros signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ **Practitioner PIN Method Returns Only - continue below** Certification and Authentication - Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax retum (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ CHAITANYA UPPALA Date ▶ 11-14-2023 **ERO Must Retain This Form - See Instructions** Don't Submit This Form to the IRS Unless Requested To Do So

^E 1040-X

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Use this revision to amend 2020 or later tax returns.

(Rev. July 2021)

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

OMB No. 1545-0074

	<u> </u>		al year (enter mo	nth ai	nd year ended)				
Your first	name and middle initial	Last	name			Your social security number			
	N AHMED		(ED				-15-4		
If joint ret	urn, spouse's first name and middle initial	Last	name			Spouse	's social	secu	rity number
FNU		AZ	MA SIRAJ			990	-92-6	305	<u> </u>
Current h	ome address (number and street). If you have a P.O. box, see instructions.				Apt. no.	Your ph	one numb	ber	
366	ALVAREZ COMMON								
City, towr	n or post office, state, and ZIP code. If you have a foreign address, also comp	plete spac	es below. See instructions.	•					
MIL	PITAS, CA 95035								
Foreign o	ountry name		Foreign province/state/cor	unty			Foreign p	ostal	code
	ded return filing status. You must check one box e your filing status from married filing jointly to marr					s. Caut	tion: Ir	า ge	neral, you can't
☐ Sin	gle 🏿 Married filing jointly 🗌 Married filing se	paratel	y (MFS) 🗌 Head	d of h	ousehold (HOH)		Qualif	ying	widow(er) (QW)
If you	checked the MFS box, enter the name of your spou	use. If y	you checked the H	IOH c	or QW box, enter	the ch	าild's n	ame	if the qualifying
persor	n is a child but not your dependent ▶								
Enter	on lines 1 through 23, columns A through C, the am	nounts	for the return		A. Original amount	B. Ne	et change	e -	
year e	ntered above.				reported or as previously adjusted		nt of increa lecrease)		C. Correct amount
Use P	art III on page 2 to explain any changes.				(see instructions)		in in Part		
	ne and Deductions								
1	Adjusted gross income. If a net operating loss (NOL) carr	ryback i	s						
	included, check here	-		1	122,649				122,649
2	Itemized deductions or standard deduction			2	25,900				25,900
3	Subtract line 2 from line 1		'	3	96,749				96,749
4a	Reserved for future use			4a					,
b	Qualified business income deduction			4b					
5	Taxable income. Subtract line 4b from line 3. If the result								
_	enter -0			5	96,749				96,749
Tax L	iability				30,712				20,125
6	Tax. Enter method(s) used to figure tax (see instructions):								
	TABLE			6	12,514				12,514
7	Nonrefundable credits. If a general business credit carryb	pack is						-	
-			▶ □	7					0
8	Subtract line 7 from line 6. If the result is zero or less, ent		_	8	12,514				12,514
9	Reserved for future use			9					
10				10					
11	Total tax. Add lines 8 and 10			11	12,514				12,514
Paym									
12	Federal income tax withheld and excess social security a	nd tier 1	RRTA						
	tax withheld. (If changing, see instructions.)			12	22,677				22,677
13	Estimated tax payments, including amount applied from pr			13					
14	Earned income credit (EIC)			14					
15	Refundable credits from: Schedule 8812 Form(s)								
	8863 8885 8962 or other (specify):] 2 100		15					
16	Total amount paid with request for extension of time to file	e, tax pa	id with original return		additional				
	tax paid after return was filed							16	
17	Total payments. Add lines 12 through 15, column C, and li						_	17	22,677
	nd or Amount You Owe								
18	Overpayment, if any, as shown on original return or as pre	eviously	adjusted by the IRS					18	10,163
19	Subtract line 18 from line 17. (If less than zero, see instruc	•					· · · —	19	12,514
20	Amount you owe. If line 11, column C, is more than line							20	12,014
21	If line 11, column C, is less than line 19, enter the differe							21	
22	Amount of line 21 you want refunded to you			-				22	
23	Amount of line 21 you want retained to your (enter year			· · · mated	1 1				
	Tantourk of line 21 you want applied to your tenter year	<i>,</i> ·	cour	utGU		nlete a	nd siar) this	form on page 2.
					COIII	picie a	orgi		Jim Jii paye Zi

rt I	Dependents							
s would i	nis part to change any info include a change in the nu formation for the return ye	ımber of dependents	S.		A. Original num of dependen reported or a previously adjus	ts is	B. Net change amount of increase or (decrease)	C. Correct number
	•	•		. 24				
Your	dependent children who lived	with you		. 25				
Your	dependent children who didn't	live with you due to di	vorce or					
sepa	ration			. 26				
Othe	r dependents			. 27				
Rese	erved for future use			. 28				
				. 29				
	ALL dependents (children and	d others) claimed on th	is amended return.					
endents	(see instructions):		(b) Social security	(c) R	elationship	(d)	Check if qualifies for	or (see instruction
re	(a) First name	Last name	number	t	o you	c	hild tax credit	Credit for othe
four ndents,						-		dependents
idente,								
ctions								
heck ▶ □						-		
t II	Presidential Election	Campaign Fund	(for the return year o	ntorod a	t the ten of n	200		
Check	here if this is a joint return and Explanation of Chan					$\overline{}$	1040-X.	
	Attach any supporting docun				Ĭ			
		OT TO REPORT HI	OFC AND MARCELLU	S BANK	ACCOUNTS	IN	THE	
THE T	IME OF FILING, FORGO							
	IME OF FILING, FORGO AMENDING THE TAX 1		RT BOTH ACCOUNTS					
			RT BOTH ACCOUNTS	V				
			RT BOTH ACCOUNTS					
			RT BOTH ACCOUNTS					
			RT BOTH ACCOUNTS					
			RT BOTH ACCOUNTS		, •			
			RT BOTH ACCOUNTS		,			
			RT BOTH ACCOUNTS					
	D AMENDING THE TAX	RETURN TO REPOR						
		copy of this form	for your records.		ned this amenda	ed retu	ırn, including accon	npanying schedule
	Remember to keep a Under penalties of perjury, I and statements, and to the b	COPY of this form declare that I have filed an eest of my knowledge and	for your records. n original return, and that I h belief, this amended return	nave exami is true, cor				
CA. SO	Remember to keep a Under penalties of perjury, I	COPY of this form declare that I have filed an eest of my knowledge and	for your records. n original return, and that I h belief, this amended return	nave exami is true, cor				
n	Remember to keep a Under penalties of perjury, I and statements, and to the b	COPY of this form declare that I have filed an eest of my knowledge and	for your records. n original return, and that I h belief, this amended return	nave exami is true, con		ete. De		er (other than
n	Remember to keep a Under penalties of perjury, I and statements, and to the b taxpayer) is based on all info	COPY of this form declare that I have filed an eest of my knowledge and	for your records. n original return, and that I h belief, this amended return	nave exami is true, con	ect, and comple	ete. De	eclaration of prepare	er (other than
Jn	Remember to keep a Under penalties of perjury, I and statements, and to the b taxpayer) is based on all info	COPY of this form declare that I have filed an eest of my knowledge and	for your records. n original return, and that I h belief, this amended return	nave exami is true, cor e.	ect, and comple	ete. De	eclaration of prepare	er (other than
	Remember to keep a Under penalties of perjury, I and statements, and to the b taxpayer) is based on all info	COPY of this form declare that I have filed an eest of my knowledge and	for your records. n original return, and that I h belief, this amended return	nave exami is true, cor e. 	ect, and comple	ete. De	eclaration of prepare	er (other than

Lewes, DE 19958 For forms and publications, visit www.irs.gov/Forms.

Preparer's signature

CHAITANYA UPPALA

Print/Type preparer's name CHAITANYA UPPALA

Firm's address ► 16192 COASTAL HIGHWAY

Firm's name ► SHOONYA TAX SOLUTIONS INC

844-746-6692 Form **1040-X** (Rev. 7-2021)

Firm's EIN ► **84-4291993**

PTIN

P01703768

Check if self-employed

Phone no.

Date

11-14-2023

Paid

Preparer

Use Only

£1040	U.	S. Individual Income Ta		2022	2	OMB No. 1545	5-0074	IRS Use Onl	y-Do not wri	te or staple i	n this space.
Filing Status	П;	Single 🔀 Married filing jointly	Married filing s	separately (I	MFS)) Head of	house	hold (HOH)	☐ Quali	ifying sun	/iving
Check only						_		, ,	_ spou	se (QSS)	
one box.	•	ou checked the MFS box, enter the nation is a child but not your dependent:	ame of your spou	se. If you ch	ecke	d the HOH or	QSS b	ox, enter the	child's n	ame if the	qualifying
Your first name a	•	<u> </u>	Last name						Vour soc	sial encuri	ty number
		dule iliitiai									•
MOIN AHMED		first name and middle initial	SYED Last name							5-4857	curity numbe
	ouse s	mst hame and middle midal		т					-	2-6305	•
FNU Home address (i	numbe	r and street). If you have a P.O. box, see	AZMA SIRAC	J			Α	pt. no.			on Campaign
366 ALVARE		•	mon donorio.				'	pt. 110.		ere if you, c	
		e. If you have a foreign address, also com	nlete spaces below	v	Stat	Δ	ZIP cc	de			y, want \$3
MILPITAS	00	o you have a loloigh addition, also com	,p. 0.00 0 page 20.01.	CA 95					-	nis fund. C	
Foreign country	name		Foreign pro	ovince/state/c	untv	CA		n postal code	your tax o	v will not c or refund.	nange
,			· · · · · · · · · · · · · · · · · · ·				l orong	II pootal oodo		☐ You	Spouse
Digital	At ar	ny time during 2022, did you: (a) recei	ve (as a reward.	award, or pa	vme	nt for property	or ser	vices): or (b)	sell.		
Assets		ange, gift, or otherwise dispose of a	•		•			, , ,		Yes	X No
Standard		eone can claim: You as a dep	` `-	Your spouse							
Deduction	П	Spouse itemizes on a separate retur	_			· ·					
Age/Blindness	Vau	Word born before January 2 1	059 D Arabli	ind Sn	NICO.	. □ Was ba	rn hofe	ro January S	1059	☐ Is b	lind
	You		958	.	ouse:			ore January 2			
Dependents	•	instructions): irst name Last name		(2) Social s		y (3) Relation		Child tax		,	nstructions): er dependents
If more	(1)	irst name Last name						Cilila tax	Credit (
than four dependents,								 		<u>_</u>	
see instructions						7					
and check here \square								+ $+$		<u>l</u>	
<u> </u>	1a	Total amount from Form(s) W-2, box	v 1 (see instruction	nne)				<u> </u>	. 1a	<u>_</u>	122,012
Income	b	Household employee wages not rep						• • • • •			122,012
Attach Form(s)	c	Tip income not reported on line 1a	,								
W-2 here. Also	d	Medicaid waiver payments not repo							. 1d		
attach Forms W-2G and	e	Taxable dependent care benefits from	_ ' '	,					. 1a		
1099-R if tax	f	Employer-provided adoption benefit				· • • • • • • •			. 16		
was withheld.	g g								. 1g		
lf you did not get a Form	h	Other earned income (see instruction							. 1h		
W-2, see	i	Nontaxable combat pay election (se				I	1				
instructions.	z	Add lines 1a through 1h							. 1z		122,012
Attach Sch. B	2a		2a		b Ta	axable interes	t				523
if required.	3a		3a			rdinary divider					
·	4a	IRA distributions	4a		b Ta	axable amoun	t		. 4b		
Standard	5a		5a			axable amoun					
Deduction for-	6a	Social security benefits	6a			axable amoun					
Single or Married filing	С	If you elect to use the lump-sum ele	ection method, ch	neck here (se	e ins	structions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sched	ule D if required.	. If not requi	ed, c	heck here .		[7		114
Married filing	8	Other income from Schedule 1, line							. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									122,649
surviving spouse, \$25,900	10	Adjustments to income from Schedu									
Head of	11_	Subtract line 10 from line 9. This is									122,649
household, \$19,400	12	Standard deduction or itemized									25,900
If you checked	13	Qualified business income deduction									
any box under Standard	14	Add lines 12 and 13							. 14		25,900
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero	o or less, enter -	0 This is yo	our t a	axable incom	е	. .	. 15		96,749

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

Form **1040** (2022)

FOIII 1040 (2022	<u> </u>	MOIN AHMED SYED & FNU AZMA	SIRAJ					087-15	-4857 Page 2
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 49	972 3 🗌 _			. 16	12,514
Credits	17	Amount from Schedule 2, line 3						. 17	
	18	Add lines 16 and 17						. 18	12,514
	19	Child tax credit or credit for other depende	nts from Schedule	8812 .				. 19	
	20	Amount from Schedule 3, line 8						. 20	
	21	Add lines 19 and 20						. 21	0
	22	Subtract line 21 from line 18. If zero or les	s, enter -0					. 22	12,514
	23	Other taxes, including self-employment tax	, from Schedule 2	, line 21 .				. 23	
	24	Add lines 22 and 23. This is your total tax	x					. 24	12,514
Payments Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a		22,6	77	
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c							22,677
If you have a	26	2022 estimated tax payments and amount	applied from 2021	return .				. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) NO			27				
allasii esiii Elei	28	Additional child tax credit from Schedule 8	812		28				
	29	American opportunity credit from Form 886	63, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are y	•	-					0
	33	Add lines 25d, 26, and 32. These are you						. 33	22,677
Refund	34	If line 33 is more than line 24, subtract lin				-	_	34	10,163
	35a	Amount of line 34 you want refunded to				_	<u>.</u> [35a	10,163
Direct deposit? See instructions.	b d		XXXX		$X \mid X \mid X \mid X$		Saving	js	
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe.						
You Owe		For details on how to pay, go to www.irs.g				Y		. 37	0
	38	Estimated tax penalty (see instructions)		<u> </u>	38				
Third Party Designee		you want to allow another person to discuss structions						e below.	X No
		esignee's me	Phone no.				rsonal ide mber (PIN	entification N	
Sign	Un	der penalties of perjury, I declare that I have exar lief, they are true, correct, and complete. Declarat	nined this return and		-	statem	ents, and	to the best	
Here		ur signature	Date	Your occupat	•		If	the IRS sei	nt you an Identity N, enter it here
Joint return?	590	56	08-30-2023	IT PROFI	ESSIONAL		(5	see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ	cupation		lo	dentity Prote	nt your spouse an ection PIN, enter it here
your records.	911	00	08-30-2023	HOMEMAKI	ER		(5	see inst.)	
	Ph	none no.	Email address SI	MOIN75@Y	AHOO.COM				
D - 1-1	Pre	eparer's signature			Date		PTIN		Check if:
Paid	CHA	ITANYA UPPALA		11-14-2023 P01703					Self-employed
Preparer	Pre	eparer's name CHAITANYA UPPALA			Phone no.	844-	746-66	592	
Use Only	Fin	m's name SHOONYA TAX SOLUTIO							
	Fin	m's address 16192 COASTAL HIGHW	AY						
		Lewes , DE 19958					Fi	rm's EIN	84-4291993

Go to $\emph{www.irs.gov/Form1040}$ for instructions and the latest information.

EEA

Form **1040** (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2022

Attachment

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.

Sequence No. 01 Your social security number

MOIN	AHMED SYED & FNU AZMA SIRAJ	087-15-4857
Par	t I Additional Income	
1	Taxable refunds, credits, or offsets of state and local income taxes	1
2a	Alimony received	2a
b	Date of original divorce or separation agreement (see instructions):	
3	Business income or (loss). Attach Schedule C	3
4	Other gains or (losses). Attach Form 4797	4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5
6	Farm income or (loss). Attach Schedule F	6
7	Unemployment compensation	7
8	Other income:	
а	Net operating loss · · · · · · · · · · · · · · · · · ·	<u>)</u>
b	Gambling	
С	Cancellation of debt	
d	Foreign earned income exclusion from Form 2555 8d	<u>)</u>
е	Income from Form 8853 8e	
f	Income from Form 8889 · · · · · · · · · · · · · · · · ·	
g	Alaska Permanent Fund dividends	
h	Jury duty pay	
i	Prizes and awards	
j	Activity not engaged in for profit income 8j	
k	Stock options	
I	Income from the rental of personal property if you engaged in the rental	
	for profit but were not in the business of renting such property	
m	Olympic and Paralympic medals and USOC prize money (see	
	instructions)	
n	Instructions) 8m Section 951(a) inclusion (see instructions) 8n Section 951A(a) inclusion (see instructions) 8o	
0	Section 951A(a) inclusion (see instructions)	
р	Section 461(I) excess business loss adjustment	
q	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	<u>)</u>
t	Pension or annuity from a nonqualified deferred compensation plan or	
	a nongovernmental section 457 plan	
u	Wages earned while incarcerated	
Z	Other income. List type and amount:	
•		-
9	Total other income. Add lines 8a through 8z	9
<u> 10 </u>	Combine lines 1 through 7 and 9. Enter here and on Form 1040,1040-SR, or 1040-NR, line 8	10

Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	. 11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	. 12	
13	Health savings account deduction. Attach Form 8889	. 13	0
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		
17	Self-employed health insurance deduction		
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		
22	Reserved for future use	. 22	
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m · · · · · · · · · · · · · 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041) · · · · · · · · · · · · · · · · · · ·		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z		
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and c		-
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	. 26	0

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2022

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service Name(s) shown on return Go to www.irs.gov/ScheduleB for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

Your social security number MOIN AHMED SYED & FNU AZMA SIRAJ 087-15-4857 List name of payer. If any interest is from a seller-financed mortgage and the Part I Amount buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions and the Instructions for INDIAN INTEREST INCOME 523 Form 1040, line 2b.) Note: If you received a 1 Form 1099-INT Form 1099-OID, or substitute INTEREST SUBTOTAL 523 statement from a brokerage firm. list the firm's name as the payer and enter the total interest shown on that form. 2 523 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 523 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer: **Ordinary Dividends** (See instructions and the Instructions for Form 1040, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign **Foreign** account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Accounts Yes No and Trusts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to file FinCEN Form country? See instructions X 114 may result in If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial substantial penalties. Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 . Additionally, you and its instructions for filing requirements and exceptions to those requirements Х may be required If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the to file Form 8938, Statement of financial account(s) are located: INDIA Specified Foreign During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a Financial Assets. See instructions.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 12

Name(s) shown on return Your social security number MOIN AHMED SYED & FNU AZMA SIRAJ 087-15-4857 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (d) (e) 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. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 with 2 Totals for all transactions reported on Form(s) 8949 with 3 Totals for all transactions reported on Form(s) 8949 with 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 5 6 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 page 2 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) (d) (e) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and (sales price) This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II. combine the result with column (g) whole dollars. line 2, column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b **8b** Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 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

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	114
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	10	
		18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 (
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2022

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number

MOIN	AHMED	SYED	&	FNU	AZMA	SIRAJ	

087-15-4857

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

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

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

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

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

☐ (B) Short-term transactions	reported on For	m(s) 1099-B sho	owing basis wasn't	reported to the IR	S		
X (C) Short-term transactions	not reported to	you on Form 109	99-B				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	If you enter an enter a co	f any, to gain or loss, amount in column (g), de in column (f), parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
INDIAN STOCKS	VARIOUS	12-31-2022	8,015	7,901			114
			3,033				
	A (
2 Totals. Add the amounts in colum negative amounts). Enter each tot Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Bo	al here and include ve is checked), lin e	e on your e 2 (if Box B	8 015	7 901			11.

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.

Health Savings Accounts (HSAs)

2022 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. Sequence No. 52

OMB No. 1545-0074

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

MOIN AHMED SYED & FNU AZMA SIRAJ

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

087-15-4857

Before	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.		
Part	HSA Contributions and Deduction. See the instructions before completing this part. If you are filing	ng jointly	,
	and both you and your spouse each have separate HSAs, complete a separate Part I for each spou	ise.	
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022.		
	See instructions	Self-only	🗴 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the		
	unextended due date of your tax return that were for 2022. Do not include employer contributions,		
	contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you		
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for		
	family coverage). All others, see the instructions for the amount to enter	3	7,300
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853,		
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also		
	include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage		
	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,300
9	Employer contributions made to your HSAs for 2022	-	
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,000
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,300
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		s, complete	
	a separate Part II for each spouse.	T T	
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20%		
	Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form	4-1	
D =4	1040), Part II, line 17c	17b	
Part			
	completing this part. If you are filing jointly and both you and your spouse each have separate HSAs	S,	
40	complete a separate Part III for each spouse.	40	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

(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 2022 or tax year beginning

If you have attached additional statements, check here

, 2022, and ending

Number of additional statements

Attachment Sequence No. 938

OMB No. 1545-2195

Name(s) shown on return 2 Taxpayer Identification Number (TIN) MOIN AHMED SYED & FNU AZMA SIRAJ 087-15-4857 Type of filer 3 a X Specified individual **b** Partnership **c** Corporation **d** ☐ Trust If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) Name Part I Foreign Deposit and Custodial Accounts Summary Number of deposit accounts (reported in Part V) 6 6 Maximum value of all deposit accounts 186,057 Number of custodial accounts (reported in Part V) 7 Maximum value of all custodial accounts 8 9 Were any foreign deposit or custodial accounts closed during the tax year? Part II Other Foreign Assets Summary 10 Number of foreign assets (reported in Part VI) Maximum value of all assets (reported in Part VI) 11 19,697 Were any foreign assets acquired or sold during the tax year? 12 x No Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) Part III Amount reported on Where reported (a) Asset category (b) Tax item form or schedule (d) Form and line 13 Foreign deposit and a Interest \$ custodial accounts **b** Dividends \$ c Royalties \$ d Other income \$ \$ e Gains (losses) \$ Deductions \$ **g** Credits 14 Other foreign assets a Interest \$ \$ **b** Dividends \$ **c** Royalties d Other income \$ Gains (losses) \$ Deductions \$ g Credits \$ Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. Number of Forms 3520 16 Number of Forms 3520-A 17 Number of Forms 5471 Number of Forms 8621 Number of Forms 8865

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

Form 8938 (Rev. 11-2021) Page 2 Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions. 20 Type of account X Deposit 21 Account number or other designation Custodial 093801000442 Check all that apply **a** Account opened during tax year **b** Account closed during tax year d X No tax item reported in Part III with respect to this asset **c** Account jointly owned with spouse Maximum value of account during tax year 57,352 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ПΝο 24 If you answered "Yes" to line 24, complete all that apply. (a) Foreign currency in which (b) Foreign currency exchange rate 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 0.0127 26a Name of financial institution in which account is maintained **b** Global Intermediary Identification Number (GIIN) (Optional) ICICI BANK Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. RAJARAJESHWARI NAGAR City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA India 560052 Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions. 30 Identifying number or other designation Description of asset ADITYA BIRLA SUN LIFE MIDCAP F 1015209688 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable **b** Date asset disposed of during tax year, if applicable d 🗴 Check if no tax item reported in Part III with respect to this asset c Check if asset jointly owned with spouse 32 Maximum value of asset during tax year (check box that applies) c 3100,001 - \$150,000 a 🗴 \$0 - \$50,000 **b** \$50,001 - \$100,000 **d** 3150,001 - \$200,000 34 If you answered "Yes" to line 33, complete all that apply. (b) Foreign currency exchange rate (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. dollars Treasury Department's Bureau of the Fiscal Service If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity **b** GIIN (Optional) c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, country, and ZIP or foreign postal code 36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions. a Name of issuer or counterparty ADITYA BIRLA SUN LIFE MIDCAP F Check if information is for x Issuer Counterparty **b** Type of issuer or counterparty (1) Individual (3) X Corporation (4) Trust (2) Partnership

Form	8938 (2022)					Page	
		(Continuation	on Sta	atemer	nt)		
		•			TIN		
Nam MOII	e(s) shown on return N AHMED SYED & FNU AZMA SIRAJ				087-15-4857		
Pai		oreign Deposit and C	Custodi	al Accou	•		
	(see instructions)	•				•	
If you	ı have more than one account to report in Part	V, attach a separate stat	ement fo	r each add	litional account. See instructions		
20	Type of account X Deposit			2	21 Account number or other de	esignation	
	Custodial				5491270001287		
22	Check all that apply a Account ope	ned during tax year	_		closed during tax year		
	c ☐ Account joint	ly owned with spouse	d X	No tax ite	em reported in Part III with resp	ect to this asset	
23	Maximum value of account during tax year					<u>-</u>	17,686
24	Did you use a foreign currency exchange rate		he accou	ınt into U.S	3. dollars?	X Yes	∐ No
25	If you answered "Yes" to line 24, complete al				() 0 ()	1:5 . 5	
	(a) Foreign currency in which	(b) Foreign currency	•		(c) Source of exchange rate		
	account is maintained	used to convert to	U.S. 001	iars	Treasury Department's E	sureau or the Fisca	ai Service
260	INR Name of financial institution in which account	0.0127		b Clobo	Untermedian Identification Num	mbor (CIINI) (Onti-	onal\
20 a	HDFC	i is maimaineu		b Globa	I Intermediary Identification Nur	inder (Gilly) (Optio	Jilai)
27	Mailing address of financial institution in which	ch account is maintained	Number	street and	t room or suite no		
	SKY WARDS TECH PARK ELECTRON		radiliber,	Stroot, and	Troom or salte no.		
28	City or town, state or province, country, and 2		!				
	BANGALORE, KARNATAKA India 5	• .					
Pai	t VI Detailed Information for Eac	ch "Other Foreign	Asset"	Include	ed in the Part II Summa	ry (see instruc	ctions)
I f yοι	ı have more than one asset to report in Part V	I, attach a separate state	ment for e	each additi	onal asset. See instructions.		
29	Description of asset		30	Identifying	number or other designation		
	AXIS FLEXI CAP FUND - GR		9:	1059281	.954		
31	Complete all that apply. See instructions for re-	eporting of multiple acquis	sition or c	lisposition	dates.		
а	Date asset acquired during tax year, if applic						
b	Date asset disposed of during tax year, if app						
<u>C</u>	Check if asset jointly owned with spouse		Check if	no tax itei	m reported in Part III with respe	ect to this asset	
32	Maximum value of asset during tax year (che \mathbf{x} \$0 - \$50,000 \mathbf{b} \mathbf{s}		c	C \$100	001 - \$150,000 d	\$150,001 - \$20	000
a e		50,001 - \$100,000		_	_		0,000
33	Did you use a foreign currency exchange rate				dollars?		X No
34	If you answered "Yes" to line 33, complete al		TIC GSSCE	1110 0.0.	donard:	🗀 103	<u> </u>
•	(a) Foreign currency in which asset	(b) Foreign currency	exchange	rate	(c) Source of exchange rate	used if not from U	 J.S.
	is denominated	used to convert to			Treasury Department's E		
35	If asset reported on line 29 is stock of a foreign	gn entity or an interest in	a foreign	entity, ente	er the following information for t	he asset.	
а	Name of foreign entity			b GIIN ((Optional)		
С.		· · · · · · · · · · · · · · · · · · ·	rporation	ո (3	i) Trust (4) Estat	<u>te</u>	
d	Mailing address of foreign entity. Number, str	eet, and room or suite no	-				
	City ou town atota ou pusuinas asympto, and	7ID ou foucieur mantal an da					
е	City or town, state or province, country, and 2	ziP or loreign postal code	!				
36	If asset reported on line 29 is not stock of a f	oreign entity or an interes	tin a fore	aign entity	enter the following information	for	
30	the asset.	oreign entity of an interes	till a lore	aigir Citaty,	enter the following information	101	
	Note: If this asset has more than one issuer	or counterparty, attach a	senarat	e stateme	nt with the same information for	or each	
	additional issuer or counterparty. See instruct		Jopaidi	2.0.01110		200	
а		LEXI CAP FUND -	GR				
	· · · 	Issuer		terparty			
b	Type of issuer or counterparty						
		Partnership (3)	X Corp	oration	(4) Trust	(5) 🗌 E:	state
С	Check if issuer or counterparty is a		_	gn person			
d	Mailing address of issuer or counterparty. Nu	ımber, street, and room o	r suite no).			
	ALPHA, OFFICE FLOOR 8, NEAR I	KANJURM					

e City or town, state or province, country, and ZIP or foreign postal code

Form	8938 (2022)			Page	
	(Continuation	n State	emen	nt)	
				TIN	
Name	e(s) shown on return NAHMED SYED & FNU AZMA SIRAJ			087-15-4857	
Par		ustodial	Ассоц		
	(see instructions)	uo to u iui i	, 1000 u		
If you	have more than one account to report in Part V, attach a separate states	ment for ea	ach addi	litional account. See instructions.	
20	Type of account			21 Account number or other designation	
	□ Custodial			221810100002290	
22	Check all that apply a Account opened during tax year	b A	ccount c	closed during tax year	
	c Account jointly owned with spouse	dX N	o tax ite	em reported in Part III with respect to this asset	
23	Maximum value of account during tax year			\$ 19,3	99
24	Did you use a foreign currency exchange rate to convert the value of the	e account i	into U.S	S. dollars? X Yes N	lo
25	If you answered "Yes" to line 24, complete all that apply.				
	(a) Foreign currency in which (b) Foreign currency ex	kchange ra	ate	(c) Source of exchange rate used if not from U.S.	
	account is maintained used to convert to U	J.S. dollar	s	Treasury Department's Bureau of the Fiscal Serv	vice
	INR 0.0127				
26a	Name of financial institution in which account is maintained	b	Global	I Intermediary Identification Number (GIIN) (Optional)	
	UNION BANK OF INDIA				
27	Mailing address of financial institution in which account is maintained. N	lumber, str	eet, and	d room or suite no.	
	D NO 9 BY 1A NEAR AYISH BAZAR				
28	City or town, state or province, country, and ZIP or foreign postal code				
Dar	BANGALORE, KARNATAKA India 560102 t VI Detailed Information for Each "Other Foreign A	ccot" In	chudo	od in the Part II Summary (see instructions	-1
	have more than one asset to report in Part VI, attach a separate statem		$\overline{}$		>)
	Description of asset			number or other designation	
	HSBC FLEXI CAP FUND - GR		5039/:		
31	Complete all that apply. See instructions for reporting of multiple acquisit	_			
а	Date asset acquired during tax year, if applicable	=			
b	Date asset disposed of during tax year, if applicable		~ ~		
С				m reported in Part III with respect to this asset	
32	Maximum value of asset during tax year (check box that applies)				
а	b \$50,000 b \$50,001 - \$100,000	c 🗌	\$100,0	001 - \$150,000 d	
е	If more than \$200,000, list value				
33	Did you use a foreign currency exchange rate to convert the value of the	e asset int	o U.S. d	dollars? Yes 🗓	No
34	If you answered "Yes" to line 33, complete all that apply.			T	
	(a) Foreign currency in which asset (b) Foreign currency ex	U		(c) Source of exchange rate used if not from U.S.	
	is denominated used to convert to U	J.S. dollars	s	Treasury Department's Bureau of the Fiscal Ser	vice
35	If asset reported on line 29 is stock of a foreign entity or an interest in a	foreign en	tity ente	er the following information for the asset	
a	Name of foreign entity			(Optional)	
а	realine of foreign entity	*	J 01114 (4	(Орионат)	
С	Type of foreign entity (1) Partnership (2) Corp	poration	(3)	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 \boldsymbol{i}	in a foreigr	n entity, e	enter the following information for	
	the asset.				
	Note: If this asset has more than one issuer or counterparty, attach a s	separate s	statemer	nt with the same information for each	
	additional issuer or counterparty. See instructions.				
а	Name of issuer or counterparty HSBC FLEXI CAP FUND - G	_			
	Check if information is for Issuer	Counter	party		
b	Type of issuer or counterparty	.		(n 🗆 =)	
		Corpora		(4) Trust (5) Estate	
C		Foreign Foreign	person		
d	Mailing address of issuer or counterparty. Number, street, and room or s	suite no.			
_	NESCO COMPLEX, WESTERN EXPRESS				
е	City or town, state or province, country, and ZIP or foreign postal code				

Form	8938 (2022)				Page
	· · ·	(Continuation S	tatemer	nt)	
	()			TIN	
Nam MOI I	e(s) shown on return N`AHMED SYED & FNU AZMA SIRAJ	,		087-15-4857	
Pa	t V Detailed Information for Each F	oreign Deposit and Custo	dial Accoι	ınt Included in the Part I Sur	nmary
	(see instructions)				
	have more than one account to report in Par	t V, attach a separate statement			
20	Type of account		'	21 Account number or other desig 00000040896457865	nation
22	<u>_</u>	ened during tax year b	Account	closed during tax year	
	, = .	0 ,	=	em reported in Part III with respect	to this asset
23	Maximum value of account during tax year	•			
24	Did you use a foreign currency exchange rat	te to convert the value of the acc	count into U.S	S. dollars?	. 🗶 Yes 🗌 No
25	If you answered "Yes" to line 24, complete a	II that apply.		T	
	(a) Foreign currency in which	(b) Foreign currency exchar	· ·	(c) Source of exchange rate us	
	account is maintained	used to convert to U.S.	dollars	Treasury Department's Bure	au of the Fiscal Service
26-	INR	0.0127	h Claba	Laterna ediem (Identification Numb	or (CIIN) (Ontional)
20 a	Name of financial institution in which accoun SBI	it is maintained	b Globa	I Intermediary Identification Number	ar (Giliv) (Optional)
27	Mailing address of financial institution in which	ch account is maintained. Numb	er, street, and	d room or suite no.	
	L K PLAZA, SY NO 9/1 VARTHUR		, ,		
28	City or town, state or province, country, and	ZIP or foreign postal code			
	BENGALURU, KARNATAKA India 5				
	t VI Detailed Information for Ea				(see instructions)
	have more than one asset to report in Part V				
29	Description of asset INVESCO INDIA GROWTH OPPORTU		31050230	number or other designation	
31	Complete all that apply. See instructions for r				
а	Date asset acquired during tax year, if applic				
b	Date asset disposed of during tax year, if ap				
С	Check if asset jointly owned with spouse	d X Chec	k if no tax ite	m reported in Part III with respect	to this asset
32	Maximum value of asset during tax year (che			_	
а	-	\$50,001 - \$100,000	c \$100,	001 - \$150,000 d 🗌 S	\$150,001 - \$200,000
e				dalla0	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
33 34	Did you use a foreign currency exchange rat If you answered "Yes" to line 33, complete a		set into U.S.	dollars?	. Yes X No
J -1	(a) Foreign currency in which asset	(b) Foreign currency exchar	nge rate	(c) Source of exchange rate us	ed if not from U.S.
	is denominated	used to convert to U.S.		Treasury Department's Bure	
35	If asset reported on line 29 is stock of a fore	ign entity or an interest in a forei	<u> </u>		asset.
а	Name of foreign entity		b GIIN ((Optional)	
_	Type of foreign entity (1) Desir	tnership (2) Corporat	tion (2) Truct (4) Totata	
c d	Type of foreign entity (1) Part Mailing address of foreign entity. Number, st	· · · · · · · · · · · · · · · · · · ·	tion (3	i) Trust (4) Estate	
u	walling address of loreign chart, trainber, so	rect, and recom or saite 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 f	oreign entity,	enter the following information for	
	the asset.				
	Note: If this asset has more than one issue	, , ,	rate stateme	nt with the same information for e	ach
_	additional issuer or counterparty. See instruc				
а		O INDIA GROWTH OPPOR	CTUNITIES ounterparty	•	
b	Type of issuer or counterparty	1330E1	ouncipally		
5		Partnership (3) X Co	orporation	(4) Trust	(5) Estate
С	Check if issuer or counterparty is a	_	reign person	<i>, _</i>	(-,
d	Mailing address of issuer or counterparty. No				
	BUILDING, B, ALPHA, OFFICE F	LOOR 8			
е	City or town, state or province, country, and	ZIP or foreign postal code			

Form	8938 (2022)				Page
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				TIN	
Nam MOI I	e(s) shown on return N AHMED SYED & FNU AZMA SIRAJ			087-15-4857	
Pai		oreign Deposit and Cu	stodial Accou		Summary
	(see instructions)				•
lf yοι	have more than one account to report in Par	t V, attach a separate statem	ent for each add	litional account. See instruction	ns.
20	Type of account		:	21 Account number or other d	lesignation
	Custodial			5491610078419	
22	''''' = '	ned during tax year	_	closed during tax year	
		tly owned with spouse	d X No tax ite	em reported in Part III with res	•
23	Maximum value of account during tax year			<u> </u>	
24	Did you use a foreign currency exchange rate		account into U.S	S. dollars?	X Yes No
25	If you answered "Yes" to line 24, complete a		1	() () ()	
	(a) Foreign currency in which account is maintained	(b) Foreign currency excursed to convert to U.	J	(c) Source of exchange rat	Bureau of the Fiscal Service
	INR	0.127	.o. dollars	Treasury Departments	Duleau of the Fiscal Service
262	Name of financial institution in which accoun		h Globa	⊥ al Intermediary Identification Nu	umber (GIIN) (Ontional)
 0u	HDFC BANK	t io mamamod	5 01050	a momentum day administration rec	arribor (Girty) (Optional)
27	Mailing address of financial institution in whi	ch account is maintained. Nu	mber. street. and	d room or suite no.	
	ELECTRONIC CITY		,,		
28	City or town, state or province, country, and	ZIP or foreign postal code			
	BANGALORE, KARNATAKA India 5	60100			
Pai	t VI Detailed Information for Ea	ch "Other Foreign As	set" Include	ed in the Part II Summa	ary (see instructions)
l f you	have more than one asset to report in Part \	I, attach a separate stateme	nt for each addit	ional asset. See instructions.	
29	Description of asset			number or other designation	
	MIRAE ASSET BANKING AND FINA		78823177		
31	Complete all that apply. See instructions for r			dates.	
a	Date asset acquired during tax year, if applic				
b	Date asset disposed of during tax year, if ap Check if asset jointly owned with spouse			m reported in Part III with room	east to this asset
<u>с</u> 32			leck ii no tax ite	m reported in Part III with resp	Ject to this asset
a					
e					, . ,
33	Did you use a foreign currency exchange rate				
34	If you answered "Yes" to line 33, complete a				
	(a) Foreign currency in which asset	(b) Foreign currency exc	hange rate	(c) Source of exchange rat	te used if not from U.S.
	is denominated	used to convert to U.	.S. dollars	Treasury Department's	Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a fore	gn entity or an interest in a fo			the asset
а	Name of foreign entity		b GIIN	(Optional)	
_	Time of fernion antity (4) Den	un arrabia (2) Carra	anation (S)	
۲ C	Type of foreign entity (1) Par Mailing address of foreign entity. Number, st		oration (3	3)	ate
d	Mailing address of foreign entity. Number, si	reet, and room or suite no.			
е	City or town, state or province, country, and	ZIP or foreign postal code			
	, c e. p. ee., e e ae, , ae.				
36	If asset reported on line 29 is not stock of a	oreign entity or an interest in	a foreign entity,	enter the following information	n for
	the asset.				
	Note: If this asset has more than one issue	or counterparty, attach a se	eparate stateme	ent with the same information f	for each
	additional issuer or counterparty. See instruc	tions.			
а	Name of issuer or counterparty MIRAE	ASSET BANKING AND	FINANC		
	Check if information is for	Issuer	Counterparty		
b	Type of issuer or counterparty			_	_
		Partnership (3) X		(4) Trust	(5) Estate
С	Check if issuer or counterparty is a		Foreign person		
d	Mailing address of issuer or counterparty. N		uite no.		
	UNIT NO.606 - 6TH FLOOR, WIN	DSOR			

e City or town, state or province, country, and ZIP or foreign postal code

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	· ·	(Continuation	Stateme	nt)	-
				TIN	
Nam MOII	e(s) shown on return N AHMED SYED & FNU AZMA SIRAJ			087-15-4857	
Pai	rt V Detailed Information for Each F	oreign Deposit and Cu	stodial Acco	unt Included in the Part I	l Summary
	(see instructions)				
	have more than one account to report in Part	V, attach a separate statem	ent for each ac		
20	Type of account <u>X</u> Deposit			21 Account number or other	designation
22	Check all that apply a Account oper	ned during tax year	h Accoun	109781 t closed during tax year	
22		y owned with spouse	=	tem reported in Part III with re	snect to this asset
23	Maximum value of account during tax year	•			
24	Did you use a foreign currency exchange rate				
25	If you answered "Yes" to line 24, complete all	that apply.			
	(a) Foreign currency in which	(b) Foreign currency exc	hange rate	1,,	ate used if not from U.S.
	account is maintained	used to convert to U	.S. dollars	Treasury Department's	s Bureau of the Fiscal Service
	INR	0.0127			
26a	Name of financial institution in which account MARCELLUS	is maintained	b Glob	al Intermediary Identification N	lumber (GIIN) (Optional)
27	Mailing address of financial institution in whice	h account is maintained. Nu	mber, street, a	nd room or suite no.	
	929, DBS BUSINESS CENTRE				
28	City or town, state or province, country, and Z	IP or foreign postal code			
_	MUMBAI, MAHARASHTRA India 400		411.1.1.4	11: (1 2 112	
	rt VI Detailed Information for Eac				iary (see instructions)
29	u have more than one asset to report in Part VI Description of asset	, attach a separate stateme		g number or other designation	1
23	TATA DIGITAL INDIA FUND - GR		4651102		I
31	Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.				
а	Date asset acquired during tax year, if applica	able			
b	Date asset disposed of during tax year, if app	olicable			
С	Check if asset jointly owned with spouse		neck if no tax it	em reported in Part III with res	pect to this asset
32	Maximum value of asset during tax year (che				□ 4. 50.004 4000.000
a		50,001 - \$100,000	_	0,001 - \$150,000 d	
33	If more than \$200,000, list value Did you use a foreign currency exchange rate	to convert the value of the		dollars?	
34	If you answered "Yes" to line 33, complete all		4330t IIIto 0,0	donaro	
	(a) Foreign currency in which asset	(b) Foreign currency exc	hange rate	(c) Source of exchange ra	ate used if not from U.S.
	is denominated	used to convert to U	S. dollars	Treasury Department's	s Bureau of the Fiscal Service
35	If asset reported on line 29 is stock of a foreign	gn entity or an interest in a f			r the asset.
а	a Name of foreign entity b GIIN (Optional)				
С	Type of foreign entity (1) Parti	nership (2) Corp	oration	(3) Trust (4) Es	state
d	Mailing address of foreign entity. Number, str			(1) [(1) [(1) [
е	City or town, state or province, country, and Z	IP or foreign postal code			
36	If asset reported on line 29 is not stock of a fo	oreign entity or an interest in	a foreign entity	v enter the following information	
-	the asset.	or arrandocur	a loroigh onti	y, onto the following information	лты
	Note: If this asset has more than one issuer	or counterparty, attach a se	eparate statem	ent with the same information	for each
	additional issuer or counterparty. See instruct	•		<u> </u>	
а			- GR		
	Check if information is for	ssuer	Counterparty		
b	Type of issuer or counterparty	_			
		Partnership (3) X		(4) Trust	(5) L Estate
C	Check if issuer or counterparty is a		Foreign perso	n	
d	Mailing address of issuer or counterparty. Nu UNIT NO 103. 1ST FLOOR. OFF	·	uite no.		
	ONTT NO TOD' TOT FROOK! UMM (.ENIKA			

e City or town, state or province, country, and ZIP or foreign postal code

2022 Form 4868 Extension Voucher and Filing Instructions MOIN AHMED SYED & FNU AZMA SIRAJ

Filing method:

The extension has been e-filed.

Due date:

04-18-2023



Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) <u>ONLY</u> if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

DETACH HERE

utomatic Extension of Time OMB No. 1548		
dual In	come Tax Return	2022
Part II	Individual Income Tax	
	•	\$ <u>12,514</u> 22,677
6 Bala	ance due. Subtract line 5 from line 4	
7 Amo	ount you're paying (see instructions)	
citiz 9 Che wag	en or resident. See instructions	receive
	Part II 4 Estir 5 Tota 6 Bala See 7 Amo 8 Che citiz 9 Che wag	Part II Individual Income Tax 4 Estimate of total tax liability for 2022 5 Total 2022 payments 6 Balance due. Subtract line 5 from line 4 See instructions 7 Amount you're paying (see instructions) 8 Check here if you're "out of the country" and a Ucitizen or resident. See instructions

or Privacy Act and Paperwork Reduction Act Notice, see instructions later.

Form 4868 (2022)

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