

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

Part I Tax Return Information - Tax Year Ending December 31, 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.

1 Adjusted gross income	1	122,649
2 Total tax	2	12,514
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	22,677
4 Amount you want refunded to you	4	
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- I authorize SHOONYA TAX SOLUTIONS INC to enter or generate my PIN 59056 as my signature on the income tax return (original or amended) I am now authorizing. ****AMENDED****
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize SHOONYA TAX SOLUTIONS INC to enter or generate my PIN 91100 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 981901-10401
Don't enter all zeros

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

ERO's signature ▶ 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**

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

Form **8879** (Rev. 01-2021)

(Rev. July 2021)

Use this revision to amend 2020 or later tax returns.
Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2022 or fiscal year (enter month and year ended)

Form header section containing personal information: Your first name and middle initial (MOIN AHMED), Last name (SYED), Your social security number (087-15-4857), Spouse's social security number (990-92-6305), Current home address (366 ALVAREZ COMMON), City (MILPITAS, CA 95035), Foreign country name, Foreign province/state/county, Foreign postal code.

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

Single [] Married filing jointly [x] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW) []

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

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

Main table with columns: Description, A. Original amount reported or as previously adjusted (see instructions), B. Net change - amount of increase or (decrease) - explain in Part III, C. Correct amount. Rows include Income and Deductions (Adjusted gross income, Itemized deductions, Taxable income), Tax Liability (Tax, Nonrefundable credits, Total tax), Payments (Federal income tax withheld, Total payments), and Refund or Amount You Owe (Overpayment, Amount you owe, Amount applied to your tax).

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1040-X (Rev. 7-2021)

Part I Dependents		A. Original number of dependents reported or as previously adjusted	B. Net change amount of increase or (decrease)	C. Correct number
Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.				
24	Reserved for future use	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Reserved for future use	28		
29	Reserved for future use	29		
30	List ALL dependents (children and others) claimed on this amended return.			

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

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.
 Check here if you didn't previously want \$3 to go to the fund, but now do.
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

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

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

AT THE TIME OF FILING, FORGOT TO REPORT HDFC AND MARCELLUS BANK ACCOUNTS IN THE FATCA. SO AMENDING THE TAX RETURN TO REPORT BOTH ACCOUNTS

Sign Here	Remember to keep a copy of this form for your records.			
	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.			
	▶ <u>59056</u> Your signature	<u>08-30-2023</u> Date	<u>IT PROFESSIONAL</u> Your occupation	
	▶ <u>91100</u> Spouse's signature. If a joint return, both must sign.	<u>08-30-2023</u> Date	<u>HOMEMAKER</u> Spouse's occupation	
Paid Preparer Use Only	Preparer's signature CHAITANYA UPPALA	Date 11-14-2023	Check <input type="checkbox"/> if self-employed	PTIN P01703768
	Print/Type preparer's name CHAITANYA UPPALA			
	Firm's name ▶ SHOONYA TAX SOLUTIONS INC	Firm's EIN ▶ 84-4291993		
	Firm's address ▶ 16192 COASTAL HIGHWAY Lewes, DE 19958	Phone no. 844-746-6692		

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial MOIN AHMED	Last name SYED	Your social security number 087-15-4857
If joint return, spouse's first name and middle initial FNU	Last name AZMA SIRAJ	Spouse's social security number 990-92-6305
Home address (number and street). If you have a P.O. box, see instructions. 366 ALVAREZ COMMON		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. MILPITAS		State CA
Foreign country name		ZIP code 95035
Foreign province/state/county		Foreign postal code
		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	122,012
b Household employee wages not reported on Form(s) W-2	1b	
c Tip income not reported on line 1a (see instructions)	1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e Taxable dependent care benefits from Form 2441, line 26	1e	
f Employer-provided adoption benefits from Form 8839, line 29	1f	
g Wages from Form 8919, line 6	1g	
h Other earned income (see instructions)	1h	
i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h	1z	122,012

2a Tax-exempt interest	2a	b Taxable interest	2b	523
3a Qualified dividends	3a	b Ordinary dividends	3b	
4a IRA distributions	4a	b Taxable amount	4b	
5a Pensions and annuities	5a	b Taxable amount	5b	
6a Social security benefits	6a	b Taxable amount	6b	

c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	114
8 Other income from Schedule 1, line 10		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		122,649
10 Adjustments to income from Schedule 1, line 26		
11 Subtract line 10 from line 9. This is your adjusted gross income		122,649
12 Standard deduction or itemized deductions (from Schedule A)		25,900
13 Qualified business income deduction from Form 8995 or Form 8995-A		
14 Add lines 12 and 13		25,900
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		96,749

Table with columns for line numbers (16-24) and amounts. Includes sections for Tax and Credits with sub-rows for various tax items and their totals.

Table for Payments (lines 25-33). Includes sub-sections for federal income tax withheld (25a-d), 2022 estimated tax payments (26), and earned income credit (27-31). Total payments are shown on line 33.

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Includes instructions for refunding tax overpaid and routing information for direct deposit.

Table for Amount You Owe (lines 37-38). Shows the total amount owed and any estimated tax penalty.

Third Party Designee section. Includes a checkbox for allowing discussion with the IRS and fields for designee name, phone number, and PIN.

Sign Here section. Includes a declaration of accuracy and signature fields for the preparer and spouse, with dates and occupations.

Paid Preparer Use Only section. Includes fields for preparer's signature, name, firm's name, address, date, PTIN, and phone number.

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

MOIN AHMED SYED & FNU AZMA SIRAJ

Your social security number

087-15-4857

Part I Additional Income

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:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	0

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

Schedule 1 (Form 1040) 2022

Part 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		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	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:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	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		
e	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	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	0

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. **12**

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

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	8,015	7,901		114
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 Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 114

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

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

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

Schedule D (Form 1040) 2022

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	114
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
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 MOIN AHMED SYED & FNU AZMA SIRAJ	Social security number or taxpayer identification number 087-15-4857
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	INDIAN STOCKS	VARIOUS	12-31-2022	8,015	7,901			114
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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)				8,015	7,901			114

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)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

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

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

MOIN AHMED SYED & FNU AZMA SIRAJ

087-15-4857

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> 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	9	1,000
10	Qualified HSA funding distributions	10	
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 II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

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	
c	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 <input type="checkbox"/>		
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 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

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	

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

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.
▶ Attach to your tax return.

OMB No. 1545-2195

Attachment
Sequence No. **938**

For calendar year **2022** or tax year beginning _____, 20____, and ending _____, 20____

If you have attached additional statements, check here Number of additional statements 5

1 Name(s) shown on return MOIN AHMED SYED & FNU AZMA SIRAJ	2 Taxpayer Identification Number (TIN) 087-15-4857
3 Type of filer a <input checked="" type="checkbox"/> Specified individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Trust	
4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)	
a Name	b TIN

Part I Foreign Deposit and Custodial Accounts Summary	
5 Number of deposit accounts (reported in Part V) ▶	6
6 Maximum value of all deposit accounts	\$ 186,057
7 Number of custodial accounts (reported in Part V) ▶	
8 Maximum value of all custodial accounts	\$
9 Were any foreign deposit or custodial accounts closed during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Other Foreign Assets Summary	
10 Number of foreign assets (reported in Part VI) ▶	6
11 Maximum value of all assets (reported in Part VI)	\$ 19,697
12 Were any foreign assets acquired or sold during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)				
(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	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 IV Excepted Specified Foreign Financial Assets (see instructions)		
If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.		
15 Number of Forms 3520 _____	16 Number of Forms 3520-A _____	17 Number of Forms 5471 _____
18 Number of Forms 8621 _____	19 Number of Forms 8865 _____	

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

(see instructions)

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

20 Type of account	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 093801000442
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year		\$ 57,352
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained INR	(b) Foreign currency exchange rate used to convert to U.S. dollars 0.0127	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained ICICI BANK	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. RAJARAJESHWARI NAGAR		
28 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.

29 Description of asset ADITYA BIRLA SUN LIFE MIDCAP F	30 Identifying number or other designation 1015209688
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable	
b Date asset disposed of during tax year, if applicable	
c <input type="checkbox"/> Check if asset jointly owned with spouse	
d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input checked="" type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity	b GIIN (Optional)
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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 the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty ADITYA BIRLA SUN LIFE MIDCAP F Check if information is for <input checked="" type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input checked="" type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input checked="" type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. 841 SENAPATI BHAWAN, ELPHINSTONE	
e City or town, state or province, country, and ZIP or foreign postal code MAHARASHTRA, MUMBAI India 400013	

(Continuation Statement)

Name(s) shown on return

MOIN AHMED SYED & FNU AZMA SIRAJ

TIN

087-15-4857

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	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 5491270001287
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$	17,686
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained INR	(b) Foreign currency exchange rate used to convert to U.S. dollars 0.0127	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained HDFC	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. SKY WARDS TECH PARK ELECTRONIC CITY		
28 City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA India 560100		

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

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

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

(Continuation Statement)

Name(s) shown on return MOIN AHMED SYED & FNU AZMA SIRAJ	TIN 087-15-4857
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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	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 221810100002290
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 19,399	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained INR	(b) Foreign currency exchange rate used to convert to U.S. dollars 0.0127	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained UNION BANK OF INDIA	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. D NO 9 BY 1A NEAR AYISH BAZAR		
28 City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA India 560102		

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

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

29 Description of asset HSBC FLEXI CAP FUND - GR	30 Identifying number or other designation 1795039/32	
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
a Date asset acquired during tax year, if applicable _____		
b Date asset disposed of during tax year, if applicable _____		
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)		
a <input checked="" type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000		
e If more than \$200,000, list value _____ \$		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34 If you answered "Yes" to line 33, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.		
a Name of foreign entity	b GIIN (Optional)	
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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 the asset.		
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.		
a Name of issuer or counterparty HSBC FLEXI CAP FUND - GR Check if information is for <input checked="" type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input checked="" type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input checked="" type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no. NESCO COMPLEX, WESTERN EXPRESS		
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA India 400063		

(Continuation Statement)

Name(s) shown on return
MOIN AHMED SYED & FNU AZMA SIRAJ

TIN
087-15-4857

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	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 00000040896457865
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 3,402	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained INR	(b) Foreign currency exchange rate used to convert to U.S. dollars 0.0127	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained SBI	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. L K PLAZA, SY NO 9/1 VARTHUR HOBLI		
28 City or town, state or province, country, and ZIP or foreign postal code BENGALURU, KARNATAKA India 560035		

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

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

29 Description of asset INVESCO INDIA GROWTH OPPORTUNI	30 Identifying number or other designation 3105023043
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable	
b Date asset disposed of during tax year, if applicable	
c <input type="checkbox"/> Check if asset jointly owned with spouse	
d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input checked="" type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value \$	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity	b GIIN (Optional)
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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 the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty INVESCO INDIA GROWTH OPPORTUNITIES Check if information is for <input checked="" type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input checked="" type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input checked="" type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. BUILDING, B, ALPHA, OFFICE FLOOR 8	
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA India 400042	

(Continuation Statement)

Name(s) shown on return
MOIN AHMED SYED & FNU AZMA SIRAJ

TIN
087-15-4857

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	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 5491610078419
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$	24,541
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained INR	(b) Foreign currency exchange rate used to convert to U.S. dollars 0.127	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained HDFC BANK	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. ELECTRONIC CITY		
28 City or town, state or province, country, and ZIP or foreign postal code BANGALORE, KARNATAKA India 560100		

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

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

29 Description of asset MIRAE ASSET BANKING AND FINANC	30 Identifying number or other designation 78823177836
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable	
b Date asset disposed of during tax year, if applicable	
c <input type="checkbox"/> Check if asset jointly owned with spouse d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input checked="" type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?	
..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity	b GIIN (Optional)
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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 the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty MIRAE ASSET BANKING AND FINANC Check if information is for <input checked="" type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input checked="" type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input checked="" type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. UNIT NO.606 - 6TH FLOOR, WINDSOR	
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA India 400098	

(Continuation Statement)

Name(s) shown on return
MOIN AHMED SYED & FNU AZMA SIRAJ

TIN
087-15-4857

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	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 109781
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input checked="" type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 63,677	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained INR	(b) Foreign currency exchange rate used to convert to U.S. dollars 0.0127	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained MARCELLUS	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 929, DBS BUSINESS CENTRE		
28 City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA India 400093		

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

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

29 Description of asset TATA DIGITAL INDIA FUND - GR	30 Identifying number or other designation 4651102/47
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable	
b Date asset disposed of during tax year, if applicable	
c <input type="checkbox"/> Check if asset jointly owned with spouse	
d <input checked="" type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
32 Maximum value of asset during tax year (check box that applies)	
a <input checked="" type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value \$	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.	
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	
a Name of foreign entity	b GIIN (Optional)
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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 the asset.	
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.	
a Name of issuer or counterparty TATA DIGITAL INDIA FUND - GR Check if information is for <input checked="" type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input checked="" type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input checked="" type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. UNIT NO 103, 1ST FLOOR, OFF CENTRA	
e City or town, state or province, country, and ZIP or foreign postal code MUMBAI, MAHARASHTRA India 400098	

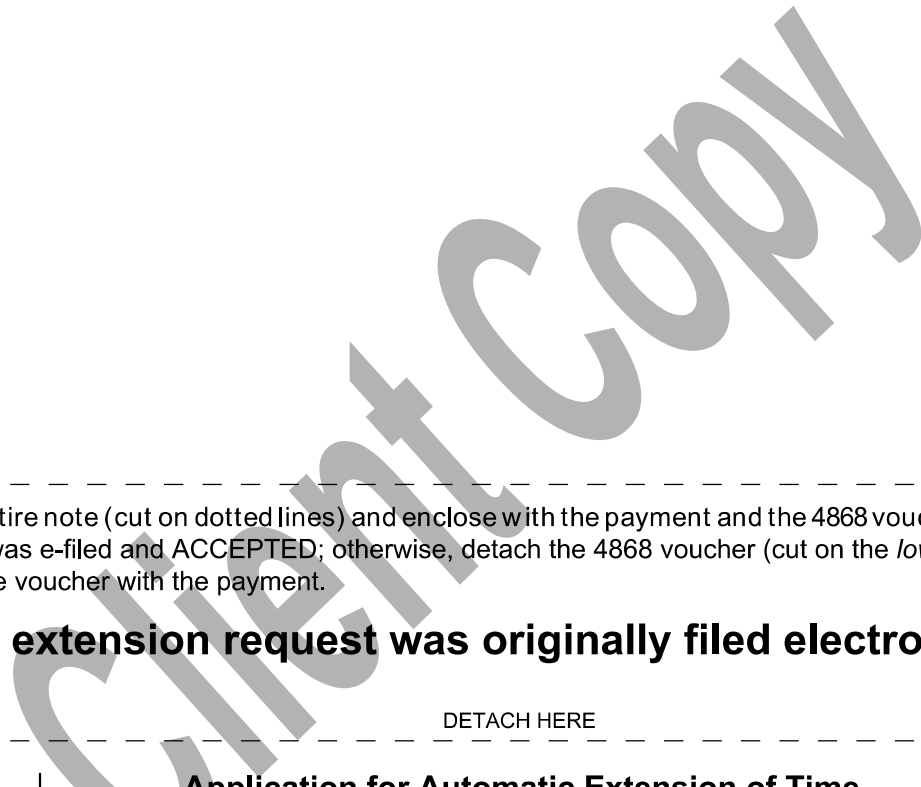
2022 Form 4868 Extension Voucher and Filing Instructions
MOIN AHMED SYED & FNU AZMA SIRAJ

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) **ONLY** 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

Form 4868 Department of the Treasury Internal Revenue Service	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return For calendar year 2022, or other tax year beginning _____, 2022, and ending _____	OMB No. 1545-0074 2022
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Part I Identification	Part II Individual Income Tax												
MOIN AHMED SYED & FNU AZMA SIRAJ 366 ALVAREZ COMMON MILPITAS CA 95035 2 Your social security number 3 Spouse's social security number 087-15-4857 990-92-6305	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">4 Estimate of total tax liability for 2022 \$</td> <td style="text-align: right; border-bottom: 1px solid black;">12,514</td> </tr> <tr> <td>5 Total 2022 payments</td> <td style="text-align: right; border-bottom: 1px solid black;">22,677</td> </tr> <tr> <td>6 Balance due. Subtract line 5 from line 4 See instructions</td> <td style="text-align: right; border-bottom: 1px solid black;">0</td> </tr> <tr> <td>7 Amount you're paying (see instructions) . . .</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	4 Estimate of total tax liability for 2022 \$	12,514	5 Total 2022 payments	22,677	6 Balance due. Subtract line 5 from line 4 See instructions	0	7 Amount you're paying (see instructions) . . .		8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	<input type="checkbox"/>	9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>
4 Estimate of total tax liability for 2022 \$	12,514												
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8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	<input type="checkbox"/>												
9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>												

For Privacy Act and Paperwork Reduction Act Notice, see instructions later. Form **4868** (2022)

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