

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. 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 ▶

Your first name and middle initial MOHAMMED AHSAN	Last name SYED	Your social security number 640-73-5709
If joint return, spouse's first name and middle initial SARAH FATIMA	Last name AWAZ	Spouse's social security number 123-65-7016
Home address (number and street). If you have a P.O. box, see instructions. 4 RAYDOL AVE		Apt. no. 2
City, town, or post office. If you have a foreign address, also complete spaces below. Secaucus		State NJ
Foreign country name		ZIP code 07094
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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? 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, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

(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
SADIQ	SYED	123-64-7899	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SYED	ABDUSSALAM	123-65-4877	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for- ● Single or Married filing separately, \$12,550 ● Married filing jointly or Qualifying widow(er), \$25,100 ● Head of household, \$18,800 ● If you checked any box under Standard Deduction, see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	104,623
	2a Tax-exempt interest	2a		2b 225
	3a Qualified dividends	3a	42	3b 44
	4a IRA distributions	4a		4b
	5a Pensions and annuities	5a		5b
	6a Social security benefits	6a		6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7 12,823
	8 Other income from Schedule 1, line 10			8 (37,873)
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9 79,842
	10 Adjustments to income from Schedule 1, line 26			10
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶			11 79,842
	12a Standard deduction or itemized deductions (from Schedule A)	12a	25,100	
	b Charitable contributions if you take the standard deduction (see instructions)	12b	600	
	12c Add lines 12a and 12b			12c 25,700
	13 Qualified business income deduction from Form 8995 or Form 8995-A			13
14 Add lines 12c and 13			14 25,700	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15 54,142	

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,085
17	Amount from Schedule 2, line 3	17	2,700
18	Add lines 16 and 17	18	8,785
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	1,285
20	Amount from Schedule 3, line 8	20	7,500
21	Add lines 19 and 20	21	8,785
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax ▶	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,936
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,936
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	1,900
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits . . ▶	32	3,300
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	11,236
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	11,236
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a	11,236
Direct deposit? See instructions.	▶ b Routing number 0 7 2 0 0 0 8 0 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number 3 7 5 0 0 8 6 6 8 8 5 2 | | | | | | | |		
36	Amount of line 34 you want applied to your 2022 estimated tax ▶	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions ▶	37	0
	38 Estimated tax penalty (see instructions) ▶	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ▶ Yes. Complete below. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. ▶	Your signature	Date	Your occupation ELECTRIC ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOMEMKAER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
	Phone no.	Email address		

Paid Preparer Use Only

Preparer's signature JOBY THOMAS	Date	PTIN P01614202	Check if: <input type="checkbox"/> Self-employed
Preparer's name JOBY THOMAS	Phone no. 703-829-4357		
Firm's name ▶ E TAX PLANNER, LLC	Firm's EIN ▶ 27-4777200		
Firm's address ▶	6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645		

**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

2021

Attachment
Sequence No. **01**

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

Your social security number

MOHAMMED AHSAN SYED & SARAH AWAZ

640-73-5709

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	(37,873)
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 income	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (_____)		
e	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	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	8k		
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
o	Section 461(l) excess business loss adjustment	8o		
p	Taxable distributions from an ABLE account (see instructions)	8p		
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	(37,873)

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

Schedule 1 (Form 1040) 2021

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	
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 8k 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 8l	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	

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ 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

2021
Attachment
Sequence No. **02**

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

MOHAMMED AHSAN SYED & SARAH AWAZ

Your social security number

640-73-5709

Part I	Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	2,700
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	2,700

Part II	Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)			
17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶ _____	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			0

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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

2021

Attachment
Sequence No. **03**

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

Your social security number

MOHAMMED AHSAN SYED & SARAH AWAZ

640-73-5709

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	7,500	
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount ▶ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	7,500
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	7,500

(continued on page 2)

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

Schedule 3 (Form 1040) 2021

Part II		Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b			
c	Health coverage tax credit from Form 8885	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g			
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h			
z	Other payments or refundable credits. List type and amount ► _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor MOHAMMED AHSAN SYED		Social security number (SSN) 640-73-5709
A Principal business or profession, including product or service (see instructions)		B Enter code from instructions 999999
C Business name. If no separate business name, leave blank. 5G WIRELESS PEERS LLC		D Employer ID number (EIN) (see instr.) 87-4222662
E Business address (including suite or room no.) 4 RAYDOL AVE City, town or post office, state, and ZIP code Secaucus, NJ 07094		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	2,871
2	Returns and allowances		0
3	Subtract line 2 from line 1		2,871
4	Cost of goods sold (from line 42)		
5	Gross profit. Subtract line 4 from line 3		2,871
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		
7	Gross income. Add lines 5 and 6		2,871

Part II Expenses. Enter expenses for business use of your home only on line 30.				
8	Advertising	3,254	18 Office expense (see instructions)	2,307
9	Car and truck expenses (see instructions)		19 Pension and profit-sharing plans	
10	Commissions and fees		20 Rent or lease (see instructions):	
11	Contract labor (see instructions)		a Vehicles, machinery, and equipment	5,647
12	Depreciation		b Other business property	2,647
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)		21 Repairs and maintenance	3,207
14	Employee benefit programs (other than on line 19)		22 Supplies (not included in Part III)	2,947
15	Insurance (other than health)	2,947	23 Taxes and licenses	
16	Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)			a Travel	6,707
b Other			b Deductible meals (see instructions)	4,556
17	Legal and professional services	3,411	25 Utilities	1,207
18			26 Wages (less employment credits)	1,907
19			27a Other expenses (from line 48)	
20			b Reserved for future use	
21			27b	
22			28 Total expenses before expenses for business use of home. Add lines 8 through 27a	40,744
23			29 Tentative profit or (loss). Subtract line 28 from line 7	(37,873)
24			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	
25			31 Net profit or (loss). Subtract line 30 from line 29.	
26			• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .	} 31 (37,873)
27			• If a loss, you must go to line 32.	
28			32 If you have a loss, check the box that describes your investment in this activity. See instructions.	} 32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is at risk.
29			• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .	
30			• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ 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.

OMB No. 1545-0074

2021

Attachment
Sequence No. **12**

Name(s) shown on return

MOHAMMED AHSAN SYED & SARAH AWAZ

Your social security number

640-73-5709

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	60,615	47,852		12,763
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				
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	12,763

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	122	62		60
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	60

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

Schedule D (Form 1040) 2021

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	12,823
	<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 checked="" type="checkbox"/> Yes. Go to line 18. <input 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 are you not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, 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)] Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MOHAMMED AHSAN SYED & SARAH AWAZ

640-73-5709

Before you check Box D, E, or F 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 II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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	
	Robinhood Securities LLC	VARIOUS	12-31-2021	109	55			54
	Robinhood Securities LLC	VARIOUS	12-31-2021	13	7			6
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			122	62			60

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return: **MOHAMMED AHSAN SYED & SARAH AWAZ** Your social security number: **640-73-5709**

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	79,842
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d		
3	Add lines 1 and 2d	3		79,842
4a	Number of qualifying children under age 18 with the required social security number	4a	2	
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	2	
c	Subtract line 4b from line 4a	4c		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5		7,200
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6		
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8		7,200
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9		400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10		0
11	Multiply line 10 by 5% (0.05)	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		7,200
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) have a principal place of abode in the United States for more than half of 2021 <input type="checkbox"/> B Check here if you (or your spouse if married filing jointly) are a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>			

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	
b	Subtract line 14a from line 12	14b	
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	
d	Enter the smaller of line 14a or line 14c	14d	
e	Add lines 14b and 14d	14e	
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	

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

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13

Caution: If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	1,285
b	Enter the smaller of line 12 or line 15a Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a.	15b	1,285
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	2,800
d	Add lines 15b and 15c	15d	4,085
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	900
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	3,185
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	15g	1,285
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	1,900

Part II-A Additional Child Tax Credit (use only if completing Part I-C)

Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	5,915
b	Number of qualifying children under 18 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	2,800
	TIP: The number of children you use for this line is the same as the number of children you used for line 4a.		
17	Enter the smaller of line 16a or line 16b	17	2,800
18a	Earned income (see instructions)	18a	66,750
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	64,250
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	9,638

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	2,800
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a
b	Enter the amount from line 14e or line 15d, whichever applies	28b
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30
31	Enter the smaller of line 4a or line 30	31
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32
33	Enter the amount shown below for your filing status. } • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000	33
34	Subtract line 33 from line 3. If zero or less, enter -0-	34
35	Enter the amount from line 33	35
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36
37	Multiply line 32 by \$2,000	37
38	Multiply line 37 by line 36	38
39	Subtract line 38 from line 37	39
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40

Qualified Business Income Deduction Simplified Computation

2021

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

MOHAMMED AHSAN SYED & SARAH AWAZ

640-73-5709

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: 5G WIRELESS PEERS LLC	87-4222662	(37,873)
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(37,873)
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	2
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	2
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0
11	Taxable income before qualified business income deduction (see instructions)	11	54,142
12	Net capital gain (see instructions)	12	102
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	54,040
14	Income limitation. Multiply line 13 by 20% (0.20)	14	10,808
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶	15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(37,873)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

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

EEA

Amount from Form 1040, line 11.....	79,842
Amount from Form 1040, line 12.....	25,700
 Line 11 above is the difference between these amounts.....	 54,142

Qualified Plug-in Electric Drive Motor Vehicle Credit
(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

OMB No. 1545-2137

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment
 Sequence No. **69**

Name(s) shown on return MOHAMMED AHSAN SYED & SARAH AWAZ	Identifying number 640-73-5709
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Note:

- Use this form to claim the credit for certain plug-in electric vehicles.
- Claim the credit for certain alternative motor vehicles on Form 8910.

Part I Tentative Credit

		(a) Vehicle 1	(b) Vehicle 2
Use a separate column for each vehicle. If you need more columns, use additional Forms 8936 and include the totals on lines 12 and 19.			
1 Year, make, and model of vehicle	1	2009 TOYOTA CAMRY	
2 Vehicle identification number (see instructions) . . .	2	4T1BB46K19U089971	
3 Enter date vehicle was placed in service (MM/DD/YYYY)	3	12-17-2021	
4a If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500	
b Phase-out percentage (see instructions)	4b	100.000 %	%
c Tentative credit. Multiply line 4a by line 4b	4c	7,500	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part II Credit for Business/Investment Use Part of Vehicle

5 Business/investment use percentage (see instructions)	5	%	%
6 Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6		
7 Section 179 expense deduction (see instructions) . .	7		
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 10% (0.10)	9		
10 Maximum credit per vehicle	10	2,500	2,500
11 For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11		
12 Add columns (a) and (b) on line 11	12		
13 Qualified plug-in electric drive motor vehicle credit from partnerships and S corporations (see instructions)	13		
14 Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y	14		

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Part III Credit for Personal Use Part of Vehicle

	(a) Vehicle 1	(b) Vehicle 2
15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15 7,500	
16 Multiply line 15 by 10% (0.10)	16	
17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17	
18 For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18 7,500	
19 Add columns (a) and (b) on line 18	19	7,500
20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	20	8,785
21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	21	
22 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim the personal use part of the credit	22	8,785
23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions	23	7,500

Name shown on your return

Your social security number

MOHAMMED AHSAN SYED

640-73-5709

- A** If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021 check the box. See instructions
- B** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1 Tax family size. Enter your tax family size. See instructions	1	4
2a Modified AGI. Enter your modified AGI. See instructions	2a	79,842
b Enter the total of your dependents' modified AGI. See instructions	2b	
3 Household income. Add the amounts on lines 2a and 2b. See instructions	3	79,842
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	26,200
5 Household income as a percentage of federal poverty line (see instructions)	5	304 %
6 Reserved for future use		
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0610
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	4,870
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	406

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32 column C)
12 January	718	718	406	312	312	604
13 February	718	718	406	312	312	604
14 March	718	718	406	312	312	604
15 April	718	718	406	312	312	604
16 May	718	718	406	312	312	604
17 June	718	718	406	312	312	718
18 July	718	718	406	312	312	718
19 August	718	718	406	312	312	718
20 September	718	718	406	312	312	718
21 October	718	718	406	312	312	718
22 November	718	718	406	312	312	718
23 December	718	718	406	312	312	718
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here . . .					24	3,744
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here . . .					25	8,046
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	4,302
28 Repayment limitation (see instructions)	28	2,700
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	2,700

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

IRS e-file Signature Authorization

2021

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MOHAMMED AHSAN SYED		Social security number 640-73-5709
Spouse's name SARAH FATIMA AWAZ		Spouse's social security number 123-65-7016

Part I Tax Return Information - Tax Year Ending December 31, 2021 (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	79,842
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,936
4	Amount you want refunded to you	4	11,236
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

Refund will be deposited to: RTN=072000805 Acct=375008668852

I authorize E TAX PLANNER, LLC to enter or generate my PIN _____ as my
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.

Your signature ▶ _____ Date ▶ 10-25-2022

Spouse's PIN: check one box only

I authorize E TAX PLANNER, LLC to enter or generate my PIN _____ as my
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 ▶ _____ Date ▶ 10-25-2022

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. _____
Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Illinois Department of Revenue
2021 Form IL-1040

Individual Income Tax Return

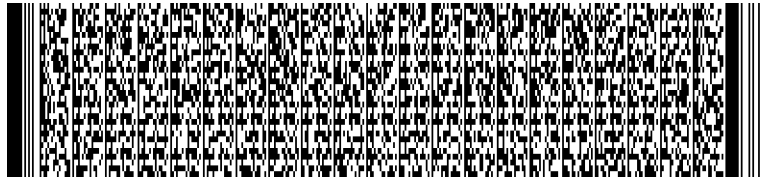
Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

or for fiscal year ending _____/____

Step 1: Personal Information

640-73-5709 123-65-7016
 1988 1992
 MOHAMMED AHSAN SYED
 SARAH FATIMA AWAZ

 4 RAYDOL AVE APT 2
 Secaucus, NJ 07094



- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2021: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 79,842.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 79,842.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M.	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 79,842.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 4,750.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 4,750.00
Exemption allowance. Add Line 10a through 10d.	10 9,500.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. <i>Nonresidents and part-year residents:</i> Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 32,350.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	12 1,601.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 1,601.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 .00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 1,601.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 1,601.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

NO HANDWRITTEN ENTRIES ON THIS FORM



24 Total tax from Page 1, Line 23.



24 1,601.00

Step 8: Payments and Refundable Credit

25	Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	1,818.00
26	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	26	.00
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28	.00
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	29	.00
30	Total payments and refundable credit. Add Lines 25 through 28.	30	1,818.00

Step 9: Total

31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	217.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00

Step 10: Underpayment of Estimated Tax Penalty and Donations-Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

33	Late-payment penalty for underpayment of estimated tax.	33	.00
a	<input type="checkbox"/> Check if at least two-thirds of your federal gross income is from farming.		
b	<input type="checkbox"/> Check if you or your spouse are 65 or older and permanently living in a nursing home.		
c	<input type="checkbox"/> Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.		
d	<input type="checkbox"/> Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.		
34	Voluntary charitable donations. Attach Schedule G.	34	.00
35	Total penalty and donations. Add Lines 33 and 34.	35	.00

Step 11: Refund

36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment .	36	217.00						
37	Amount from Line 36 you want refunded to you . Check one box on Line 38. See instructions.	37	217.00						
38	I choose to receive my refund by								
a	<input checked="" type="checkbox"/> direct deposit - Complete the information below if you check this box.								
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%; padding: 2px;"> You may contribute to college savings funds here. See instructions! </td> <td style="width: 50%;"> Routing number <u>072000805</u> </td> <td style="width: 25%;"> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings </td> </tr> <tr> <td></td> <td> Account number <u>375008668852</u> </td> <td></td> </tr> </table>	You may contribute to college savings funds here. See instructions!	Routing number <u>072000805</u>	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings		Account number <u>375008668852</u>			
You may contribute to college savings funds here. See instructions!	Routing number <u>072000805</u>	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings							
	Account number <u>375008668852</u>								
b	<input type="checkbox"/> paper check .								
39	Amount to be credited forward . Subtract Line 37 from Line 36. See instructions.	39	.00						

Step 12: Amount You Owe

40	If you have an amount on Line 32, add Lines 32 and 35. - or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	0.00
----	---	----	------

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	JOBY THOMAS				
	Firm's name	E TAX PLANNER, LLC		Firm's FEIN	27-4777200
	Firm's address	6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645		Firm's phone	703-829-4357
Third Party Designee	Designee's name (please print)			Designee's phone number	
<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.					

Refer to the 2021 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2021 Schedule NR

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

MOHAMMED AHSAN SYED & SARAH

640-73-5709

Your name as shown on your Form IL-1040

Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2021.
3 If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
4 List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2021.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

Table with 3 columns: Line number, Column A Federal Total, and Column B Illinois Portion. Rows include Wages, salaries, tips, etc. (Line 5) and Total (Line 20).

Continue with Step 3 on Page 2



Schedule NR - Page 2

Step 3: Continued 640-73-5709

MOHAMMED AHSAN SYED & SARAH AWAZ

Table with 3 columns: Line Number, Description, Column A (Federal Total), and Column B (Illinois Portion). Rows 21-38 include Adjustments to Income.

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

Table with 3 columns: Line Number, Description, Column A (Form IL-1040 Total), and Column B (Illinois Portion). Rows 39-45 include Illinois Adjustments.

Step 5: Figure your Illinois income and tax

Table with 3 columns: Line Number, Description, Column A, and Column B. Rows 46-52 include Tax Calculations.



Illinois Department of Revenue
2021 Schedule IL-E/EIC
 Attach to your Form IL-1040

Illinois Exemption and Earned Income Credit
 IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

MOHAMMED AHSAN SYED & SARAH AWAZ

640-73-5709

Your name as shown on your Form IL-1040

Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
SADIQ	SYED	123-64-7899	SON	11/13/2019	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
SYED	ABDUSSALAM	123-65-4877	SON	06/08/2021	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" 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"/>		<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"/>		<input type="checkbox"/>

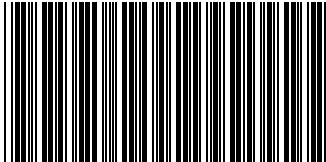
1 Multiply the total number of dependents you are claiming by \$2,375. 2 X \$ 2,375

Enter the result here and on Form IL-1040, Line 10d.

1 4,750.00

Continue to Page 2 to calculate Illinois Earned Income Credit

IL-COMP	Three-year State Tax Return Comparison			2021
Name(s) as shown on return MOHAMMED AHSAN SYED & SARAH AWAZ				Taxpayer ID Number 640-73-5709
[State] Income Tax Return	2019	2020	2021	Difference 2020-2021
Filing Status			MFJ	
Gross Income			79,842	79,842
Additions				
Subtractions				
Exemptions			9,500	9,500
Standard Deduction				
Itemized Deduction				
Deductions				
Taxable Income			32,350	32,350
Actual State Income			32,350	32,350
State Income Tax			1,601	1,601
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			1,818	1,818
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			217	217
Balance Due				
Marginal tax rate			4.950000	4.950000
Effective tax rate			4.949000	4.949000



0130201010

2021 NJ-1040-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400.

Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2021 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2021 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2022, use separate checks or money orders for each payment. Send your 2022 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Resident Payment Voucher
NJ-1040-V

640-73-5709 SYED 123-65-7016
SYED MOHAMMED AHSAN & AWAZ SAR
4 RAYDOL AVE APT 2
SECAUCUS NJ 07094

1024 2021

Make your check payable to 'State of New Jersey - TGI'.
Write your Social Security number and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

561.00





For Privacy Act Notification, See Instructions

Your Social Security Number (required)
640735709

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
SYED MOHAMMED AHSAN & AWAZ SARAH FATIMA

Spouse's/CU Partner's SSN (if filing jointly)
123657016

County/Municipality Code (See Table page 50)
0909

Home Address (Number and Street, including apartment number)
4 RAYDOL AVE APT 2

City, Town, Post Office
SECAUCUS

State ZIP Code
NJ 07094

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1. 4
dd2. Account type (C for checking, S for savings)	dd2.
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.
dd4. Routing number	dd4.
dd5. Account number	dd5.





Name(s) as shown on Form NJ-1040
SYED MOHAMMED AHSAN & AWAZ SARAH FATIMA

Your Social Security Number
640735709

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Part-year residents, provide months/days you were a New Jersey resident during 2021:
From _____ To _____

Fiscal year filers only:
Enter month of your year end _____

Filing Status

Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN _____
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2019 2020

Exemptions

Mark all that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1956 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | 2 | x \$1,500 = | <u>3000</u> |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>5000</u> . |

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>SYED SADIQ</u>	123647899	2019	
b.	<u>ABDUSSALAM SYED M</u>	123654877	2021	
c.	_____			
d.	_____			



Name(s) as shown on Form NJ-1040
SYED MOHAMMED AHSAN & AWAZ SARAH FATIMA

Your Social Security Number
640735709

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	104899	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	225	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	44	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	12823	.
20a. Taxable pensions, annuity, and IRA distributions /withdrawals (See instructions)	20a.	.	.
20b. Excludable pensions, annuity, and IRA distributions/withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	117991	.
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	117991	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	5000	.
38. Taxable Income (Subtract line 37 from line 29)	38.	112991	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	3600	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	<input checked="" type="checkbox"/>	Tenant
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	3600	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	109391	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	3269	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	2226	.
Enter Code		99	
44. Balance of Tax (Subtract line 43 from line 42)	44.	1043	.
45. Sheltered Workshop Tax Credit	45.	.	.
46. Gold Star Family Counseling Credit (See instructions)	46.	.	.
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	.	.
48. Total credits (Add lines 45 through 47)	48.	.	.
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	1043	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	.	.
Fill in if Form NJ-2210 is enclosed			
52. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	<input checked="" type="checkbox"/>		.



Name(s) as shown on Form NJ-1040

SYED MOHAMMED AHSAN & AWAZ SARAH FATIMA

Your Social Security Number

640735709

1024

53. Total Tax Due (Add lines 49 through 52)	53.	1043 .
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year, see instructions)	54.	482 .
55. Property Tax Credit (See instructions page 23)	55.	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	.
57. New Jersey Earned Income Tax Credit (See instructions)	57.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	.
63. Child and Dependent Care Credit (See instructions)	63.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	482 .
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	561 .
If you owe tax, you can still make a donation on lines 68 through 75.		
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	.
67. Amount from line 66 you want to credit to your 2022 tax	67.	.
68. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	68. .
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	69. .
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	70. .
71. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	71. .
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	72. .
73. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	73. .
74. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	74. .
75. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	75. .
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	561 .
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 State of New Jersey
 Division of Taxation
 Revenue Processing Center - Payment
 PO Box 111
 Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI

You can also make a payment on our website:
 nj.gov/taxation

 Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

 Paid Preparer's Signature Federal Identification Number

JOBY THOMAS
 Firm's Name **P01614202**
 Firm's Federal Employer Identification Number

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center - Refunds
 PO Box 555
 Trenton, NJ 08647-0555

E TAX PLANNER, LLC **27-4777200**



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning

and ending

IT-203

21

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial MOHAMMED AHSAN		Your last name (for a joint return, enter spouse's name on line below) SYED		Your date of birth (mmddyyyy) 02101988	Your Social Security number 640 73 5709
Spouse's first name and middle initial SARAH FATIMA		Spouse's last name AWAZ		Spouse's date of birth (mmddyyyy) 11021992	Spouse's Social Security number 123 65 7016
Mailing address (see instructions, page 12) (number and street or PO Box) 4 RAYDOL AVE				Apartment number 2	New York State county of residence NR
City, village, or post office SECAUCUS		State NJ	ZIP code 07094	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- (1) Single
- (2) Married filing joint return (enter both spouses' Social Security numbers above)
- (3) Married filing separate return (enter both spouses' Social Security numbers above)
- (4) Head of household (with qualifying person)
- (5) Qualifying widow(er)

B Did you itemize your deductions on your 2021 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 13) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes No

E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021
- (2) Number of months your spouse lived in NY City in 2021

F Enter your 2-character special condition code(s) if applicable (see page 13)

G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes No
(If Yes, complete Form IT-203-B)



I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
SYED M	ABDUSSALAM	SON	123 65 4877	06082021
SADIQ	SYED	SON	123 64 7899	11132019

If more than 6 dependents, mark an X in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Enter your Social Security number
 640 73 5709

Federal income and adjustments (see page 16)

		Federal amount Whole dollars only	New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	104623.00	41344.00
2	Taxable interest income	225.00	.00
3	Ordinary dividends	44.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) . . . . .	.00	.00
5	Alimony received . . . . .	.00	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	-37873.00	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	12823.00	.00
8	Other gains or losses (submit a copy of federal Form 4797) . . . . .	.00	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>00	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>00	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) . . . . .	.00	.00
12	Rental real estate included in line 11 (federal amount) 12 . . . . .	.00	
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) . . . . .	.00	.00
14	Unemployment compensation . . . . .	.00	.00
15	Taxable amount of Social Security benefits (also enter on line 26) . . . . .	.00	.00
16	Other income (see page 22) Identify: . . . . .	.00	.00
17	Add lines 1 through 11 and 13 through 16	79842.00	41344.00
18	Total federal adjustments to income (see page 22) Identify: . . . . .	.00	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	79842.00	41344.00
19a	Recomputed federal adjusted gross income (see pg. 23, Ln 19a worksheets)	82120.00	43622.00

New York additions (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) . . . . .	.00	.00
21	Public employee 414(h) retirement contributions . . . . .	.00	.00
22	Other (Form IT-225, line 9) . . . . .	.00	.00
23	Add lines 19a through 22	82120.00	43622.00

New York subtractions (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) . . . . .	.00	.00
25	Pensions of NYS and local governments and the federal government (see page 25) . . . . .	.00	.00
26	Taxable amount of Social Security benefits (from line 15) . . . . .	.00	.00
27	Interest income on U.S. government bonds . . . . .	.00	.00
28	Pension and annuity income exclusion . . . . .	.00	.00
29	Other (Form IT-225, line 18) . . . . .	.00	.00
30	Add lines 24 through 29 . . . . .	.00	.00
31	New York adjusted gross income (subtract line 30 from line 23)	82120.00	43622.00

32	Enter the amount from line 31, Federal amount column	82120.00	
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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.



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Standard deduction or itemized deduction (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: **Standard** - or - **Itemized**

- 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)
- 35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)
- 36 **New York taxable income** (subtract line 35 from line 34)

33	16050.00
34	66070.00
35	2000.00
36	64070.00

Tax computation, credits, and other taxes

- 37 **New York taxable income** (from line 36)
- 38 New York State tax on line 37 amount (see page 28)
- 39 New York State household credit (page 28, table 1, 2, or 3)
- 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)
- 41 New York State child and dependent care credit (see page 29)
- 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)
- 43 New York State earned income credit (see page 29)

37	64070.00
38	3351.00
39	.00
40	3351.00
41	.00
42	3351.00
43	.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)

44	3351.00
----	---------

45 **Income percentage** (see page 29) $\frac{\text{New York State amount from line 31 } 43622.00}{\text{Federal amount from line 31 } 82120.00} =$ **45** 0.5312 Round result to 4 decimal places

- 46 **Allocated New York State tax** (multiply line 44 by the decimal on line 45)
- 47 **New York State nonrefundable credits** (Form IT-203-ATT, line 8)
- 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)
- 49 **Net other New York State taxes** (Form IT-203-ATT, line 33)
- 50 **Total New York State taxes** (add lines 48 and 49)

46	1780.00
47	.00
48	1780.00
49	.00
50	1780.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

- 51 **Part-year New York City resident tax** (Form IT-360.1) **51** .00
- 52 **Part-year resident nonrefundable New York City child and dependent care credit** **52** .00
- 52a **Subtract line 52 from 51** **52a** .00
- 52b **MCTMT net earnings base** **52b** .00
- 52c **MCTMT** **52c** .00
- 53 **Yonkers nonresident earnings tax** (Form Y-203) **53** .00
- 54 **Part-year Yonkers resident income tax surcharge** (Form IT-360.1) **54** .00
- 55 **Total New York City and Yonkers taxes / surcharges and MCTMT** (add lines 52a, and 52c through 54) **55** .00

See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

56 **Sales or use tax** (See the instructions on page 31. Do not leave line 56 blank.)

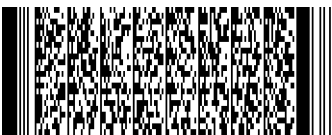
56	0.00
----	------

57 **Voluntary contributions** (Form IT-227, Part 2, line 1)

57	.00
----	-----

58 **Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** (add lines 50, 55, 56, and 57)

58	1780.00
----	---------



Enter your Social Security number
640 73 5709

59 Enter amount from line 58 59 1780.00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include Part-year NYC school tax credit, NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits (2103.00).

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include Amount overpaid (323.00), Amount of line 67 available for refund (323.00), Amount of line 68 that you want to deposit into a NYS 529 account (.00), and Total refund after NYS 529 account deposit (323.00).

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

69 Amount of line 67 that you want applied to your 2022 estimated tax (see instructions) 69 .00

See page 35 for payment options.

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box [] and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return 70 .00

See page 38 for the proper assembly of your return.

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35) 71 .00

72 Other penalties and interest (see page 35) 72 .00

73 Account information for direct deposit or electronic funds withdrawal (see page 36). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36) . . . []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 072000805 73c Account number 375008668852

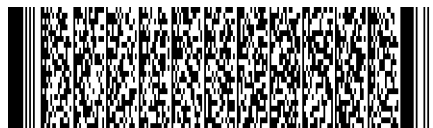
74 Electronic funds withdrawal (see page 36) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Employer identification number, Date, Address, Email:

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email:

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.