

12/31/24

2024 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

AMMAR HUSAIN AND SANA YUSUF

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. | |
|---------------------------------|--------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|-------|
| BUSINESS USE OF HOME - UMRI LLC | | | | | | | | | | | | | | | | | |
| BUILDINGS | | | | | | | | | | | | | | | | | |
| 2 | BUILDING | 3/10/23 | | 884,400 | 32.43 | | | | | | 286,811 | 5,831 | S/L | MM | 39 | .02564 | 7,354 |
| TOTAL BUILDINGS | | | | 884,400 | | 0 | 0 | 0 | 0 | 0 | 286,811 | 5,831 | | | | | 7,354 |
| IMPROVEMENTS | | | | | | | | | | | | | | | | | |
| 1 | IMPROVEMENTS | 3/10/23 | | 225,338 | 32.43 | | | | | | 73,077 | 1,486 | S/L | MM | 39 | .02564 | 1,874 |
| TOTAL IMPROVEMENTS | | | | 225,338 | | 0 | 0 | 0 | 0 | 0 | 73,077 | 1,486 | | | | | 1,874 |
| LAND | | | | | | | | | | | | | | | | | |
| 3 | LAND | 3/10/23 | | 435,600 | 32.43 | | | | | | 141,265 | | | | | | 0 |
| TOTAL LAND | | | | 435,600 | | 0 | 0 | 0 | 0 | 0 | 141,265 | 0 | | | | | 0 |
| TOTAL DEPRECIATION | | | | 1,545,338 | | 0 | 0 | 0 | 0 | 0 | 501,153 | 7,317 | | | | | 9,228 |
| GRAND TOTAL DEPRECIATION | | | | 1,545,338 | | 0 | 0 | 0 | 0 | 0 | 501,153 | 7,317 | | | | | 9,228 |

12/31/24

2024 CALIFORNIA DEPRECIATION SCHEDULE

PAGE 1

AMMAR HUSAIN AND SANA YUSUF

| NO. | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. | |
|---------------------------------|--------------------------|------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|-------|
| BUSINESS USE OF HOME - UMRI LLC | | | | | | | | | | | | | | | | | |
| BUILDINGS | | | | | | | | | | | | | | | | | |
| 2 | BUILDING | 3/10/23 | | 884,400 | 32.43 | | | | | | 286,811 | 5,831 | S/L | MM | 39 | .02564 | 7,354 |
| | TOTAL BUILDINGS | | | 884,400 | | 0 | 0 | 0 | 0 | 0 | 286,811 | 5,831 | | | | | 7,354 |
| IMPROVEMENTS | | | | | | | | | | | | | | | | | |
| 1 | IMPROVEMENTS | 3/10/23 | | 225,338 | 32.43 | | | | | | 73,077 | 1,486 | S/L | MM | 39 | .02564 | 1,874 |
| | TOTAL IMPROVEMENTS | | | 225,338 | | 0 | 0 | 0 | 0 | 0 | 73,077 | 1,486 | | | | | 1,874 |
| LAND | | | | | | | | | | | | | | | | | |
| 3 | LAND | 3/10/23 | | 435,600 | 32.43 | | | | | | 141,265 | | | | | | 0 |
| | TOTAL LAND | | | 435,600 | | 0 | 0 | 0 | 0 | 0 | 141,265 | 0 | | | | | 0 |
| | TOTAL DEPRECIATION | | | 1,545,338 | | 0 | 0 | 0 | 0 | 0 | 501,153 | 7,317 | | | | | 9,228 |
| | GRAND TOTAL DEPRECIATION | | | 1,545,338 | | 0 | 0 | 0 | 0 | 0 | 501,153 | 7,317 | | | | | 9,228 |

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

| | |
|-----------------|---------------------------------|
| Taxpayer's name | Social security number |
| AMMAR HUSAIN | ***-**-**** |
| Spouse's name | Spouse's social security number |
| SANA YUSUF | ***-**-**** |

Part I Tax Return Information – Tax Year Ending December 31, 2024 (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 | 569,474. |
| 2 | Total tax | 2 | 121,308. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 105,405. |
| 4 | Amount you want refunded to you | 4 | |
| 5 | Amount you owe | 5 | 16,093. |

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

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

Taxpayer's PIN: check one box only

☒ I authorize THE B.I.T. CO. to enter or generate my PIN 13819 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 ►

Spouse's PIN: check one box only

☒ I authorize THE B.I.T. CO. to enter or generate my PIN 25154 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 ►

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.

33466545900
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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND " 2024 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

DO NOT MAIL

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

Form 1040-V (2024)

Separate here and mail with your payment and return.

Department of the Treasury
Internal Revenue Service

2024

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

| | |
|---|---------|
| Enter the amount of your payment ▶ | 16,093. |
|---|---------|

FDIA8601L 07/19/24 1032



AMMAR HUSAIN & SANA YUSUF
117 TOPAZ WAY
SAN FRANCISCO CA 94131

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI OH 45280-2501

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, ending _____

See separate instructions.

Your first name and middle initial
AMMAR HUSAIN

Last name

If joint return, spouse's first name and middle initial
SANA YUSUF

Last name

Home address (number and street). If you have a P.O. box, see instructions.
117 TOPAZ WAY

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.
SAN FRANCISCO, CA 94131

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You

☐ Spouse

Filing Status

☐ Single

☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

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

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1960 ☐ Are blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|---|--------------------------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here. . . . <input type="checkbox"/> | (1) First name Last name | | | Child tax credit | Credit for other dependents |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Income

1 a Total amount from Form(s) W-2, box 1 (see instructions). **1a** 513,258.

b Household employee wages not reported on Form(s) W-2. **1b**

c Tip income not reported on line 1a (see instructions). **1c**

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). **1d**

e Taxable dependent care benefits from Form 2441, line 26. **1e**

f Employer-provided adoption benefits from Form 8839, line 29. **1f**

g Wages from Form 8919, line 6. **1g**

h Other earned income (see instructions). **1h**

i Nontaxable combat pay election (see instructions). **1i**

z Add lines 1a through 1h. **1z** 513,258.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

2 a Tax-exempt interest. **2a** 206.

b Taxable interest. **2b** 10,082.

3 a Qualified dividends. **3a** 4,922.

b Ordinary dividends. **3b** 5,259.

4 a IRA distributions. **4a**

b Taxable amount. **4b**

5 a Pensions and annuities. **5a** 37,644.

b Taxable amount. **5b** 1,857.

6 a Social security benefits. **6a**

b Taxable amount. **6b**

c If you elect to use the lump-sum election method, check here (see instructions). ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐ **7** 35,487.

8 Additional income from Schedule 1, line 10. **8** 3,531.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**. **9** 569,474.

10 Adjustments to income from Schedule 1, line 26. **10**

11 Subtract line 10 from line 9. This is your **adjusted gross income**. **11** 569,474.

12 **Standard deduction or itemized deductions** (from Schedule A). **12** 37,596.

13 Qualified business income deduction from Form 8995 or Form 8995-A. **13** 5,264.

14 Add lines 12 and 13. **14** 42,860.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**. **15** 526,614.

Attach Sch. B if required.

Standard Deduction for —

• Single or Married filing separately, \$14,600

• Married filing jointly or Qualifying surviving spouse, \$29,200

• Head of household, \$21,900

• If you checked any box under **Standard Deduction**, see instructions.

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

FDIA0112L 07/25/24

Form **1040** (2024)

Tax and Credits

| | | | |
|-----------|--|-----------|--------------------------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 | 16 | 117,020. |
| 2 | <input type="checkbox"/> 4972 | 3 | <input type="checkbox"/> |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 117,020. |
| 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| 20 | Amount from Schedule 3, line 8 | 20 | 46. |
| 21 | Add lines 19 and 20 | 21 | 46. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 116,974. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 4,334. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 121,308. |

Payments

| | | | |
|-----------|---|------------|----------|
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 103,408. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | 1,997. |
| d | Add lines 25a through 25c | 25d | 105,405. |
| 26 | 2024 estimated tax payments and amount applied from 2023 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 105,405. |

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

Refund

| | | | |
|------------|---|------------|--|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 36 | Amount of line 34 you want applied to your 2025 estimated tax | 36 | |

Direct deposit?
See instructions.**Amount You Owe**

| | | | |
|-----------|--|-----------|---------|
| 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions. | 37 | 16,093. |
| 38 | Estimated tax penalty (see instructions) | 38 | 190. |

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS?
See instructions ☒ **Yes**. Complete below. ☐ **No**Designee's name **TANYA CHAMBERS-ARANA** Phone no. **619-667-4590** Personal identification number (PIN) **45900****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 | 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 | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (217) 819-9101 | Email address | | |

Paid Preparer Use Only

| | | | | |
|--|----------------------|------|--------------------------------|---|
| Preparer's name TANYA CHAMBERS-ARANA | Preparer's signature | Date | PTIN P00455126 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name THE B.I.T. CO. | | | Phone no. 619.667.4599 | |
| Firm's address 8085 LA MESA BLVD LA MESA, CA 91942 | | | Firm's EIN 953827320 | |

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2024)

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

2024

Attachment
Sequence No. **01**

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

AMMAR HUSAIN AND SANA YUSUF

Your social security number

-**-*

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

| Part I | | Additional Income | |
|--------|---|-------------------|--------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | 2,831. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Income from Form 8853 | 8e | |
| f | Income from Form 8889 | 8f | |
| g | Alaska Permanent Fund dividends | 8g | |
| h | Jury duty pay | 8h | |
| i | Prizes and awards | 8i | |
| j | Activity not engaged in for profit income | 8j | |
| k | Stock options | 8k | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) .. | 8m | |
| n | Section 951(a) inclusion (see instructions) | 8n | |
| o | Section 951A(a) inclusion (see instructions) | 8o | |
| p | Section 461(l) excess business loss adjustment | 8p | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | () |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | |
| u | Wages earned while incarcerated | 8u | |
| v | Digital assets received as ordinary income not reported elsewhere. See instructions | 8v | |
| z | Other income. List type and amount: <u>SEE STATEMENT 1</u> | 8z | 700. |
| 9 | Total other income. Add lines 8a through 8z | 9 | 700. |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | 3,531. |

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

FDIA0103L 09/26/24

Schedule 1 (Form 1040) 2024

| | | |
|--------------------------------------|--|--------------|
| 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 8I from the rental of personal property engaged in for profit..... | 24b |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m..... | 24c |
| d | Reforestation amortization and expenses..... | 24d |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974..... | 24e |
| f | Contributions to section 501(c)(18)(D) pension plans..... | 24f |
| g | Contributions by certain chaplains to section 403(b) plans..... | 24g |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)..... | 24h |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations..... | 24i |
| j | Housing deduction from Form 2555..... | 24j |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)..... | 24k |
| z | Other adjustments. List type and amount: | 24z |
| 25 | Total other adjustments. Add lines 24a through 24z..... | 25 |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10..... | 26 0. |

Schedule 1 (Form 1040) 2024

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

2024Attachment
Sequence No. **02**

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

AMMAR HUSAIN AND SANA YUSUF

Your social security number

-**-*

Part I Tax

| | | | | |
|----------|--|-----------|--|----|
| 1 | Additions to tax: | | | |
| a | Excess advance premium tax credit repayment. Attach Form 8962..... | 1a | | |
| b | Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)..... | 1b | | |
| c | Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)..... | 1c | | |
| d | Recapture of net EPE from Form 4255, line 2a, column (l)..... | 1d | | |
| e | Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) <input type="checkbox"/> Line 1a, column (n) (ii) <input type="checkbox"/> Line 1c, column (n) (iii) <input type="checkbox"/> Line 1d, column (n) (iv) <input type="checkbox"/> Line 2a, column (n)..... | 1e | | |
| f | 20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a, column (o) (ii) <input type="checkbox"/> Line 1c, column (o) (iii) <input type="checkbox"/> Line 1d, column (o) (iv) <input type="checkbox"/> Line 2a, column (o)..... | 1f | | |
| y | Other additions to tax (see instructions): | 1y | | |
| z | Add lines 1a through 1y | 1z | | |
| 2 | Alternative minimum tax. Attach Form 6251..... | 2 | | 0. |
| 3 | Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17..... | 3 | | 0. |

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. If not required, check here. <input type="checkbox"/> | 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 | | 2,576. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | | 1,758. |
| 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)

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 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 | Recapture of net EPE from Form 4255, line 1d, column (l)..... | | 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 | 4,334. |

Schedule 2 (Form 1040) 2024

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

2024

Attachment
Sequence No. **03**

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

AMMAR HUSAIN AND SANA YUSUF

Your social security number

-**-*

Part I Nonrefundable Credits

| | | | |
|-----------|--|-----------|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required. | 1 | 46. |
| 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 | |
| 5a | Residential clean energy credit from Form 5695, line 15. | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32. | 5b | |
| 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 | Reserved for future use. | 6e | |
| f | Clean vehicle credit. Attach Form 8936. | 6f | |
| 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 | |
| m | Credit for previously owned clean vehicles. Attach Form 8936. | 6m | |
| z | Other nonrefundable credits. List type and amount: _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z. | 7 | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20. | 8 | 46. |

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 | Section 1341 credit for repayment of amounts included in income from earlier years. | 13b | |
| c | Net elective payment election amount from Form 3800, Part III, line 6, column (j). | 13c | |
| d | Deferred amount of net 965 tax liability (see instructions). | 13d | |
| z | Other refundable credits (see instructions): _____ | 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. |

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

Schedule 3 (Form 1040) 2024

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment
Sequence No. **07**

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

AMMAR HUSAIN AND SANA YUSUF

Your social security number

-**-*

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- | | | | | |
|---|---|---|--|----|
| 1 | Medical and dental expenses (see instructions) | 1 | | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11. | 2 | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | 0. |

**Taxes You
Paid**

- | | | | | |
|---|--|----|---------|---------|
| 5 | State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 51,073. | |
| | b State and local real estate taxes (see instructions) | 5b | 16,619. | |
| | c State and local personal property taxes | 5c | | |
| | d Add lines 5a through 5c | 5d | 67,692. | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. | |
| 6 | Other taxes. List type and amount: | 6 | | |
| 7 | Add lines 5e and 6 | 7 | | 10,000. |

**Interest You
Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- | | | | | |
|----|---|----|---------|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 24,596. | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address. | 8b | | |
| | c Points not reported to you on Form 1098. See instructions for special rules. | 8c | | |
| | d Reserved for future use | 8d | | |
| | e Add lines 8a through 8c | 8e | 24,596. | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | |
| 10 | Add lines 8e and 9 | 10 | | 24,596. |

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- | | | | | |
|----|--|----|--------|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. | 11 | 3,000. | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | | |
| 13 | Carryover from prior year | 13 | | |
| 14 | Add lines 11 through 13 | 14 | | 3,000. |

**Casualty and
Theft Losses**

- | | | | | |
|----|--|----|--|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. | 15 | | 0. |
|----|--|----|--|----|

**Other
Itemized
Deductions**

- | | | | | |
|----|--|----|--|----|
| 16 | Other—from list in instructions. List type and amount: | 16 | | 0. |
|----|--|----|--|----|

**Total
Itemized
Deductions**

- | | | | | |
|----|--|----|--|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12. | 17 | | 37,596. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | |

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 08

Name(s) shown on return

AMMAR HUSAIN AND SANA YUSUF

Your social security number

-**-*

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID, or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the total
interest shown on
that form.

| | Amount |
|---|---------------------------------------|
| 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: CHARLES SCHWAB ROBINHOOD SOCIAL FINANCE LLC WEALTHFRONT WEALTHFRONT | 14. 8. 324. 2,205. 7,531. |
| 2 Add the amounts on line 1. | 10,082. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. | 10,082. |

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary
Dividends

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the
ordinary dividends
shown on that form.

| | Amount |
|---|---|
| 5 List name of payer: CHARLES SCHWAB ETRADE JP MORGAN ROBINHOOD SECURITIES VANGUARD VANGUARD WEALTHFRONT | 312. 293. 2,589. 64. 279. 842. 880. |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. | 5,259. |

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign
Accounts
and Trusts

Caution: If required,
failure to file FinCEN
Form 114 may
result in substantial
penalties.
Additionally, you may
be required to file
Form 8938, Statement
of Specified Foreign
Financial Assets.
See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

| | Yes | No |
|---|-----|----|
| 7a At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements. | | X |
| b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: | | |
| 8 During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions. | | X |

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

AMMAR HUSAIN AND SANA YUSUF

Your social security number

-**-*

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..... | 12,591. | 12,914. | | -323. |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked..... | 65,551. | 68,347. | 2,103. | -693. |
| 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 the back..... | | | | 7 -1,016. |

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..... | 61,685. | 32,477. | | 29,208. |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked..... | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked..... | 19,684. | 12,389. | | 7,295. |
| 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 instrs. | | | | 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 the back..... | | | | 15 36,503. |

Part III Summary

| | | |
|--|-----------|---------|
| 16 Combine lines 7 and 15 and enter the result. | 16 | 35,487. |
| <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 | 0. |
| 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet. | 19 | |
| 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? | | |
| <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | | |
| <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none">• The loss on line 16; or• (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | | |
| <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Schedule D (Form 1040) 2024

SSN or taxpayer identification number

-**-*

-**-*

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).

☐ (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 shares 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 | |
| | JP MORGAN | VARIOUS | VARIOUS | 19,684. | 12,389. | | | 7,295. |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 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)..... | | | | 19,684. | 12,389. | | 0. | 7,295. |

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.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

AMMAR HUSAIN AND SANA YUSUF

-**-*

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☒ **Yes** ☐ **No**

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if basis computation is required | (f) Check if any amount is not at risk |
|----|-----------------------|--|----------------------------------|------------------------------------|--|--|
| A | UMRI LLC | S | | 92-1526697 | X | |
| B | UNREIMBURSED EXPENSES | S | | 92-1526697 | X | |
| C | | | | | | |
| D | | | | | | |

Passive Income and Loss**Nonpassive Income and Loss**

| (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss allowed (see Schedule K-1) | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
|---|---|--|---|--|
| A | | | | 26,255. |
| B | | 23,424. | | |
| C | | | | |
| D | | | | |
| 29 a Totals..... | | | | 26,255. |
| b Totals..... | | 23,424. | | |
| 30 Add columns (h) and (k) of line 29a..... | | | 30 | 26,255. |
| 31 Add columns (g), (i), and (j) of line 29b..... | | | 31 | (23,424.) |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31..... | | | 32 | 2,831. |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer ID no. |
|----|----------|---------------------|
| A | | |
| B | | |

Passive Income and Loss**Nonpassive Income and Loss**

| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
|--|---|--|---|
| A | | | |
| B | | | |
| 34 a Totals..... | | | |
| b Totals..... | | | |
| 35 Add columns (d) and (f) of line 34a..... | | 35 | |
| 36 Add columns (c) and (e) of line 34b..... | | 36 | () |
| 37 Total estate and trust income or (loss). Combine lines 35 and 36..... | | 37 | |

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q , line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q , line 1b | (e) Income from Schedules Q , line 3b |
|----|--|------------------------------------|---|---|--|
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below..... | | | | 39 |

Part V Summary

| | | |
|---|-----------|--------|
| 40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below..... | 40 | |
| 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5..... | 41 | 2,831. |
| 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions..... | 42 | |
| 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules..... | 43 | |

Name
AMMAR HUSAIN AND SANA YUSUF

ID no. as shown on page 1 of your tax return
-**-*

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income

c ☒ Passive category income

e ☐ Section 901(j) income

g ☐ Lump-sum distributions
- b ☐ Foreign branch category income

d ☐ General category income

f ☐ Certain income re-sourced by treaty

h Resident of (name of country)

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I

Taxable Income or Loss From Sources Outside the United States (for category checked above)

| | Foreign Country or U.S. Territory | | | Total (Add columns A, B, and C.) |
|---|-----------------------------------|---|---|-------------------------------------|
| | A | B | C | |
| i Enter the name of the foreign country or U.S. territory | OTHER COUNTRY (VARIOUS) | | | |
| 1 a Gross income from sources within country shown above and of the type checked above (see instructions): SEE STATEMENT 2 | | | | |
| | 513. | | | 1 a 513. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions | | | | |
| Deductions and losses (Caution: See instructions.): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction (see instructions) | 2,455. | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 2,455. | | | |
| d Gross foreign source income (see instructions) | 880. | | | |
| e Gross income from all sources (see instructions) | 593,914. | | | |
| f Divide line 3d by line 3e (see instructions) | 0.001482 | | | |
| g Multiply line 3c by line 3f | 4. | | | |
| 4 Pro rata share of interest expense (see instructions): | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 4. | | | 6 4. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 509. |

Part II

Foreign Taxes Paid or Accrued (see instructions)

| C O U N T R Y | Credit is claimed for taxes (you must check one) | | Foreign taxes paid or accrued | | | | | | | | |
|---------------------------------|--|------------------------------|-------------------------------|--------------|--|------------------------------|----------------------------|--------------|--|---|-----|
| | | | In foreign currency | | | | In U.S. dollars | | | | |
| | (i) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add columns (q) through (t)) | |
| | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | | (q) Dividends | (r) Rents and royalties | (s) Interest | | | |
| A | 12/31/2024 | | | | | | 46. | | | | 46. |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2

8 46.

Part III Figuring the Credit

| | | | |
|--|-----------|----------|-------------|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I. | 9 | 46. | |
| 10 Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions). <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 Add lines 9 and 10. | 11 | 46. | |
| 12 Reduction in foreign taxes (see instructions). | 12 | () | |
| 13 Taxes reclassified under high tax kickout (see instructions). | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit. | 14 | | 46. |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions. | 15 | 509. | |
| 16 Adjustments to line 15 (see instructions). | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 509. | |
| 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption. | 18 | 502,587. | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1". | 19 | | 0.001012760 |
| 20 Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. Estates and trusts: See instructions. | 20 | | 117,020. |
| Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 Multiply line 20 by line 19 (maximum amount of credit). | 21 | | 119. |
| 22 Increase in limitation (section 960(c)) (see instructions). | 22 | | |
| 23 Add lines 21 and 22. | 23 | | 119. |
| 24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions. | 24 | | 46. |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | |
|--|-----------|--|-----|
| 25 Credit for taxes on section 951A category income. | 25 | | |
| 26 Credit for taxes on foreign branch category income. | 26 | | |
| 27 Credit for taxes on passive category income. | 27 | | |
| 28 Credit for taxes on general category income. | 28 | | |
| 29 Credit for taxes on section 901(j) income. | 29 | | |
| 30 Credit for taxes on certain income re-sourced by treaty. | 30 | | |
| 31 Credit for taxes on lump-sum distributions. | 31 | | |
| 32 Add lines 25 through 31. | 32 | | |
| 33 Enter the smaller of line 20 or line 32. | 33 | | 46. |
| 34 Reduction of credit for international boycott operations. See instructions for line 12. | 34 | | |
| 35 Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a. | 35 | | 46. |

Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2024

Attachment
Sequence No. 52

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

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

AMMAR HUSAIN

-**-*

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|---|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions. | 2 | |
| 3 | If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter. | 3 | 8,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs. | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0-. | 5 | 8,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter. | 6 | 8,300. |
| 7 | If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions. | 7 | |
| 8 | Add lines 6 and 7. | 8 | 8,300. |
| 9 | Employer contributions made to your HSAs for 2024 | 9 | 8,300. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10. | 11 | 8,300. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0-. | 12 | 0. |
| 13 | HSA deduction (see instructions). | 13 | |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|---|-----|--|
| 14a | Total distributions you received in 2024 from all HSAs (see instructions). | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions. | 14b | |
| c | Subtract line 14b from line 14a. | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions). | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f. | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c. | 17b | |

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

| | | | |
|----|---|----|--|
| 18 | Last-month rule. | 18 | |
| 19 | Qualified HSA funding distribution. | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f. | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d. | 21 | |

Qualified Business Income Deduction

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2024**Attachment
Sequence No. **55A**

Name(s) shown on return

Your taxpayer identification number

AMMAR HUSAIN AND SANA YUSUF

-**-*

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 above \$191,950 (\$383,900 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron |
|---|--|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | UMRI LLC | <input type="checkbox"/> | <input type="checkbox"/> | 92-1526697 | <input type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|--|------------|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions. | 2 26,255. | | |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$191,950 or less (\$383,900 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13. | 3 5,251. | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation. | 4 114,400. | | |
| 5 Multiply line 4 by 50% (0.50). | 5 57,200. | | |
| 6 Multiply line 4 by 25% (0.25). | 6 28,600. | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property. | 7 | | |
| 8 Multiply line 7 by 2.5% (0.025). | 8 | | |
| 9 Add lines 6 and 8. | 9 28,600. | | |
| 10 Enter the greater of line 5 or line 9. | 10 57,200. | | |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10. | 11 5,251. | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any. | 12 | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12. | 13 5,251. | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions. | 14 | | |
| 15 Qualified business income component. Subtract line 14 from line 13. | 15 5,251. | | |
| 16 Total qualified business income component. Add all amounts reported on line 15. | 16 5,251. | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **8995-A** (2024)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$191,950 but not \$241,950 (\$383,900 and \$483,900 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | | A | B | C |
|----|--|----|---|---|---|
| 17 | Enter the amounts from line 3..... | 17 | | | |
| 18 | Enter the amounts from line 10..... | 18 | | | |
| 19 | Subtract line 18 from line 17..... | 19 | | | |
| 20 | Taxable income before qualified business income deduction..... | 20 | | | |
| 21 | Threshold. Enter \$191,950 (\$383,900 if married filing jointly)..... | 21 | | | |
| 22 | Subtract line 21 from line 20.... | 22 | | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)..... | 23 | | | |
| 24 | Phase-in percentage. Divide ln 22 by ln 23..... | 24 | % | | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24..... | 25 | | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business..... | 26 | | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | | |
|----|--|----|----------|----------|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16..... | 27 | 5,251. | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions..... | 28 | 64. | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years..... | 29 | () | | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-..... | 30 | 64. | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20)..... | 31 | 13. | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31..... | 32 | | 5,264. | |
| 33 | Taxable income before qualified business income deduction..... | 33 | 531,878. | | |
| 34 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)..... | 34 | 40,409. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0-..... | 35 | | 491,469. | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20)..... | 36 | | 98,294. | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36..... | 37 | | 5,264. | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37..... | 38 | | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38..... | 39 | | 5,264. | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-..... | 40 | () | | |

Form **8995-A** (2024)

Form **8959**Department of the Treasury
Internal Revenue Service**Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2024Attachment
Sequence No. **71**

Name(s) shown on return

AMMAR HUSAIN AND SANA YUSUF

Your social security number

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|---|--|---|----------|----------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . | 1 | 536,258. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 536,258. | |
| 5 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 250,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 286,258. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 2,576. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|----|--|----|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | | |
| 9 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|----|--|----|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|----|--|----|--|--------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | | 2,576. |
|----|--|----|--|--------|

Part V Withholding Reconciliation

| | | | | |
|----|---|----|----------|--------|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 9,773. | |
| 20 | Enter the amount from line 1 | 20 | 536,258. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 7,776. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 1,997. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 | | 1,997. |

Form **8960**Department of the Treasury
Internal Revenue Service**Net Investment Income Tax –
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024Attachment
Sequence No. **72**

Name(s) shown on your tax return

AMMAR HUSAIN AND SANA YUSUF

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

| | | | |
|----|---|----|---------|
| 1 | Taxable interest (see instructions) | 1 | 10,082. |
| 2 | Ordinary dividends (see instructions) | 2 | 5,259. |
| 3 | Annuities (see instructions) | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | 4a | 2,831. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | -2,831. |
| c | Combine lines 4a and 4b | 4c | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | 35,487. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | |
| d | Combine lines 5a through 5c | 5d | 35,487. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | 6 | |
| 7 | Other modifications to investment income (see instructions) | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | 8 | 50,828. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | |
|----|---|----|--------|
| 9a | Investment interest expenses (see instructions) | 9a | |
| b | State, local, and foreign income tax (see instructions) | 9b | 4,558. |
| c | Miscellaneous investment expenses (see instructions) | 9c | |
| d | Add lines 9a, 9b, and 9c | 9d | 4,558. |
| 10 | Additional modifications (see instructions) | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | 11 | 4,558. |

Part III Tax Computation

| | | | |
|----------------------------|---|-----|----------|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | 12 | 46,270. |
| Individuals: | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 | 569,474. |
| 14 | Threshold based on filing status (see instructions) | 14 | 250,000. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 319,474. |
| 16 | Enter the smaller of line 12 or line 15 | 16 | 46,270. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | 17 | 1,758. |
| Estates and Trusts: | | | |
| 18a | Net investment income (line 12 above) | 18a | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | 18b | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | |
| 19a | Adjusted gross income (see instructions) | 19a | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | |
| 20 | Enter the smaller of line 18c or line 19c | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | 21 | |

**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

AMMAR HUSAIN

Identifying number

-**-*

A Name of S corporation**UMRI LLC****B** Employer identification number

92-1526697

C Stock block (see instructions):**D** Check applicable box(es) to indicate how stock was acquired:(1) ☐ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other: _____**E** Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation. ☐**Part I Shareholder Stock Basis**

| | | | |
|----|---|----|----------|
| 1 | Stock basis at the beginning of the corporation's tax year. | 1 | 96,122. |
| 2 | Basis from any capital contributions made or additional stock acquired during the tax year. | 2 | |
| 3a | Ordinary business income (enter losses in Part III) | 3a | 26,255. |
| b | Net rental real estate income (enter losses in Part III) | 3b | |
| c | Other net rental income (enter losses in Part III) | 3c | |
| d | Interest income | 3d | |
| e | Ordinary dividends | 3e | |
| f | Royalties | 3f | |
| g | Net capital gains (enter losses in Part III) | 3g | |
| h | Net section 1231 gain (enter losses in Part III) | 3h | |
| i | Other income (enter losses in Part III) | 3i | |
| j | Excess depletion adjustment | 3j | |
| k | Tax-exempt income | 3k | |
| l | Recapture of business credits | 3l | |
| m | Other items that increase stock basis | 3m | |
| 4 | Add lines 3a through 3m. | 4 | 26,255. |
| 5 | Stock basis before distributions. Add lines 1, 2, and 4. | 5 | 122,377. |
| 6 | Distributions (excluding dividend distributions). Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions. | 6 | |
| 7 | Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15. | 7 | 122,377. |
| 8a | Nondeductible expenses | 8a | |
| b | Depletion for oil and gas | 8b | |
| c | Business credits (sections 50(c)(1) and (5)) | 8c | |
| 9 | Add lines 8a through 8c. | 9 | 0. |
| 10 | Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15. | 10 | 122,377. |
| 11 | Allowable loss and deduction items. Enter the amount from line 47, column (c). | 11 | 23,424. |
| 12 | Debt basis restoration (see net increase in instructions for line 23). | 12 | |
| 13 | Other items that decrease stock basis | 13 | |
| 14 | Add lines 11, 12, and 13. | 14 | 23,424. |
| 15 | Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-. | 15 | 98,953. |

Part II Shareholder Debt Basis**Section A — Amount of Debt** (If more than three debts, see instructions.)

| Description | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|--|---|---|---|-----------|
| | <input type="checkbox"/> Formal note <input type="checkbox"/> Open account | <input type="checkbox"/> Formal note <input type="checkbox"/> Open account | <input type="checkbox"/> Formal note <input type="checkbox"/> Open account | |
| 16 Loan balance at the beginning of the corporation's tax year. | | | | 0. |
| 17 Additional loans (see instructions). | | | | |
| 18 Loan balance before repayment. Add lines 16 and 17. | | | | 0. |
| 19 Principal portion of debt repayment (this line doesn't include interest) | | | | |
| 20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18. | | | | 0. |

Part II Shareholder Debt Basis (continued) UMRI LLC**Section B – Adjustments to Debt Basis**

| Description | (a) Debt 1 | (b) Debt 2 | (c) Debt 3 | (d) Total |
|---|------------|------------|------------|-----------|
| 21 Debt basis at the beginning of the corporation's tax year. | | | | 0. |
| 22 Enter the amount, if any, from line 17. | | | | |
| 23 Debt basis restoration (see instructions) ... | | | | |
| 24 Debt basis before repayment. Add lines 21, 22, and 23. | | | | 0. |
| 25 Divide line 24 by line 18. | | | | |
| 26 Nontaxable debt repayment. Multiply line 25 by line 19. | | | | |
| 27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24. ... | | | | 0. |
| 28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis. | | | | |
| 29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0- | | | | 0. |
| 30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) . . | | | | |
| 31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0- | | | | 0. |

Section C – Gain on Loan Repayment

| | | | | |
|--|--|--|--|--|
| 32 Repayment. Enter the amount from line 19. | | | | |
| 33 Nontaxable repayments. Enter the amount from line 26. | | | | |
| 34 Reportable gain. Subtract line 33 from line 32. | | | | |

Part III Shareholder Allowable Loss and Deduction Items

| Description | (a) Current year losses and deductions | (b) Carryover amounts (column (e)) from the previous year | (c) Allowable loss from stock basis | (d) Allowable loss from debt basis | (e) Carryover amounts |
|--|--|---|-------------------------------------|------------------------------------|-----------------------|
| 35 Ordinary business loss. | | | | | |
| 36 Net rental real estate loss. | | | | | |
| 37 Other net rental loss. | | | | | |
| 38 Net capital loss. | | | | | |
| 39 Net section 1231 loss. | | | | | |
| 40 Other loss. | | | | | |
| 41 Section 179 deductions. | | | | | |
| 42 Charitable contributions. | | | | | |
| 43 Investment interest expense. | | | | | |
| 44 Section 59(e)(2) expenditures. | | | | | |
| 45 Other deductions. | | | 23,424. | | |
| 46 Foreign taxes paid or accrued. | | | | | |
| 47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30. | 0. | 0. | 23,424. | 0. | 0. |

2024

FEDERAL STATEMENTS

PAGE 1

AMMAR HUSAIN AND SANA YUSUF

*** ** ***

STATEMENT 1
SCHEDULE 1, LINE 8Z
OTHER INCOME

| | | |
|----------------------|----|-------------|
| JP MORGAN CHASE..... | \$ | 700. |
| TOTAL | \$ | <u>700.</u> |

STATEMENT 2
FORM 1116, LINE 1A - PASSIVE CATEGORY INCOME
GROSS INCOME FROM SOURCES OUTSIDE U.S.FOREIGN COUNTRY OR U.S. POSSESSION: OTHER COUNTRY (VARIOUS)
DIVIDENDS.....

| | | | |
|---|--------------|-------------|------|
| GROSS FOREIGN SOURCE QUALIFIED DIVIDENDS..... | 618. | \$ | 262. |
| FOREIGN SOURCE QUALIFIED DIVIDEND ADJUSTMENT..... | <u>-367.</u> | | |
| NET FOREIGN SOURCE QUALIFIED DIVIDENDS..... | | | 251. |
| TOTAL | \$ | <u>513.</u> | |

DO NOT MAIL

TAXABLE YEAR

FORM

2024**California e-file Signature Authorization for Individuals****8879**

Your name

AMMAR HUSAIN

Your SSN or ITIN

-**-*

Spouse's/RDP's name

SANA YUSUF

Spouse's/RDP's SSN or ITIN

-**-*

Part I Tax Return Information (whole dollars only)

- 1 California adjusted gross income (AGI). See instructions 1 579,174.
- 2 Amount you owe. See instructions 2 _____
- 3 Refund or no amount due. See instructions 3 3,162.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize THE B.I.T. CO. to enter my PIN 13819
ERO firm name Do not enter all zeros

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

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

☒ I authorize THE B.I.T. CO. to enter my PIN 25154
ERO firm name Do not enter all zeros

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only**ERO's Electronic Filer Identification Number (EFIN)/PIN.**

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

33466545900

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► _____

2024

California Resident
Income Tax Return

540

APE

ATTACH FEDERAL RETURN

-**-* HUSA ***-**-****

24

AMMAR HUSAIN
SANA YUSUF117 TOPAZ WY
SAN FRANCISCO CA 94131

10-22-1988 06-22-1994

Principal Residence

Enter your county at time of filing (see instructions)

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

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

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

Apt. no/ste. no.

☐

City

State

ZIP code

☐Filing
StatusIf your California filing status is different from your federal filing status, check the box here. ☐1 ☐ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. _____

See instructions. _____

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. _____6 ☐ If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instructions. • 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 ☐ 2 x \$149 = ☒ \$ 298.8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;
if both are visually impaired, enter 2. See instructions. ☒ 8 ☐ x \$149 = ☒ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1;
if both are 65 or older, enter 2. See instructions. • 9 ☐ x \$149 = ☒ \$

ExemptionsYour name: AMMAR HUSAINYour SSN or ITIN: ***-**-******10 Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------------|-------------|-------------|-------------|
| First Name | | | |
| Last Name | | | |
| SSN. See instr. | | | |
| Dependent's relationship to you | | | |

Total dependent exemptions • 10 ☐ x \$461 = • \$ _____**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. • 11 \$ 298.**Taxable Income**

12 State wages from your federal Form(s) W-2, box 16. • 12 513,258.

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. • 13 569,474.

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. • 14 _____

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 569,474.

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. • 16 9,700.

17 California adjusted gross income. Combine line 15 and line 16. • 17 579,174.

18 Enter the larger of Your California **itemized deductions** from Schedule CA (540), Part II, line 30; OR
Your California **standard deduction** shown below for your filing status:
• Single or Married/RDP filing separately. \$5,540
• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$11,080
If Married/RDP filing separately or the box on line 6 is checked,
STOP. See instructions. • 18 39,430.

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. • 19 539,744.

Tax

☐ Tax Table ☒ Tax Rate Schedule

31 Tax. Check the box if from: • ☐ FTB 3800 • ☐ FTB 3803. • 31 43,281.

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions. • 32 0.

33 Subtract line 32 from line 31. If less than zero, enter -0-. • 33 43,281.

34 Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34 _____

35 Add line 33 and line 34. • 35 43,281.

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. • 40 _____

43 Enter credit name code • _____ and amount. • 43 _____

44 Enter credit name code • _____ and amount. • 44 _____

Your name: **AMMAR HUSAIN**Your SSN or ITIN: *****-**-********Special Credits**

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ● 45 _____
- 46 Nonrefundable Renter's Credit. See instructions ● 46 _____
- 47 Add line 40 through line 46. These are your total credits ● 47 _____
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 43,281.

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 _____
- 62 Mental Health Services Tax. See instructions ● 62 _____
- 63 Other taxes and credit recapture. See instructions ● 63 _____
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 43,281.

Payments

- 71 California income tax withheld. See instructions ● 71 46,443.
- 72 2024 California estimated tax and other payments. See instructions ● 72 _____
- 73 Withholding (Form 592-B and/or Form 593). See instructions ● 73 _____
- 74 Reserved for future use 74 _____
- 75 Earned Income Tax Credit (EITC). See instructions ● 75 _____
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 _____
- 77 Foster Youth Tax Credit (FYTC). See instructions ● 77 _____
- 78 Add line 71 through line 77. These are your total payments.
See instructions ● 78 46,443.

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions ● 91 0.

If line 91 is zero, check if: ☒ ☒ No use tax is owed. ☐ ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage
If you did not check the box, see instructions. ● ☒
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 _____

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. ● 93 46,443.
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91. ● 94 _____
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. ● 95 46,443.
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92. ● 96 _____
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. ● 97 3,162.

Your name: **AMMAR HUSAIN**

Your SSN or ITIN: *****-**-******

Overpaid Tax/Tax Due

- 98** Amount of line 97 you want applied to your **2025** estimated tax. ● **98** _____
- 99** Overpaid tax available this year. Subtract line 98 from line 97. ● **99** 3,162.
- 100** Tax due. If line 95 is less than line 64, subtract line 95 from line 64. ● **100** _____

Contributions

Code Amount

- California Seniors Special Fund. See instructions. ● **400** _____
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund. ● **401** _____
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program. ● **403** _____
- California Breast Cancer Research Voluntary Tax Contribution Fund. ● **405** _____
- California Firefighters' Memorial Voluntary Tax Contribution Fund. ● **406** _____
- Emergency Food for Families Voluntary Tax Contribution Fund. ● **407** _____
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. ● **408** _____
- California Sea Otter Voluntary Tax Contribution Fund. ● **410** _____
- California Cancer Research Voluntary Tax Contribution Fund. ● **413** _____
- School Supplies for Homeless Children Voluntary Tax Contribution Fund. ● **422** _____
- State Parks Protection Fund/Parks Pass Purchase. ● **423** _____
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund. ● **424** _____
- Keep Arts in Schools Voluntary Tax Contribution Fund. ● **425** _____
- Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. ● **431** _____
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund. ● **438** _____
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. ● **439** _____
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund. ● **445** _____
- California ALS Research Network Voluntary Tax Contribution Fund. ● **447** _____

- 110** Add amounts in code 400 through code 447. This is your total contribution. ● **110** _____

Your name: **AMMAR HUSAIN**

Your SSN or ITIN: *****-**-******

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** • **111**

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

Interest and Penalties **112** Interest, late return penalties, and late payment penalties • **112**

113 Underpayment of estimated tax.

Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • **113**

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. • **114**

Refund and Direct Deposit **115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • **115** **3,162.**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type
• Routing number ☒ Checking • Account number • **116** Direct deposit amount
322271627 **879502570** **3,162.**
☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type
• Routing number ☐ Checking • Account number • **117** Direct deposit amount
☐ Savings

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions. ☐

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions. • ☐ Yes ☒ No

Sign your tax return on Page 6

Your name: AMMAR HUSAIN

Your SSN or ITIN: ***-**-****

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

(217) 819-9101

**Sign
Here**

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

TANYA CHAMBERS-ARANA

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

Firm's name (or yours, if self-employed)

THE B.I.T. CO.

● PTIN

P00455126

Firm's address

8085 LA MESA BLVD
LA MESA, CA 91942

● Firm's FEIN

953827320

Joint tax
return? See
instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. ● ☒ Yes

● ☐ No

Print Third Party Designee's Name

TANYA CHAMBERSARANA

Telephone Number

619-667-4590

DO NOT MAIL

2024 California Adjustments – Residents

CA (540)

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

Name(s) as shown on tax return

SSN or ITIN

AMMAR HUSAIN AND SANA YUSUF

-**-*

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040 or 1040-SR

A Federal Amounts
(taxable amounts from
your federal tax return)

B Subtractions
See instructions

C Additions
See instructions

| | | | |
|--|--|-----------------------|------------------------------|
| 1a Total amount from federal Form(s) W-2, box 1. See instructions | 1a <input type="radio"/> 513,258. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Household employee wages not reported on federal Form(s) W-2 | 1b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Tip income not reported on line 1a | 1c <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions | 1d <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 | 1e <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29 | 1f <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Wages from federal Form 8919, line 6 | 1g <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Other earned income. See instrs. STATEMENT 1 | 1h <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 8,300. |
| i Nontaxable combat pay election. See instructions | 1i <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| z Add line 1a through line 1i | 1z <input type="radio"/> 513,258. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 8,300. |
| 2 Taxable interest. a <input type="radio"/> 206. 2b <input type="radio"/> 10,082. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> 4,922. 3b <input type="radio"/> 5,259. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 IRA distributions. See instructions. a <input type="radio"/> | 4b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> 37,644. 5b <input type="radio"/> 1,857. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Social security benefits. a <input type="radio"/> | 6b <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Capital gain or (loss). See instructions | 7 <input type="radio"/> 35,487. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section B - Additional Income from federal Schedule 1 (Form 1040)

| | | | |
|---|---------------------------------|-----------------------|------------------------------|
| 1 Taxable refunds, credits, or offsets of state and local income taxes | 1 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 a Alimony received. See instructions | 2a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Business income or (loss). See instructions | 3 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 Other gains or (losses) | 4 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. ST. 2. 5 <input type="radio"/> 2,831. <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1,400. |
| 6 Farm income or (loss) | 6 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Unemployment compensation | 7 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CAIA4012L 01/03/25

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|------------------------------------|---------------------------------|
| 8 Other income: | | | |
| a Federal net operating loss. 8a | ⊙ () | | ⊙ |
| b Gambling. 8b | ⊙ | ⊙ | |
| c Cancellation of debt. 8c | ⊙ | ⊙ | ⊙ |
| d Foreign earned income exclusion from federal Form 2555. 8d | ⊙ () | | ⊙ |
| e Income from federal Form 8853. 8e | ⊙ | | ⊙ |
| f Income from federal Form 8889. 8f | ⊙ | ⊙ | |
| g Alaska Permanent Fund dividends. 8g | ⊙ | | |
| h Jury duty pay. 8h | ⊙ | | |
| i Prizes and awards. 8i | ⊙ | | |
| j Activity not engaged in for profit income. 8j | ⊙ | | |
| k Stock options. 8k | ⊙ | | ⊙ |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property. 8l | ⊙ | | |
| m Olympic and Paralympic medals and USOC prize money. 8m | ⊙ | | |
| n IRC Section 951(a) inclusion. 8n | ⊙ | ⊙ | |
| o IRC Section 951A(a) inclusion. 8o | ⊙ | ⊙ | |
| p IRC Section 461(l) excess business loss adjustment. 8p | ⊙ | ⊙ | ⊙ |
| q Taxable distributions from an ABLE account. 8q | ⊙ | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r | ⊙ | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. 8s | ⊙ () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. 8t | ⊙ | | |
| u Wages earned while incarcerated. 8u | ⊙ | | |
| v Digital assets received as ordinary income not reported elsewhere. 8v | ⊙ | ⊙ | ⊙ |
| z Other income. List type and amount. ⊙ <u>STATEMENT 3</u> 8z | 700. | ⊙ | ⊙ |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|--|------------------------------------|---------------------------------|
| 9 a Total other income. Add line 8a through line 8z 9a | <input type="radio"/> 700. | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V. 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL deduction from form FTB 3805Z, 3807, or 3809. 9b3 | | <input type="radio"/> | |
| 10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a, in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10 | <input type="radio"/> 569,474. | <input type="radio"/> | <input type="radio"/> 9,700. |

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

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

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| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|------------|--|------------------------------------|---------------------------------|
| 24 Other adjustments: | | | | |
| a Jury duty pay..... | 24a | <input type="radio"/> | | |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit..... | 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m..... | 24c | <input type="radio"/> | <input type="radio"/> | |
| d Reforestation amortization and expenses.... | 24d | <input type="radio"/> | <input type="radio"/> | |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974..... | 24e | <input type="radio"/> | | |
| f Contributions to IRC Section 501(c)(18)(D) pension plans..... | 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans..... | 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims..... | 24h | <input type="radio"/> | | |
| 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 | <input type="radio"/> | <input type="radio"/> | |
| j Housing deduction from federal Form 2555..... | 24j | <input type="radio"/> | <input type="radio"/> | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)..... | 24k | <input type="radio"/> | | |
| z Other adjustments. List type and amount. | | | | |
| <input type="radio"/> | 24z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z..... | 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions..... | 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions..... | 27 | <input type="radio"/> 569,474. | <input type="radio"/> | <input type="radio"/> 9,700. |

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Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|--|---|--|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses. <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> _____ 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> _____ 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0. <input checked="" type="radio"/> 4 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes 5a <input checked="" type="radio"/> 51,073. <input checked="" type="radio"/> 51,073. | | | |
| b State and local real estate taxes 5b <input checked="" type="radio"/> 16,619. | | | |
| c State and local personal property taxes. 5c <input checked="" type="radio"/> | | | |
| d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 67,692. | | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 51,073. <input checked="" type="radio"/> 57,692. | | | |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> 10,000. <input checked="" type="radio"/> 51,073. <input checked="" type="radio"/> 57,692. | | | |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/> 24,596. <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 1098 8b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Reserved for future use. 8d | | | |
| e Add line 8a through line 8c. 8e <input checked="" type="radio"/> 24,596. <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> 24,596. <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

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| Part II Adjustments to Federal Itemized Deductions Continued | | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|------------------------------------|---------------------------------|
| Gifts to Charity | | | | |
| 11 | Gifts by cash or check..... | 11 3,000. | | |
| 12 | Other than by cash or check..... | 12 | | |
| 13 | Carryover from prior year..... | 13 | | |
| 14 | Add line 11 through line 13..... | 14 3,000. | | |
| Casualty and Theft Losses | | | | |
| 15 | Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..... | 15 | | |
| Other Itemized Deductions | | | | |
| 16 | Other—from list in federal instructions..... | 16 | | |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.. | 17 37,596. | 51,073. | 57,692. |
| 18 | Total. Combine line 17 column A less column B plus column C..... | | | 18 44,215. |

Job Expenses and Certain Miscellaneous Deductions

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| | | | |
|----|---|-----------|----------|
| 19 | Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions..... | 19 | |
| 20 | Tax preparation fees..... | 20 | |
| 21 | Other expenses: investment, safe deposit box, etc. List type..... | 21 | 96. |
| 22 | Add line 19 through line 21..... | 22 | 96. |
| 23 | Enter amount from federal Form 1040 or 1040-SR, line 11..... | 23 | 569,474. |
| 24 | Multiply line 23 by 2% (0.02). If less than zero, enter 0..... | 24 | 11,389. |
| 25 | Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... | 25 | 0. |
| 26 | Total Itemized Deductions. Add line 18 and line 25..... | 26 | 44,215. |
| 27 | Other adjustments. See instructions. Specify..... | 27 | |
| 28 | Combine line 26 and line 27..... | 28 | 44,215. |
| 29 | Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | |
| | Single or married/RDP filing separately..... | \$244,857 | |
| | Head of household..... | \$367,291 | |
| | Married/RDP filing jointly or qualifying surviving spouse/RDP..... | \$489,719 | |
| | No. Transfer the amount on line 28 to line 29. | | |
| | Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29..... | 29 | 39,430. |
| 30 | Enter the larger of the amount on line 29 or your standard deduction shown below: | | |
| | Single or married/RDP filing separately. See instructions..... | \$5,540 | |
| | Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP..... | \$11,080 | |
| | Transfer the amount on line 30 to Form 540, line 18..... | 30 | 39,430. |

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CALIFORNIA STATEMENTS

PAGE 1

AMMAR HUSAIN AND SANA YUSUF

*** ** ****

STATEMENT 1
SCHEDULE CA, PART I, SECTION A, LINE 1H
OTHER EARNED INCOME

| | <u>SUBTRACTIONS</u> | <u>ADDITIONS</u> |
|------------------------------------|---------------------|------------------|
| EMPLOYER CONTRIBUTION TO HSA | \$ 0. | \$ 8,300. |
| TOTAL | <u>\$ 0.</u> | <u>\$ 8,300.</u> |

STATEMENT 2
SCHEDULE CA, PART I, SECTION B, LINE 5
RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, TRUSTS, ETC.

| | |
|--|------------------|
| PARTNERSHIP/S-CORPORATION INCOME ADJUSTMENT..... | \$ 1,400. |
| TOTAL | <u>\$ 1,400.</u> |

STATEMENT 3
SCHEDULE CA, PART I, SECTION B, LINE 8Z, COLUMN A
OTHER INCOME

| | |
|----------------------|----------------|
| JP MORGAN CHASE..... | \$ 700. |
| TOTAL | <u>\$ 700.</u> |

STATEMENT 4
SCHEDULE CA, PART II, LINE 21
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT

| | |
|--------------------|---------------|
| INVESTMENT EXPENSE | \$ 96. |
| TOTAL | <u>\$ 96.</u> |