

Filing Status

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

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

Personal information section including name, address, and social security numbers.

Standard Deduction section with checkboxes for dependent status and spousal itemization.

Age/Blindness section with checkboxes for age and blindness status for both filer and spouse.

Dependents table with columns for name, social security number, relationship, and tax credit eligibility.

Main income and deduction table with rows for wages, interest, dividends, and various deductions, ending with taxable income.

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

16 Tax (see instructions). Check if any from Form(s): 1  8814 2  4972 3

17 Amount from Schedule 2, line 3 . . . . . 16

18 Add lines 16 and 17 . . . . . 17

19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . . 18

20 Amount from Schedule 3, line 8 . . . . . 19

21 Add lines 19 and 20 . . . . . 20

22 Subtract line 21 from line 18. If zero or less, enter -0- . . . . . 21

23 Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . . 22

24 Add lines 22 and 23. This is your **total tax** . . . . . 23

25 Federal income tax withheld from: ▶ 24

a Form(s) W-2 . . . . . 25a

b Form(s) 1099 . . . . . 25b

c Other forms (see instructions) . . . . . 25c

d Add lines 25a through 25c . . . . . 25d

26 2021 estimated tax payments and amount applied from 2020 return . . . . . 26

27a Earned income credit (EIC) . . . . . 27a 3,618

Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions . . . . .

b Nontaxable combat pay election . . . . . 27b

c Prior year (2019) earned income . . . . . 27c 15,977

28 Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . . 28 3,000

29 American opportunity credit from Form 8863, line 8 . . . . . 29

30 Recovery rebate credit. See instructions . . . . . 30 2,800

31 Amount from Schedule 3, line 15 . . . . . 31

32 Add lines 27a and 28 through 31. These are your **total other payments and refundable credits** . . . . . 32

33 Add lines 25d, 26, and 32. These are your **total payments** . . . . . 32 9,418

**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 33 9,418

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here . . . . . 34 9,418

b Routing number  ▶ c Type:  Checking  Savings

d Account number

35a Amount of line 34 you want **applied to your 2022 estimated tax** . . . . . 35a 9,418

36 Amount of line 34 you want applied to your 2022 estimated tax . . . . . 36

**Amount You Owe**

37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . . . . . 37

38 Estimated tax penalty (see instructions) . . . . . 38

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

Direct deposit? See instructions.

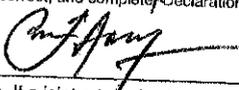
Amount You Owe Third Party Designee

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

Designee's name ▶ HASSAN RASHWAN CPA Phone no. ▶ 626-905-7412 Personal identification number (PIN) ▶

Sign Here

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

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 you an Identity Protection PIN, enter it here (see inst.) ▶ \_\_\_\_\_

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

Paid Preparer Use Only

Preparer's name HASSAN RASHWAN CPA Preparer's signature HASSAN RASHWAN CPA Date \_\_\_\_\_ PTIN P00866926 Check if:  Self-employed

Firm's name ▶ HASSAN RASHWAN CPA Phone no. 626-905-7412

Firm's address ▶ 2424 W BALL RD STE X ANAHEIM CA 92804 Firm's EIN ▶ 90-0505047

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

MOHAMMAD ARIF

Your social security number

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

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...

Table with 6 columns: (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.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40-43.

**SCHEDULE EIC**  
(Form 1040)

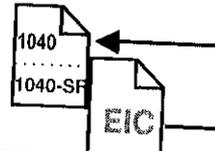
Department of the Treasury  
Internal Revenue Service (89)

Name(s) shown on return  
MOHAMMAD ARIF

**Earned Income Credit**

Qualifying Child Information

- ▶ Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
- ▶ Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.



OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **43**

Your social security number [REDACTED]

If you are separated from your spouse, filing a separate return and meet the requirements to claim the EIC (see instructions), check here

**Before you begin:**

- See the instructions for Form 1040, lines 27a, 27b, and 27c, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

Child 1

Child 2

Child 3

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: [REDACTED] Last name: [REDACTED]	First name: Last name:	First name: Last name:
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, lines 27a, 27b, and 27c, unless the child was born and died in 2021 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2021 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	[REDACTED]		
<b>3 Child's year of birth</b>	Year: [REDACTED] <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year: _____ <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year: _____ <i>If born after 2002 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
<b>b</b> Was the child permanently and totally disabled during any part of 2021?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER		
<b>6 Number of months child lived with you in the United States during 2021</b> • If the child lived with you for more than half of 2021 but less than 7 months, enter "7." • If the child was born or died in 2021 and your home was the child's home for more than half the time he or she was alive during 2021, enter "12."	12 months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

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

BCA

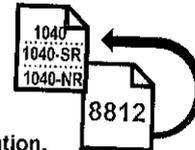
**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

**Credits for Qualifying Children  
and Other Dependents**

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

▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.



OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **47**

MOHAMMAD ARIF

Your social security number

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

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .	1	9,700
2a	Enter income from Puerto Rico that you excluded . . . . .	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	2b	
c	Enter the amount from line 15 of your Form 4563 . . . . .	2c	
d	Add lines 2a through 2c . . . . .	2d	
3	Add lines 1 and 2d . . . . .	3	9,700
4a	Number of qualifying children under age 18 with the required social security number . . . . .	4a	1
b	Number of children included on line 4a who were under age 6 at the end of 2021 . . . . .	4b	
c	Subtract line 4b from line 4a . . . . .	4c	1
5	If line 4a is more than zero, enter the amount from the <b>Line 5 Worksheet</b> ; otherwise, enter -0- . . . . .	5	3,000
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number . . . . .	6	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500 . . . . .	7	
8	Add lines 5 and 7 . . . . .	8	3,000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	200,000
10	Subtract line 9 from line 8. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	
11	Multiply line 10 by 5% (0.05) . . . . .	11	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	3,000
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 . . . . . <input type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 . . . . . <input checked="" type="checkbox"/>		

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

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

14a	Enter the smaller of line 7 or line 12 . . . . .	14a	
b	Subtract line 14a from line 12 . . . . .	14b	3,000
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	14c	
d	Enter the smaller of line 14a or line 14c . . . . .	14d	
e	Add lines 14b and 14d . . . . .	14e	3,000
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line . . . . .	14f	
<b>Caution:</b> If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III . . . . .	14g	3,000
h	Enter the smaller of line 14d or line 14g. <b>This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR . . . . .</b>	14h	
i	Subtract line 14h from line 14g. <b>This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR . . . . .</b>	14i	3,000

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

Name: MOHAMMAD ARIF

SSN: [REDACTED]

**Line 5 Worksheet**

1	Multiply Schedule 8812, line 4b, by \$3,600 . . . . .	
2	Multiply Schedule 8812, line 4c, by \$3,000 . . . . .	3,000
3	Add line 1 and line 2 . . . . .	3,000
4	Multiply Schedule 8812, line 4a, by \$2,000 . . . . .	2,000
5	Subtract line 4 from line 3 . . . . .	1,000
6	Applicable amount based on the filing status . . . . .	4,375
7	Smaller of line 5 or 6 . . . . .	1,000
8	Applicable amount based on the filing status . . . . .	112,500
9	Subtract line 8 from Schedule 8812, line 3, rounded up to the next \$1,000 . . . . .	
10	Multiply line 9 by 5% . . . . .	
11	Smaller of line 7 or line 10 . . . . .	
12	Subtract line 11 from line 3 . . . . .	3,000

**Credit Limit Worksheet A**

1	Amount from Form 1040 or Form 1040-NR, line 18 . . . . .	
2	Amount from: Schedule 3, line 1 . . . . .	
	Schedule 3, line 2 . . . . .	
	Schedule 3, line 3 . . . . .	
	Schedule 3, line 4 . . . . .	
	Schedule 3, line 6l . . . . .	
	Form 5695, line 30 . . . . .	
	Form 8910, line 15 . . . . .	
	Form 8936, line 23 . . . . .	
	Schedule R, line 22 . . . . .	
	Total . . . . .	
3	Subtract line 2 from line 1 . . . . .	
	Complete the Credit Limit Worksheet B only if you meet all of the following.	
	• You are completing Part I-C of Schedule 8812	
	• You are claiming the mortgage interest credit (Form 8936), adoption credit (form 8839), residential energy efficient property credit (Form 5695, Part 1), or District of Columbia first-time homebuyer credit (Form 8859).	
	• You are not filing Form 2555	
	• Line 4a of Schedule 8812 is more than zero.	
4	Amount from Credit Limit Worksheet B, if required . . . . .	
5	Subtract line 4 from line 3 . . . . .	

**Credit Limit Worksheet B**

1	Amount from Schedule 8812, line 12 . . . . .	
2	Number of qualifying children under 18 with the required social security number multiplied by \$1,400 . . . . .	
3	Earned income . . . . .	
4	Subtract \$2,500 from line 3 . . . . .	
5	Multiply line 4 by 15% . . . . .	
6	Is the amount on line 2 \$4,200 or more?	
	<input type="checkbox"/> No. If line 2 or line 5 above is zero, the amount from line 1 is entered on line 14.	
	<input type="checkbox"/> Yes. If line 5 is equal to or more than line 1, skip lines 7 through 11 and go to line 12. Otherwise, go to line 7.	
7	Social security or RR tier 1 plus Medicare . . . . .	
8	Total of Schedule 1, line 15; Schedule 2, line 5; Schedule 2, line 6; and Schedule 2, line 13 . . . . .	
9	Add lines 7 and 8 . . . . .	
10	Total of Form 1040, line 27a and Schedule 3, line 11 . . . . .	
11	Subtract line 10 from line 9 . . . . .	
12	Larger of line 5 or line 11 . . . . .	
13	Smaller of line 2 or line 12 . . . . .	
14	Subtract line 13 from line 1, but not less than -0 . . . . .	
15	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits . . . . .	

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶ 9627542022195b003963

Taxpayer's name MOHAMMAD ARIFF		Social security number [REDACTED]
Spouse's name		Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	9,700
2	Total tax . . . . .	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	
4	Amount you want refunded to you . . . . .	4	9,418
5	Amount you owe . . . . .	5	

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

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

### Taxpayer's PIN: check one box only

I authorize HASSAN RASHWAN CPA to enter or generate my PIN 99999  
ERO firm name as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 04/14/2022

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN [REDACTED]  
ERO firm name as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 96275499999  
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 ▶ HASSAN RASHWAN CPA Date ▶ 04/14/2022

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