3523R2017 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space 20 See separate instructions. -Dec. 31, 2017, or other tax year beginning Your social security number Your first name and initial Lest name El-Sayed Abdulrahman M Last name Spouse's social security number If a joint return, spouse's first name and initial Sarah Jukaku Make sure the SSN(s) above Home address (number and street), if you have a P.O. box, see instructions. Apt. no. and on line 6c are correct. Presidential Election Campaign City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Chacking a box below Foreign postal code not change your tax or refund. Foreign country name Foreign province/state/county You Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this Filing Status X 2 Married filing lointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above 5 Qualifying widow(er) (see instructions) Check only one box. and full name here. Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a 6a Exemptions on 6a and 6b b Spouse No. of children age 17 qual for child tax credit (see insert) c Dependents: (3) Dependent's (2) Dependent's · did not live with relationship to you social security number you due to divorce (1) First name (see instr.) or senaration If more than four El-Sayed Daughter (see instructions) dependents, see instructions and Dependents on 6c not entered above check here ▶ Add numbers on lines above d Total number of exemptions claimed 93, 7 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 8a Taxable interest. Attach Schedule B if required 8a _8b h Tax-exempt interest. Do not include on line 8a Attach Form(s) W-2 here. Also Ordinary dividends. Attach Schedule B if required 9a 9а attach Forms Qualified dividends Ь W-2G and 1,087 Taxable refunds, credits, or offsets of state and local income taxes 10 10 1099-R if tax was withheld. Alimony received 11 11 11.878 Business income or (loss). Attach Schedule C or C-EZ 12 12 If you did not 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 get a W-2. see instructions. Other gains or (losses). Attach Form 4797 14 14 IRA distributions 15a b Taxable amount 15b 15a Pensions and annuities 16a b Taxable amount 16b 16a 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 1.433 Farm income or (loss). Attach Schedule F 18 18 Unemployment compensation 19 19 b Taxable amount 20a Social security benefits 20a 20b Other income. List type and amount 21 21 108,010 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 23 23 **Adjusted** Certain business expenses of reservists, performing artists, and 24 24 fee-basis government officials. Attach Form 2106 or 2106-EZ Gross Health savings account deduction. Attach Form 8889 25 25 Income 26 Moving expenses. Attach Form 3903 26 Deductible part of self-employment tax. Attach Schedule SE 839 27 27 Self-employed SEP, SIMPLE, and qualified plans 28

30

31a

32 33

35

Alimony paid b Recipient's SSN ▶ IRA deduction

Student loan interest deduction

Add lines 23 through 35

29

30

31a

32

33

34 35 Self-employed health insurance deduction

Penalty on early withdrawal of savings

Tuition and fees. Attach Form 8917

Domestic production activities deduction. Attach Form 8903

107

36

37

Form 1040 (2017)	Abd	ulrahman M El-Sayed & Sarah Jukaku		Page 2		
	38	Amount from line 37 (adjusted gross income)	38			
Tax and	39a	Check You were born before January 2, 1953, Blind. Total boxes				
Credits		if: Spouse was born before January 2, 1953, ☐ Blind. Schecked > 39a				
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	П			
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700		
for-	41	Subtract line 40 from line 38	41			
People who check any	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42			
box on line 39a or 39b er	43	Taxable Income. Subtract line 42 from line 41, If line 42 is more than line 41, enter -0-	43	20.00		
who can be	44	Tax (see instr.), Check if any from: a Form(s) b Form c	44			
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45			
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46			
• All others:	47	Add lines 44, 45, and 46	47	12,059		
Single or	48	Foreign tax credit. Attach Form 1116 if required 48 44	1			
Married filing separately.	49	Credit for child and dependent care expenses. Attach Form 2441				
\$8,350 Married filing	50	Education credits from Form 8863, line 19 50				
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51				
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52 1,00	0			
\$12,700 Head of	53	Residential energy credits. Attach Form 5695 53				
household,	54	Other credits from Form: a 3800 b 8801 c 54	7			
\$9,350	J 55	Add lines 48 through 54. These are your total credits	55	1,441		
	56	Subtract line 55 from line 47, If line 55 is more than line 47, enter -0-	56	10,618		
Other	57	Self-employment tax. Attach Schedule SE	57	1,678		
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58			
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59			
	60a	Household employment taxes from Schedule H	60a			
	þ	First-time homebuyer credit repayment. Attach Form 5405 if required	60b			
	61	Health care: individual responsibility (see instructions) Full-year coverage	61			
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62			
	63	Add lines 56 through 62. This is your total tax	63	12,296		
Barrana	64	Federal income tax withheld from Forms W-2 and 1099 64 18,04	3			
Payments	65	2017 estimated tax payments and amount applied from 2016 return 65	_] .			
If you have a qualifying	66a	Earned Income credit (EIC) 66a	ַ וֹ	•		
child, attach	b	Nontaxable combat pay election 66b]			
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812		1		
	68	American opportunity credit from Form 8863, line 8		:		
	69	Net premium tax credit. Attach Form 8962 69	_			
	70 74	Amount paid with request for extension to file 70	_	}		
	71	Excess social security and tier 1 RRTA tax withheld 71	4			
	72 72	Credit for federal tax on fuels. Attach Form 4136	_			
	73 74	Credits from Form: a 2439 b Reserved c 8885 d 73	- I etter menter proper	**		
Refund	75	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	18,048		
izeiuiiŭ	_	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,752		
Direct deposit?		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing number Routing number Routing number Routing number	76a	5,752		
See		Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
instructions.		Amount of the 75 courses and the state of th				
Amount		Amount you one Cultural line 74 fem II. On The Co.	+	-		
You Owe	79	Estimated tax penalty (see instructions) 79	78			
Thind Dark	Do woo	want to allow another person to discuss this return with the IRS (see instructions)?	lata bat	Jan. 1		
Third Party Designee	Designee's		iere ne	low. No		
Designee	name	Michael N. Pangori, CPA	31	3-886-8700		
Sign	Under penaltial accurately list a	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 I amounts and sources of income I received during the fax year. Declaration of preparer (other than taxpayer) is bezend on all information of which preparer has any knowledge.	- 31	3-000-0700		
Here L	Your signate	Date Your occupation		Daytime phone number		
Joint retum? See instr. Keep a copy	Spouse's si	gnature. If a joint return, both must sign. Date Snowse's occupation		If the IRS sent you an Identity		
for your records		gnature. It is joint return, both must sign. Date Spouse's occupation Doctor		Protection PIN enter it here		
	nint/Type prep		~	(see instr.)		
Paid <u>M</u>	Michael N. Pangori, CPA					
Preparer Fi	Firm's name > Great Lakes Management Consultants Firm's EIN					
Use Only Fi	rm's address	▶ 19678 Harper	Phone no			
Co to report for many	40201	Grosse Pointe Woods MT 49226		-886-8700		
GO ID WWW.irs.gowi-d DAA	um i umu tor in:	structions and the latest information.		Form 1040 (2017)		

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return Your social security number Abdulrahman M El-Sayed & Sarah Jukaku Part I List name of payer. If any interest is from a seller-financed mortgage and the **Amount** buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address (See Instructions and the instructions for Form 1040A, or Form 1040. line 8a.) 1 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 113 2 Add the amounts on line 1 shown on that Excludable interest on series EE and I U.S. savings bonds issued after 1989. form Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ **Ordinary Dividends** (See instructions and the instructions for Form 1040A, or Form 1040. line 9a.) 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 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form the ordinary 1040, line 9a dividends shown Note: If line 6 is over \$1,500, you must complete Part III. on that form Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign 7a At any time during 2017, did you have a financial interest in or signature authority over a financial Accounts account (such as a bank account, securities account, or brokerage account) located in a foreign X and Trusts 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 (See instructions.) X and its instructions for filing requirements and exceptions to those requirements b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located > 8 During 2017, 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

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

(99)

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

Attachment Sequence No. ▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Social security number (SSN)

	ame of proprietor Abdulrahman M El-Sayed						1 security r	security number (SSN)		
A	Principal business or profession, including product or service (see instructions) Tutoring B Ents							from Instructions		
С	Business name. If no separate business name, leave blank.							D number (EIN) (see instr.)		
E	Business address (including suite or	roam na.) Þ	<u> </u>		<u> </u>					
	City, town or post office, state, and Zi	P code								
F		-	2) Accruai	(3)	Other (specify) f "No," see instructions for limit on loss			·		
G				2017? [f "No," see instructions for limit on los	es		X Yes No		
н								▶ ∐		
1					99? (see instructions)					
J										
Pa	art I Income									
1	Gross receipts or sales. See instructi	ons for line	1 and check the box if	this inc	come was reported to you on					
	Form W-2 and the "Statutory employe	ee" box on t	hat form was checked			▶ [1	14,451		
2	The Annual Control of the Control of						2			
3	Subtract line 2 from line 1						3	14,451		
4	Cost of goods sold (from line 42)						4			
5	Gross profit. Subtract line 4 from lin	e 3					5	14,451		
6	Other income, including federal and state of	asoline or fu	el tax credit or refund (see	instruct	tions)		6			
7_	Gross Income. Add lines 5 and 6			<u> </u>		<u> </u>	7	14,451		
Pi		enses fo	r business use of	your	home only on line 30.		, ,			
8	Advertising	8		18	Office expense (see instructions)	,	18			
9	Car and truck expenses (see		'	19	Pension and profit-sharing plans		19			
	instructions)	9		20	Rent or lease (see instructions):					
10	Commissions and fees	10	·····	a	Vehicles, machinery, and equipment					
11	Contract labor (see instructions)	11		ь	Other business property		20b			
12	Depletion	12		21	Repairs and maintenance		21			
13	Depreciation and section 179			22	Supplies (not included in Part III)		22			
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23			
	instructions)	13		24	Travel, meals, and entertainment:					
14	Employee benefit programs			a	Travel		24a	564		
	(other than on line 19)	14		þ	Deductible meals and					
15	insurance (other than health)	15			entertainment (see instructions)		24b			
16	interest:	 		25	Utilities		25	<u> </u>		
8	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26			
þ	Other	16b			Other company (from line 40)					
47		17	100		Other expenses (from line 48)	• • • • •	27a 27b			
17 28	Legal and professional services						28	664		
29	Tentative profit or (loca) Subtract line 29 from line 7									
30	Expenses for business use of your h		• • • • • • • • • • • • • • • • • • • •		where Attach Form 8829			20,770.		
-	unless using the simplified method (s			3 01301	THE STATE OF THE SECOND					
	Simplified method filers only: ente		•	our hon	ne:					
	and (b) the part of your home used for									
	Method Worksheet in the instructions						30	1,909		
31	Net profit or (loss). Subtract line 30	_						<u> </u>		
	• if a profit, enter on both Form 104	0, line 12 (d	or Form 1040NR, line	13) an	d on Schedule SE, line 2.	_	ı			
	(If you checked the box on line 1, see	•		•		1	31	11,878		
	• If a loss, you must go to line 32.									
32	If you have a loss, check the box that	describes	your investment in this	activity	y (see instructions).	_	Ì	_		
	• If you checked 32a, enter the loss	on both For	m 1040, line 12, (or F	orm 10	140NR, line 13) and		32a	All investment is at risk.		
	on Schedule SE, line 2. (If you ched	ked the box	on line 1, see the line	31 inst	tructions). Estates and		32b	Some investment is not		
	trusts, enter on Form 1041, line 3.							at risk.		
	• if you checked 32b, you must attach	ch Form 61	98. Your loss may be l	imited.	2000		J			

SCHEDULE E (Form 1040)

Supplemental income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

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

(99)

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

Your social security number

Abdulrahman M El-Sayed & Sarah Jukaku Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. No Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes A Yes No В If "Yes," did you or will you file all required Forms 1099? 1a Physical address of each property (street, city, state, ZIP code) A Property 1 В Property 2 C QJV For each rental real estate property listed Fair Rental Personal Use 1b Type of Property above, report the number of fair rental and Days Days (from list below) personal use days. Check the QJV box 365 1 A only if you meet the requirements to file as 365 В В a qualified joint venture. See instructions. C Type of Property: Vacation/Short-Term Rental Self-Rental Single Family Residence Land Other (describe) Commercial Royalties Multi-Family Residence C 8 Properties: income: .079 13,890 3 3 Rents received Royalties received 4 Expenses: 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 8 8 Commissions 9 Insurance 9 10 100 100 Legal and other professional fees 2,280 708 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 5,820 13 Other interest 14 Repairs Supplies 15 2,922 16 Taxes 17 2.228 4,000 18 Depreciation expense or depletion 19 19 Other (list) ▶ 15,122 3,036 20 20 Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -1.2324,043 21 file Form 6198 22 Deductible rental real estate loss after limitation, if any, 2,610 on Form 8582 (see instructions) 20,969 23a 23a Total of all amounts reported on line 3 for all rental properties 23b 23c c Total of all amounts reported on line 12 for all properties 6,228 23d d Total of all amounts reported on line 18 for all properties 18,158 23e e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 4.043 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . 433 26

SCHEDULE SE (Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2017

Department of the Treasury Internal Revenue Service (99)

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

► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

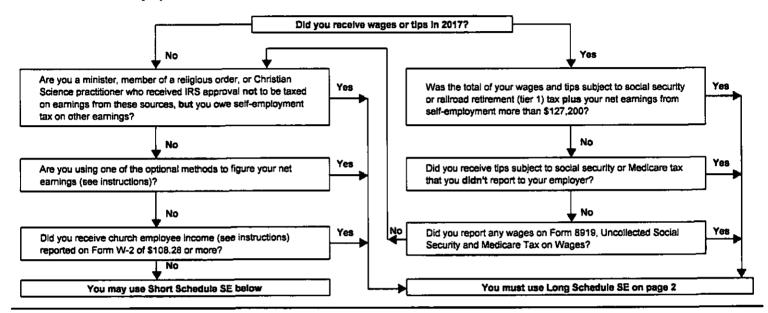
Abdulrahman M El-Sayed

Social security number of person with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE, Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form			•
	1065), box 14, code A		1a	
þ	If you received social security retirement or disability benefits, enter the amount of Conservation	on Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), b	ox 20, code Z	1b	<u> </u>
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065	i),		
	box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.			
	Ministers and members of religious orders, see instructions for types of income to report on			
	this line. See instructions for other income to report		2	11,878
3	Combine lines 1a, 1b, and 2		3	11,878
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't		1	
	file this schedule unless you have an amount on line 1b		4	10,969
	Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,			
	see instructions.		1	
5	Self-employment tax. If the amount on line 4 is:			
	• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040,	, line		
	57, or Form 1040NR, line 55			
	 More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. 			
	Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55		5	1,678
6	Deduction for one-half of self-employment tax.			
	Multiply line 5 by 50% (0.50). Enter the result here and on Form	1		
	1040, line 27, or Form 1040NR, line 27	83:	el e	

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

Schedule SE (Form 1040) 2017

Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2017

Attachment 19

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1116 for instructions and the latest information.

identifying number as shown on page 1 of your tax return Abdulrahman M El-Sayed Jukaku Sarah 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. Section 901(j) income Lump-sum distributions а Passive category income C General category income d Certain income re-sourced by treaty b US United States Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, 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. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total (Add cols. A, B, and C.) Enter the name of the foreign country C or U.S. possession India India 1a Gross income from sources within country shown above and of the type checked above (see instructions): 113 7.079 1a 7,192 Rental Income Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See Instructions.): Expenses definitely related to the income on line 1a (attach 3,036 statement) See Statement 1 Pro rata share of other deductions not definitely related: Certain itemized deductions or standard 12,700 12,700 deduction (see instructions) Other deds. 12,700 12,700 Add lines 3a and 3b 7,079 113 Gross foreign source income (see instructions) d Gross income from all sources (see instructions) 130,119 130,119 0.0009 0.0544 Divide line 3d by line 3e (see instructions) 691 Multiply line 3c by line 3f Pro rata share of Interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the Instructions) Other interest expense Losses from foreign sources 5 3,727 6 Add lines 2, 3g, 4a, 4b, and 5 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Foreign Taxes Paid or Accrued (see instructions)

	Credit is claimed for taxes (you must check one)					Foreign taxes pai	d or accrued				
Country	(h) X Paid		In foreigr	ситепсу		In U.S. dollars					
	(i) Accrued	Taxe	es withheld at source	e on:	(n) Other foreign taxes	Taxe	s withheld at source	on:	(r) Other foreign taxes	(s) Total foreign taxes paid or	
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	paid or accrued	accrued (add cols. (o) through (r))	
Ā	1099 Tax							35		35	
B	12/31/17						2,352			2,352	
C											
	Add lines A th	rough C, coli	ımn (s). Enter	r the total hen	and on line	9, page 2			. ▶ 8	2,387	

_	art III Figuring the Credit				rage &
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	2,387		
10	Carryback or carryover (attach detailed computation)	10	· · · · · ·		
11	Add lines 9 and 10	11	2,387		
4.5			,		
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	2,387
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	1 1			
	of income checked above Part I (see instructions)	15	3,454		
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 22. However, if you are filing more than				
		17	3,454		
40	one Form 1116, you must complete line 20.)	 '' 	0,101	i	
18	Individuals: Enter the amount from Form 1040, line 41; or Form				
	1040NR, line 39. Estates and trusts: Enter your taxable income	18	94,471		
	without the deduction for your exemption		34,411	\vdash	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gai	ns, see			
	instructions.			45	0.0366
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.0366
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident allen,				
	total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from 1041				
	Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and				10 050
	should enter the amount from Form 1040NR, line 42			20	12,059
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), separate category e (lump-sum distributions), separate category e (lump-sum distributions).	see			
				l l	4.44
21	Multiply line 20 by line 19 (maximum amount of credit)			21	441
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip line				
	through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in	•			
	instructions)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	22	441
<u> P</u>	art IV Summary of Credits From Separate Parts III (see instruction			1	
23	Credit for taxes on passive category income	23		4	
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty		····		
26	Credit for taxes on lump-sum distributions		<u>.</u>	├	
27	Add lines 23 through 26			27	
28	Enter the smaller of line 20 or line 27			28	441
29	Reduction of credit for international boycott operations. See instructions for line 12			29	· -
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 10		_		4 4 4
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		<u>,</u>	30	441
DAA					Form 1116 (2017)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

To be completed by preparer and filed with Form 1040, 1040A, 1040A, 1040A, 1040R, 1040R, 1040PR.

OMB No. 1545-1629

Attachment Sequence No. 70

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8867 for instructions and the latest information. Taxpaver Identification number Taxpaver name(s) shown on return Abdulrahman M El-Sayed & Sarah Jukaku Enter preparer's name and PTIN Michael N. Pangori, CPA Part I **Due Diligence Requirements** CTC/ACTC Please check the appropriate box for the credit(s) claimed on this return and AOTC complete the related Parts 1-IV for the credit(s) claimed (check all that apply). X Did you complete the return based on information for tax year 2017 provided X Yes No by the taxpaver or reasonably obtained by you? 2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions. and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and X Yes schedules for each credit claimed? No Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) Review information to determine that the taxpayer is eligible to claim the X Yes credit(s) and for what amount? No Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect. incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," X No Yes go to question 5.) Did you make reasonable inquiries to determine the correct, complete, and Yes No consistent information? Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the Yes No return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets. a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to X Yes No compute the amount for the credit(s) List those documents, if any, that you relied on. Employer statement Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the X Yes return if his/her return is selected for audit? No 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? X Yes (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) No a Did you complete the required recertification Form 8862? Yes X N/A No If the taxpayer is reporting self-employment income, did you ask questions to X Yes prepare a complete and correct Form 1040, Schedule C? No

3523 Abdulrahman M El-Sayed & Sarah Jukaku Form \$867 (2017) Page 2 Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.) CTC/ACTC **EIC** AOTC Have you determined that this taxpayer is, in fact, eligible to claim the EIC for 9a the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming No Yes EIC and does not have a qualifying child.) Did you explain to the taxpayer that he/she may not claim the EiC if the taxpayer has not lived with the child for over half the year, even if the Yes Nο taxpayer has supported the child? c Did you explain to the taxpayer the rules about claiming the EIC when a child No Yes is the qualifying child of more than one person (tie-breaker rules)? N/A Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part III Part IV.) Did all children for whom the taxpayer is claiming the CTC/ACTC reside with X Yes Nο the taxpayer? (If "Yes," go to question 10c; if "No," to to question 10b.) b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Yes Exemption for Child by Custodial Parent, or a similar statement in place and, N/A if applicable, did you attach it to the return? Yes No c Have you determined that the taxpayer has not released the claim to another N/A person? Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.) Part IV Did the taxpayer provide substantiation such as a Form 1098-T and/or Yes receipts for the qualified tuition and related expenses for the claimed AOTC? Part V **Credit Eligibility Certification** > You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you: A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed: C. Submit Form 8867 in the manner required; and D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention. 1. A copy of Form 8867, 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed, 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),

- 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
- 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- ▶ If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.

12	Do you certify that all of the answers on this Form 8867 are, to the best of			
	your knowledge, true, correct and complete?	X Yes	∐No	
		- ·		0007 (0047

Passive Activity Loss Limitations

► See separate instructions.

▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

Attachment Sequence No. 88

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

▶Go to www.irs.gov/Form8582 for instructions and the latest information. Identifying number

Abdulrahman M El-Sayed & Sarah Jukaku			
Part I 2017 Passive Activity Loss			
Caution: Complete Worksheets 1, 2, and 3 before completing Part I.			
Rental Real Estate Activities With Active Participation (For the definition of active participation)	articipation, see		
Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1.	1 1		
• • • • • • • • • • • • • • • • • • • •	1a	4,043	
column (a)) b Activities with net loss (enter the amount from Worksheet 1, column			
(b))	16 (1,232	
c Prior years' unallowed losses (enter the amount from Worksheet 1,			
•	10	1,378	
column (c)) d Combine lines 1a, 1b, and 1c		1d	1,433
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a k		
b Prior year unallowed commercial revitalization deductions from			
Worksheet 2, column (b)	2b (
c Add lines 2a and 2b		2c (•
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3,	1 1	i I	
	3a	i	
b Activities with net loss (enter the amount from Worksheet 3, column		· · · · · · · · · · · · · · · · · · ·	
	3ь г	1 1	
(b)) c Prior years' unallowed losses (enter the amount from Worksheet 3,		1 !	
		1 1	
column (c)) d Combine lines 3a, 3b, and 3c		3d	
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include th			
your return; all losses are allowed, including any prior year unallowed losses enter			
		4	1,433
If line 4 is a loss and: • Line 1d is a loss, go to Part II.			
Line 2c is a loss (and line 1d is zero or more), skip P	Part II and on to Part II	ı	
Line 3d is a loss (and lines 1d and 2c are zero or mo	=		
Caution: If your filing status is married filing separately and you lived with your spouse a			,
Part II or Part III. Instead, go to line 15.	at any time dening the	your, as not domplots	
Part II Special Allowance for Rental Real Estate Activities V	With Active Parti	cipation	-
Note: Enter all numbers in Part II as positive amounts. See instructions			
E Enter the employ of the loss on line 1d or the loss on line 4		5	· · · · · · · · · · · · · · · · · · ·
6 Enter \$150,000. If married filing separately, see instructions	6		
7 Enter modified adjusted gross income, but not less than zero (see instructions)		0	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9,			
enter -0- on line 10. Otherwise, go to line 8.	1 1		
R Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filling se		ons 9	
40. Enter the amplian of line 5 or line 0	•	10	C
If line 2c is a loss, go to Part III. Otherwise, go to line 15.			
Part III Special Allowance for Commercial Revitalization De	ductions From F	Rental Real Estate Activi	ties
Note: Enter all numbers in Part III as positive amounts. See the examp			
11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separate		11	
40 Farmer land from the 4		49	
49 Carling Eng 45 by the amount on the 45		42	
13 Reduce line 12 by the amount on line 10 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13			
Part IV Total Losses Allowed	<u> </u>	·····	
45. Add the income if any on lines to and 25 and enter the total		15	
16 Total losses allowed from all passive activities for 2017. Add lines 10, 14, an		······	
		16	

Abdulrahman M El-Sayed & Sarah Jukaku

Form 8582 (2017)	 						raye_z_	
Caution: The worksheets must be file				or you	r records.	 		
Worksheet 1—For Form 8582, Line	s 1a, 1b, and 1c (§	ee i	nstructions.)					
Name of activity	Currer	ıt yea	ir	Pr	ior years	Overali ga	lin or loss	
reality of source,	(a) Net Income (line 1a)	(b) Net loss (line 1b)		(c) Unallowed loss (line 1c)		(d) Gain	(e) Loss	
Property 1			1,232		1,378		2,610	
Property 2	4,043					4,043		
Total. Enter on Form 8582, lines 1a, 1b,	4,043		1,232		1,378			
and 1c ► Worksheet 2—For Form 8582, Line					1,376	<u> </u>		
Name of activity		nsur	(a) Current) deductions (iii			Prior year leductions (line 2b)	(c) Overall loss	
Total. Enter on Form 8582, lines 2a and		-						
<u>2b</u>		>	J					
Worksheet 3—For Form 8582, Line	s 3a, 3b, and 3c (9	See i	nstructions.)			· · · · · · · · · · · · · · · · · · ·		
Name of activity	Currer				rior years	Overall ga	ain or loss	
	(a) Net income (line 3a)		(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)		(d) Gain	(e) Loss	
			_	•			· · · · · · · · · · · · · · · · · · ·	
Total. Enter on Form 8582, lines 3a, 3b,								
and 3c ▶ Worksheet 4—Use this worksheet	if an amount is sh	0145	on Form 851	22 lin	n 10 oz 14 /9	See instructions \		
Name of activity	Form or schedule and line number to be reported on (see instructions)	0441	(a) Loss		b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)	
Total	<u> </u>				1.00			
Worksheet 5—Allocation of Unallo	wed Losses (See)							
Name of activity			Form or schedule and line number to be reported on (see instructions)	(a) Loss		(b) Ratio	(c) Unallowed loss	
Property 1		Sch E1	2,610		1.0000			
		_						
		\dashv						
 -		\dashv						
Total			•		2,610	1.00		
DAA							Form 8582 (2017)	

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

▶ Go to www.irs.gov/Form8829 for Instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service Name(s) of proprietor(s)

(99)

Your social security number

	Abdulrahman M El-Sayed						
F	Part I Part of Your Home Used for Busin	ess					
1	`Area used regularly and exclusively for business, regularly	for da	ycare, or for storage of				
	inventory or product samples (see instructions)					1	100
	2 Total area of home						605
3	Divide line 1 by line 2. Enter the result as a percentage						16.53%
	For daycare facilities not used exclusively for busine	ss, go	to line 4. All others, go to	ine 7	7.	1 1	
4	Multiply days used for daycare during year by hours used	hr.	JI				
	Total hours available for use during the year (365 days x 2			5	8,7 <u>60 hr.</u>	JI	
6	Divide line 4 by line 5. Enter the result as a decimal amou	nt		6]	
	Business percentage. For daycare facilities not used exclusine 3 (enter the result as a percentage). All others, enter	usively	for business, multiply line (\vdash	16.53%
	Part II Figure Your Allowable Deduction	ile aili	OUR HOITIME S	<i>.</i>	·····	7	10.33%
•—	Enter the amount from Schedule C, line 29, plus any gain	dosive	ed from the business use of	h		П	
0	loss from the trade or business not derived from the business	ess us	e of your home (see instru	ctions)	ome, minus any	8	13,787
	See instructions for columns (a) and (b) before	1	(a) Direct expenses		(b) Indirect expenses	┼╬┤	40,101
•	completing lines 9-21. Casualty losses (see instructions)	9	(a) Olloct expenses		(b) indirect expenses	1 1	
	Deductible mortgage interest (see instructions)	10	····			1	
	Real estate taxes (see instructions)	11		 		1	
		12		-		┪ ┃	
12	Add lines 9, 10, and 11 Multiply line 12, column (b), by line 7	- : -		13		 	
			·	-13		14	
14	Add line 12, column (a), and line 13	-				15	13,787
	Subtract line 14 from line 8. If zero or less, enter -0-	16				13	13,101
	Excess mortgage interest (see instructions)	_		-	-	1	
	Insurance 17					1 1	
	Rent	18			11,200	'	
70	Repairs and maintenance	19		 	297	1	
20	Utilities	20			271	1	
	Other expenses (see instructions)	21			44 647	+	
22	Add lines 16 through 21	22			11,547 1,909	⊣ 1	
				23	1,903	' 	
	Carryover of prior year operating expenses (see instruction	ns) ,		24		+	1,909
						25	1,909
	Allowable operating expenses. Enter the smaller of line 1					26	11,878
	Limit on excess casualty losses and depreciation. Subtract			1 1		21	11,676
	Excess casualty losses (see instructions) Depreciation of your home from line 41 below			28 29	· · · · -	1	
	Carryover of prior year excess casualty losses and depret	ription	/epp	29		1	
	instructions)		-	30			
	Add lines 28 through 30					31	
32	Allowable excess casualty losses and depreciation. Enter	the sn	naller of line 27 or line 31		,,	32	0
	Add lines 14, 26, and 32			,	*****************	33	1,909
	4 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)						
35	Allowable expenses for business use of your home. Subtract				_		1 000
	and on Schedule C, line 30. If your home was used for more than	one bus	iness, see instructions		<u></u>	35	1,909
	Part III Depreciation of Your Home					1 1	
	Enter the smaller of your home's adjusted basis or its fair					36	
			••••••			37	
						38	
	Business basis of building. Multiply line 38 by line 7						
	Depreciation percentage (see instructions)						%
	Depreciation allowable (see instructions). Multiply line 39 by line 4				2	41	
	Part IV Carryover of Unallowed Expenses					T 45 T	
	Operating expenses. Subtract line 26 from line 25. If less					42	0
43	3 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-					43	0

3523R2017 El-Sayed, Abdulrahman M & Sarah Federal Statements

Rental income from India Statement 1 - Form 1116, Line 2, Column B - Definitely Related Expenses

Description	Amount
Accounting Fee Management Fee Depreciation	\$ 100 708 2,228
Total	\$3,036