

Exhibit S



P.O. Box 15284  
Wilmington, DE 19850

HOME CONCEPT SERVICES LLC  
1556 BRISTOL PIKE  
BENSALEM, PA 19020-3601

## Business Advantage

### Customer service information

📞 1.888.BUSINESS (1.888.287.4637)

🌐 bankofamerica.com

✉ Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your Business Advantage Fundamentals™ Banking

for October 1, 2023 to October 31, 2023

Account number: [REDACTED]

HOME CONCEPT SERVICES LLC

### Account summary

Beginning balance on October 1, 2023	\$1,071.69
Deposits and other credits	96,560.24
Withdrawals and other debits	-45,859.43
Checks	-22,677.20
Service fees	-2.50
<b>Ending balance on October 31, 2023</b>	<b>\$29,092.80</b>

# of deposits/credits: 14

# of withdrawals/debits: 87

# of items-previous cycle<sup>1</sup>: 12

# of days in cycle: 31

Average ledger balance: \$35,003.12

<sup>1</sup>Includes checks paid, deposited items and other debits

DATE OF DEPOSIT

MAY 23 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

BUSINESS ADVANTAGE

### Business and personal banking — wherever you go

With the Mobile Banking app, you can stay on top of both your small business banking and personal accounts. Visit [bankofamerica.com/BizMobile](https://bankofamerica.com/BizMobile) or scan the code to the right to download the app today.

When you use the QRC feature certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-01-23-2572.0 | 5422844



## **IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS**

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and  Equal Housing Lender

**Deposits and other credits**

Date	Description	Amount
10/02/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1106067387*1341858379\	2,442.52
10/02/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1106067386*1341858379\	1,178.22
10/04/23	PA CLAIMS DES:HCCLAIMPMT ID: INDN:HOME CONCEPT SERVICES CO ID:1475340613 CCD PMT INFO:TRN*1*0901029048*1475340613\	57,485.30
10/10/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1107184725*1341858379\	3,394.78
10/10/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1107184724*1341858379\	1,156.70
10/11/23	PA CLAIMS DES:HCCLAIMPMT ID: INDN:HOME CONCEPT SERVICES CO ID:1475340613 CCD PMT INFO:TRN*1*0901035605*1475340613\	6,230.04
10/16/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1108228182*1341858379\	3,211.86
10/16/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1108228181*1341858379\	855.42
10/18/23	PA CLAIMS DES:HCCLAIMPMT ID: INDN:HOME CONCEPT SERVICES CO ID:1475340613 CCD PMT INFO:TRN*1*0901041737*1475340613\	5,939.52
10/23/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1109330359*1341858379\	3,400.16
10/23/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1109330358*1341858379\	1,172.84
10/25/23	PA CLAIMS DES:HCCLAIMPMT ID: INDN:HOME CONCEPT SERVICES CO ID:1475340613 CCD PMT INFO:TRN*1*0901047999*1475340613\	6,030.98
10/30/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1110417323*1341858379\	2,889.06
10/30/23	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:HOME CONCEPT SERVICES CO ID:2326137891 CCD PMT INFO:TRN*1*1110415260*1341858379\	1,172.84
<b>Total deposits and other credits</b>		<b>\$96,560.24</b>

**Women business owners are making moves that matter**  
 We're celebrating National Women's Small Business Month with owners who are keeping businesses moving forward.  
 Learn more at [bankofamerica.com/SBwomen](https://bankofamerica.com/SBwomen).

SSM-06-23-0981B | 5752176

### Withdrawals and other debits

Date	Description	Amount
10/02/23	HWCRCVBLS23 DES:HEADWAY ID:XXXXXXXXX INDN:RANDA KARIM CO ID:1923342932 CCD	-1,590.75
10/02/23	UNITED FIN CAS DES:INS PREM ID:XXXXXXXXX Home INDN:Home Concept Services CO ID:9409348138 PPD	-765.69
10/02/23	ADP 401k DES:ADP 401k ID:KB5RQ 092937V02 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-142.68
10/02/23	LEGALSHIELD DES:PAYMENT ID:100110160667811 INDN:HOME CONCEPT SERVICES CO ID:9938365145 PPD	-49.00
10/03/23	VERIZON DES:PAYMENTREC ID:3572205390001 INDN:RANDA KARIM CO ID:9783397101 WEB	-99.99
10/05/23	ADP WAGE PAY DES:WAGE PAY ID:5450888663815RQ INDN:HOME CONCEPT SERVICES CO ID:9333006057 CCD	-4,366.01
10/06/23	ADP Tax DES:ADP Tax ID:KB5RQ 100638A01 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-1,754.27
10/06/23	CAPITALIZED EQUI DES:6464341054 ID: INDN:HOME CONCEPT SERVICES CO ID:RPP3292677 CCD	-651.56
10/06/23	ADP PAYROLL FEES DES:ADP FEES ID:797091194360 INDN:XXXXXXXXXHOME CONCEPT CO ID:9659605001 CCD	-54.39
10/10/23	Zelle payment to Patrick Wartee for "Loan repayment"; Conf# er7a1umrr	-3,700.00
10/10/23	Zelle payment to Loteba Conf# I9z5iowix	-500.00
10/10/23	Zelle payment to Mother for "Supplies"; Conf# fkzgdmlc	-30.00
10/10/23	CAPITAL ONE DES:ONLINE PMT ID:3SHIQ0E5RLTISCT INDN:RANDA KARIM CO ID:9279744391 CCD	-2,000.00
10/12/23	ADP WAGE PAY DES:WAGE PAY ID:9285303799555RQ INDN:HOME CONCEPT SERVICES CO ID:9333006057 CCD	-4,511.16
10/13/23	Zelle Transfer Conf# fycc27frz; Sweetie	-288.00
10/13/23	ADP Tax DES:ADP Tax ID:KB5RQ 101339A01 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-1,740.94
10/13/23	Online scheduled transfer to CHK 8433 Confirmation# 1802187574	-800.00
10/13/23	CAPITALIZED EQUI DES:6464341054 ID: INDN:HOME CONCEPT SERVICES CO ID:RPP3292677 CCD	-651.56
10/13/23	AXISCARE DES:WEB PMTS ID:MTROBM INDN:HOME CONCEPTS SERVICES CO ID:9001468430 WEB	-106.92
10/13/23	ADP PAYROLL FEES DES:ADP FEES ID:929030293246 INDN:XXXXXXXXXHOME CONCEPT CO ID:9659605001 CCD	-52.97
10/16/23	NEWLANE DES:COLLECTION ID:LES00000036424 INDN:HOME CONCEPT SERVICES CO ID:1823140205 CCD	-657.46
10/16/23	ADP 401k DES:ADP 401k ID:KB5RQ 100638V02 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-218.50
10/17/23	ADP 401k DES:ADP 401k ID:KB5RQ 101339V02 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-207.24
10/19/23	ADP WAGE PAY DES:WAGE PAY ID:9254296684935RQ INDN:HOME CONCEPT SERVICES CO ID:9333006057 CCD	-4,557.51
10/19/23	ADP Tax DES:ADP Tax ID:KB5RQ 102040A01 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-1,864.38
10/20/23	Zelle Transfer Conf# a8631d9pb; Sweetie	-224.00
10/20/23	CAPITALIZED EQUI DES:6464341054 ID: INDN:HOME CONCEPT SERVICES CO ID:RPP3292677 CCD	-651.56
10/23/23	Zelle payment to Mother Conf# ccli8uga0	-100.00

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**Withdrawals and other debits - continued**

<u>Date</u>	<u>Description</u>	<u>Amount</u>
10/23/23	ADP 401k DES:ADP 401k ID:KB5RQ 102040V02 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-244.10
10/24/23	CAPITAL ONE DES:ONLINE PMT ID:3SKOSIHSRN2CKI6 INDN:RANDA KARIM CO ID:9279744391 CCD	-101.00
10/26/23	ADP WAGE PAY DES:WAGE PAY ID:7420554363525RQ INDN:HOME CONCEPT SERVICES CO ID:9333006057 CCD	-4,528.93
10/26/23	ADP Tax DES:ADP Tax ID:KB5RQ 102741A01 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-1,836.95
10/26/23	AMERICAN EXPRESS DES:ACH PMT ID:W6622 INDN:RANDA KARIM CO ID:1133133497 CCD	-163.00
10/26/23	STONEMARK INC DES:INS. PMNT. ID:1080-1978246 INDN:HOME CONCEPT SERVICES CO ID:1382918709 PPD	-81.81
10/27/23	Zelle Transfer Conf# ctgyu15fm; Sweetie	-304.00
10/27/23	CAPITALIZED EQUI DES:6464341054 ID: INDN:HOME CONCEPT SERVICES CO ID:RPP3292677 CCD	-651.56
10/27/23	ADP PAYROLL FEES DES:ADP FEES ID:787091967363 INDN:XXXXXXXXXHOME CONCEPT CO ID:9659605001 CCD	-167.38
10/27/23	ADP PAYROLL FEES DES:ADP FEES ID:929130155331 INDN:XXXXXXXXXHOME CONCEPT CO ID:9659605001 CCD	-107.36
10/30/23	Online Banking transfer to CHK 5902 Confirmation# 2969498697	-300.00
10/30/23	ADP 401k DES:ADP 401k ID:KB5RQ 102741V02 INDN:HOME CONCEPT SERVICES CO ID:2223006057 CCD	-202.66
10/30/23	PRINCEL SHAH, CP DES:SALE ID: INDN:HOME CONCEPT SERVICES CO ID:9215986202 WEB	-150.00
10/31/23	Zelle payment to Mother for "Payment"; Conf# b8j0ihuq6	-1,050.00
10/31/23	BKOFAMERICA BC 10/31 #000006852 WITHDRWL	-350.00
10/31/23	HWCRCVBL523 DES:HEADWAY ID:XXXXXXXXX INDN:RANDA KARIM CO ID:1923342932 CCD	-1,590.75
10/31/23	UNITED FIN CAS DES:INS PREM ID:XXXXXXXXX Home INDN:Home Concept Services CO ID:9409348138 PPD	-765.69
Card account # XXXX XXXX XXXX 9742		
10/04/23	CHECKCARD 1003 TMOBILE*AUTO PAY 800-937-8997 WA 24692163276103326445382 RECURRING CKCD 4814 XXXXXXXXXXXX9742 XXXX XXXX XXXX 9742	-55.89
10/11/23	MOBILE PURCHASE 1009 STAPLES 00100255 BENSALEM PA	-21.19
10/16/23	POLICE AND FIR 10/14 #000446359 WITHDRWL 3330 GRANT AVE PHILADELPHIA PA	-182.00
10/23/23	CHECKCARD 1020 VERIZON*RECURRING PAY 800-VERIZON FL 24692163293107226613618 RECURRING CKCD 4814 XXXXXXXXXXXX9742 XXXX XXXX XXXX 9742	-100.79
10/23/23	MOBILE PURCHASE 1021 NO 1 ASIAN SUPERMARKET PHILADELPHIA PA	-19.86
10/24/23	CHECKCARD 1024 OLD HAVEN PIZZA BENSALEM PA 24055223297400572000046 CKCD 5812 XXXXXXXXXXXX9742 XXXX XXXX XXXX 9742	-13.77
10/27/23	CHECKCARD 1025 PHILADELPHIA PARKING AU 888-5913636 PA 24013393299002947106621 CKCD 9399 XXXXXXXXXXXX9742 XXXX XXXX XXXX 9742	-109.50
10/27/23	MOBILE PURCHASE 1026 PJP MARKETPLACE #5, PHILADELPHIA PA	-20.97
10/30/23	CHECKCARD 1027 VIGILANTES LIBERTY BENSALEM PA 24034543301003236494927 CKCD 5541 XXXXXXXXXXXX9742 XXXX XXXX XXXX 9742	-40.00
10/30/23	MOBILE PURCHASE 1029 PJP MARKETPLACE #5, PHILADELPHIA PA	-18.97

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### Withdrawals and other debits - continued

Date	Description	Amount
10/30/23	WESTERN UNION 10/29 #000941158 PURCHASE WESTERN UNION PHILADELPHIA PA	-288.00
10/30/23	MOBILE PURCHASE 1029 EXXON AKAR AUTOMOTIVE I NEWARK NJ	-30.00
10/31/23	MOBILE PURCHASE 1030 B&B BAGEL HOUSE BENSALEM PA	-9.01
10/31/23	USPS PO 410582 10/31 #000411402 PURCHASE USPS PO 41058200 BENSALEM PA	-17.75
<b>Subtotal for card account # [REDACTED]</b>		<b>-\$927.70</b>
<b>Total withdrawals and other debits</b>		<b>-\$45,859.43</b>

### Checks

Date	Check #	Amount	Date	Check #	Amount
10/12/23	1006	-75.00	10/16/23	1025*	-376.00
10/11/23	1007	-414.00	10/17/23	1026	-624.00
10/02/23	1012*	-299.00	10/19/23	1027	-690.00
10/03/23	1013	-312.00	10/24/23	1028	-102.50
10/06/23	1014	-676.00	10/20/23	1029	-897.00
10/06/23	1015	-624.00	10/18/23	1031*	-5,000.00
10/11/23	1016	-2,125.00	10/27/23	1033*	-520.00
10/04/23	1017	-1,444.00	10/30/23	1034	-702.00
10/11/23	1018	-50.00	10/06/23	50030*	-178.12
10/05/23	1019	-1,700.00	10/06/23	50031	-669.95
10/23/23	1020	-1,050.00	10/13/23	50032	-672.88
10/10/23	1021	-1,050.00	10/20/23	50034*	-672.87
10/18/23	1022	-80.00	10/27/23	50036*	-672.88
10/10/23	1023	-1,000.00			
<b>Total checks</b>				<b>-\$22,677.20</b>	
<b>Total # of checks</b>				<b>27</b>	

\* There is a gap in sequential check numbers

### Service fees

The Monthly Fee on your primary Business Advantage Fundamentals Banking account was waived for the statement period ending 09/29/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$250+ in new net purchases on a linked Business debit card has been met
- \$5,000+ combined average monthly balance in linked business accounts has been met
- Become a member of Preferred Rewards for Business has not been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit [bankofamerica.com/smallbusiness](http://bankofamerica.com/smallbusiness).

Date	Transaction description	Amount
10/16/23	POLICE AND FIR 10/14 #000446359 WITHDRWL 3330 GRANT AVE PHILADELPHIA PA FEE CKCD XXXXXXXXXXXX9742	-2.50
<b>Total service fees</b>		<b>-\$2.50</b>

Note your Ending Balance already reflects the subtraction of Service Fees.

**Daily ledger balances**

<i>Date</i>	<i>Balance (\$)</i>	<i>Date</i>	<i>Balance(\$)</i>	<i>Date</i>	<i>Balance (\$)</i>
10/01	1,071.69	10/12	42,049.60	10/23	33,896.36
10/02	1,845.31	10/13	37,736.33	10/24	33,679.09
10/03	1,433.32	10/16	40,367.15	10/25	39,710.07
10/04	57,418.73	10/17	39,535.91	10/26	33,099.38
10/05	51,352.72	10/18	40,395.43	10/27	30,545.73
10/06	46,744.43	10/19	33,283.54	10/30	32,876.00
10/10	43,015.91	10/20	30,838.11	10/31	29,092.80
10/11	46,635.76				

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Exhibit T

Department of the Treasury - Internal Revenue Service

Form **9325**  
(January 2017)

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

Randa Karim

DATE OF DEPOSIT

MAY 23 2024

Taxpayer address (optional)

8722 Cottage Street APT B

Philadelphia, PA 19136

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

1.  Your federal income tax return for 2022 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Princel Shah, CPA & Co.
2.  Your return was accepted on \_\_\_\_\_ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is \_\_\_\_\_.
3.  Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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## **Instructions for Electronic Return Originators**

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**Line 2 - PIN Presence Indicator** - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3 - Exception Processing** - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4 - Payment Acknowledgement Literal** - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5 - Payment Acknowledgement Literal** - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

**Randa Karim**

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

Your first name and middle initial <b>Randa</b>	Last name <b>Karim</b>	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
**8722 Cottage Street** Apt. no. **B**

City, town, or post office. If you have a foreign address, also complete spaces below. State **PA** ZIP code **19136**

**Philadelphia** Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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

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

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

**Dependents** (see instructions):

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

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)		<b>1a</b>	<b>38,504</b>
	<b>b</b> Household employee wages not reported on Form(s) W-2		<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)		<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26		<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29		<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6		<b>1g</b>	
	<b>h</b> Other earned income (see instructions)		<b>1h</b>	
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>		
	<b>z</b> Add lines 1a through 1h		<b>1z</b>	<b>38,504</b>
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>b</b> Taxable interest	<b>2b</b>
	<b>3a</b> Qualified dividends	<b>3a</b>	<b>b</b> Ordinary dividends	<b>3b</b>
	<b>4a</b> IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Pensions and annuities	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b> <b>7,558</b>
	<b>6a</b> Social security benefits	<b>6a</b>	<b>b</b> Taxable amount	<b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)				
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here			<b>7</b>	
<b>8</b> Other income from Schedule 1, line 10			<b>8</b> <b>39,313</b>	
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>			<b>9</b> <b>85,375</b>	
<b>10</b> Adjustments to income from Schedule 1, line 26			<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>			<b>11</b> <b>85,375</b>	
<b>12</b> Standard deduction or itemized deductions (from Schedule A)			<b>12</b> <b>12,950</b>	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A			<b>13</b>	
<b>14</b> Add lines 12 and 13			<b>14</b> <b>12,950</b>	
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>			<b>15</b> <b>72,425</b>	

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	11,551
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,551
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,551
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	617
24	Add lines 22 and 23. This is your total tax	24	12,168	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3,878
	b	Form(s) 1099	25b	1,586
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,464
	26	2022 estimated tax payments and amount applied from 2021 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	0	
33	Add lines 25d, 26, and 32. These are your total payments	33	5,464	

If you have a qualifying child, attach Sch EIC

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	0
	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 2023 estimated tax	36		

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	7,066
	38	Estimated tax penalty (see instructions)	38	362

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	03-20-2023	Business Owner	
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. 215-554-5048 Email address randa.karim@homeconceptservices.com

**Paid Preparer Use Only**

Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Princel Shah	03-20-2023		
Preparer's name	Phone no.		
Princel Shah	856-520-1655		
Firm's name	Firm's EIN		
Princel Shah, CPA & Co.			
Firm's address			
200 Haddonfield-Berlin Road Ste 202 Gibbsboro, NJ 08026			

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

Your social security number

Randa Karim

[REDACTED]

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes		<b>1</b>	
<b>2a</b>	Alimony received		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions):			
<b>3</b>	Business income or (loss). Attach Schedule C		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		<b>5</b>	39,004
<b>6</b>	Farm income or (loss). Attach Schedule F		<b>6</b>	
<b>7</b>	Unemployment compensation		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss	<b>8a</b> ( )		
<b>b</b>	Gambling	<b>8b</b>		
<b>c</b>	Cancellation of debt	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853	<b>8e</b>		
<b>f</b>	Income from Form 8889	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends	<b>8g</b>		
<b>h</b>	Jury duty pay	<b>8h</b>		
<b>i</b>	Prizes and awards	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income	<b>8j</b>		
<b>k</b>	Stock options	<b>8k</b>		
<b>l</b>	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	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions)	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions)	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions)	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions)	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated	<b>8u</b>		
<b>z</b>	Other income. List type and amount:	<b>8z</b>		
	1099NEC			309
<b>9</b>	Total other income. Add lines 8a through 8z		<b>9</b>	309
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	39,313

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

Schedule 1 (Form 1040) 2022

EEA

**Part II Adjustments to Income**

<b>11</b>	Educator expenses		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings		<b>18</b>	
<b>19a</b>	Alimony paid		<b>19a</b>	
<b>b</b>	Recipient's SSN			
<b>c</b>	Date of original divorce or separation agreement (see instructions):			
<b>20</b>	IRA deduction		<b>20</b>	
<b>21</b>	Student loan interest deduction		<b>21</b>	
<b>22</b>	Reserved for future use		<b>22</b>	
<b>23</b>	Archer MSA deduction		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions)	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	<b>24h</b>		
<b>i</b>	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	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount:	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		<b>26</b>	<b>0</b>

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

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

Your social security number

Randa Karim



**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 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	617
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

EEA

**Part II** Other Taxes *(continued)*

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

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

Your social security number

Randa Karim



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

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. Row A: Home Concept Services LLC, P, [ ], [ ], [ ], [ ]

Passive Income and Loss

Nonpassive Income and Loss

Summary table for lines 29-32. Columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals: 39,004

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are blank.

Passive Income and Loss

Nonpassive Income and Loss

Summary table for lines 34-37. 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. Totals: 35, 36, 37

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. Line 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for lines 40-43. Line 40: Net farm rental income or (loss) from Form 4835. Line 41: Total income or (loss). Line 42: Reconciliation of farming and fishing income. Line 43: Reconciliation for real estate professionals.

# Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form5329](http://www.irs.gov/Form5329) for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

**Randa Karim**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

**Fill in Your Address Only  
if You Are Filing This  
Form by Itself and Not  
With Your Tax Return**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here

Foreign country name

Foreign province/state/country

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions . . . . .	1	6,173
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____ . . . . .	2	
3	Amount subject to additional tax. Subtract line 2 from line 1 . . . . .	3	6,173
4	<b>Additional tax.</b> Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 . . . . . <b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	617

**Part II Additional Tax on Certain Distributions From Education Accounts and ABLÉ Accounts.** Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLÉ account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account . . . . .	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions) . . . . .	6	
7	Amount subject to additional tax. Subtract line 6 from line 5 . . . . .	7	
8	<b>Additional tax.</b> Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8 . . . . .	8	

**Part III Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2022 than is allowable or you had an amount on line 17 of your 2021 Form 5329.

9	Enter your excess contributions from line 16 of your 2021 Form 5329. See instructions. If zero, go to line 15 . . . . .	9		
10	If your traditional IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- . . . . .	10		
11	2022 traditional IRA distributions included in income (see instructions) . . . . .	11		
12	2022 distributions of prior year excess contributions (see instructions) . . . . .	12		
13	Add lines 10, 11, and 12 . . . . .	13		
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- . . . . .	14		
15	Excess contributions for 2022 (see instructions) . . . . .	15		
16	Total excess contributions. Add lines 14 and 15 . . . . .	16		
17	<b>Additional tax.</b> Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8 . . . . .	17		

**Part IV Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2022 than is allowable or you had an amount on line 25 of your 2021 Form 5329.

18	Enter your excess contributions from line 24 of your 2021 Form 5329. See instructions. If zero, go to line 23 . . . . .	18		
19	If your Roth IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- . . . . .	19		
20	2022 distributions from your Roth IRAs (see instructions) . . . . .	20		
21	Add lines 19 and 20 . . . . .	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22		
23	Excess contributions for 2022 (see instructions) . . . . .	23		
24	Total excess contributions. Add lines 22 and 23 . . . . .	24		
25	<b>Additional tax.</b> Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8 . . . . .	25		

**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) ▶

Taxpayer's name <b>Randa Karim</b>		Social security number [REDACTED]
Spouse's name		Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2022** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.  
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	85,375
2	Total tax	12,168
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	5,464
4	Amount you want refunded to you	
5	Amount you owe	7,066

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

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

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 223661-04248  
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 ▶ Princel Shah Date ▶ 03-20-2023

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

## Estimated Tax Worksheet for Next Year

(This page is not filed with the return. It is for your records only.)

**2022**

Name(s) as shown on return

Tax ID Number

**Randa Karim**

1. Wages . . . . .	1.	_____
2. Interest and Dividend income . . . . .	2.	_____
3. Capital gain income . . . . .	3.	_____
4. Taxable IRA/Pension income . . . . .	4.	_____
5. Taxable Social Security income . . . . .	5.	_____
6. Business income . . . . .	6.	_____
7. Other income . . . . .	7.	_____
8. Total income (add lines 1 thru 7) . . . . .	8.	_____
9. Adjustments to income . . . . .	9.	_____
10. Adjusted gross income (subtract line 9 from line 8) . . . . .	10.	_____
11a. Itemized deductions . . . . .	11a.	_____
11b. Standard deduction . . . . .	11b.	_____
12. Taxable income (subtract the larger of line 11a or 11b from line 10) . . . . .	12.	_____
13. Estimated Section 199A deduction for qualified trade or business income . . . . .	13.	_____
14. Projected taxable income (subtract line 13 from line 12) . . . . .	14.	_____
15. Projected Tax . . . . .	15.	_____
16. Alternative Minimum Tax . . . . .	16.	_____
17. Total tax . . . . .	17.	_____
18a. Child Tax Credit and Other Dependent Credit . . . . .	18a.	_____
18b. Other projected Credits . . . . .	18b.	_____
18c. Total projected credits . . . . .	18c.	_____
19. Subtract line 18d from line 17 . . . . .	19.	_____
20. Projected SE Tax - Taxpayer . . . . .	20.	_____
21. Projected SE Tax - Spouse . . . . .	21.	_____
22. Other taxes . . . . .	22.	_____
23a. Add lines 19 through 22 . . . . .	23a.	_____
b. Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885 . . . . .	23b.	_____
c. Total 2023 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0- . . . . .	23c.	_____
24a. Multiply line 23c by 90% (66 2/3% for farmers and fishermen) . . . . .	24a.	_____
b. Required annual payment based on prior year's tax (see instructions) . . . . .	24b.	12,168
c. Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b . . . . .	24c.	12,168
25. Projected Withholding . . . . .	25.	5,464
26. Projected Net Tax (subtract line 25 from line 24c) . . . . .	26.	6,704

Estimates will be computed on \$6,704. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK\_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, it may be better to use the Tax Planner.

**Summary of Estimates**

**2023**

Name(s) as shown on return

Your SSN/EIN

**Randa Karim**

**Federal**

**Form: 1040-ES**

**Payment Schedule**

Due Date	04-18-2023	06-15-2023	09-15-2023	01-16-2024	Total
Total Installment Amount	1,680	1,680	1,680	1,680	6,720
Overpayment Applied	0	0	0	0	0
Net Installment Due	1,680	1,680	1,680	1,680	6,720

**Taxpayer Records**

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

**Federal Income Tax Withheld**

(This page is not filed with the return. It is for your records only.)

**2022 PG01**

Name(s) as shown on return

Tax ID Number

Randa Karim



**Description**

**Amount**

W2 - Path Inc

2,714

W2 - Home Concept Services LLC

1,164

W-2 Subtotal

3,878

1099R - Great West Retirement Services

277

1099R - Great West Retirement Services

1,235

1099 NEC - Herbalife International

74

1099 Subtotal

1,586

Total Withholdings

5,464

**Computation of Regular Tax**

(This page is not filed with the return. It is for your records only.)

**2022**

Name(s) as shown on return

Tax ID Number

**Randa Karim**

**Statement for line 16 of Form 1040**

Tax from Tax Table found in form instructions	\$	11,551
\$ 11,551	Tax computed using only available method	

## Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(This page is not filed with the return. It is for your records only.)

**2022**

Name(s) as shown on return

Tax ID Number

**Randa Karim**

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates				
		(a) 04/15/22	(b) 06/15/22	(c) 09/15/22	(d) 01/15/23	
<b>1a</b>	Enter your underpayment from Part III, Section A, line 17 . . . . .	<b>1a</b>	1,372	2,738	2,738	2,738
<b>1b</b>	Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid	<b>1b</b>	04-15-2023 1,372	04-15-2023 2,738	04-15-2023 2,738	04-15-2023 2,738
<b>Rate Period 1: April 16, 2022 - June 30, 2022</b>						
<b>2</b>	Computation starting dates for this period . . . . .	<b>2</b>	04/15/22	06/15/22		
			Days:	Days:		
<b>3</b>	Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/22, whichever is earlier . . . . .	<b>3</b>	76	15		
<b>4</b>	Underpayment on line 1a      x $\frac{\text{Number of dayson line 3}}{365}$ x 0.04	<b>4</b>	\$ 11	\$ 5		
<b>Rate Period 2: July 1, 2022 - September 30, 2022</b>						
<b>5</b>	Computation starting dates for this period . . . . .	<b>5</b>	06/30/22	06/30/22	09/15/22	
			Days:	Days:	Days:	
<b>6</b>	Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/22, whichever is earlier . . . . .	<b>6</b>	92	92	15	
<b>7</b>	Underpayment on line 1a      x $\frac{\text{Number of dayson line 6}}{365}$ x 0.05	<b>7</b>	\$ 17	\$ 35	\$ 6	
<b>Rate Period 3: October 1, 2022 - December 31, 2022</b>						
<b>8</b>	Computation starting dates for this period . . . . .	<b>8</b>	09/30/22	09/30/22	09/30/22	
			Days:	Days:	Days:	
<b>9</b>	Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/22, whichever is earlier . . . . .	<b>9</b>	92	92	92	
<b>10</b>	Underpayment on line 1a      x $\frac{\text{Number of dayson line 9}}{365}$ x 0.06	<b>10</b>	\$ 21	\$ 41	\$ 41	
<b>Rate Period 4: January 1, 2023 - April 15, 2023</b>						
<b>11</b>	Computation starting dates for this period . . . . .	<b>11</b>	12/31/22	12/31/22	12/31/22	01/15/23
			Days:	Days:	Days:	Days:
<b>12</b>	Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/23, whichever is earlier . . . . .	<b>12</b>	105	105	105	90
<b>13</b>	Underpayment on line 1a      x $\frac{\text{Number of dayson line 12}}{365}$ x 0.07	<b>13</b>	\$ 28	\$ 55	\$ 55	\$ 47
<b>14</b>	<b>Penalty.</b> Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B . . . . .	<b>14</b>	\$ 362			\$ 362

# Carryover Worksheet

## List of items that will carryover to the 2023 tax return

(This page is not filed with the return. It is for your records only.)

**2022**

Name(s) as shown on return

Tax ID Number

**Randa Karim**

Carryover Amount

**Itemized Deductions**

Contributions subject to 100% of AGI limitations	.....	
Contributions subject to 60% of AGI limitations	.....	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	.....	
Contributions subject to 30% of AGI limitations	.....	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	.....	
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	.....	
State/local taxes paid in 2023 to flow to the Schedule A	.....	1,396
State donations and contributions carryover	.....	
State overpayment applied to next year	.....	

**Expenses**

Office in home operating expenses	.....	
Office in home excess casualty losses and depreciation	.....	
Disallowed investment interest expense	.....	AMT Reg. Tax
Section 179 expense	.....	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	.....	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	.....	

**Losses**

Short-term capital loss	.....	
Long-term capital loss	.....	
Net operating loss	.....	
Excess business loss from Form 461 (becomes part of NOL next year)	.....	
Qualified REIT and PTP loss carryover	.....	
QBI loss carryover	.....	
Nonrecaptured net section 1231 losses from WK_1231C	.....	AMT Reg. Tax

**Credits**

Mortgage interest credit	.....	
Credit for prior year minimum tax	.....	
Foreign Tax credit	.....	AMT Reg. Tax
District of Columbia first time home owner's credit	.....	
Residential clean energy credit	.....	

**Other**

Preparer Fee	.....	
Overpayment applied to next year's estimates	.....	
Estimated Tax Payment 1	1,680	Estimated Tax Payment 2
Estimated Tax Payment 3	1,680	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	.....	12,168
State tax liability for state 2210 calculation	.....	2,613
IRA basis	.....	Taxpayer Spouse
Disaster distributions taxable in 2023	.....	Taxpayer Spouse
Disaster distributions taxable in 2024	.....	Taxpayer Spouse
Excess repayments from 8915-F	.....	Taxpayer Spouse

**Passive Activity**

**At Risk Limitations**

**TAX RETURN COMPARISON  
2020 / 2021 / 2022**

**2022**

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Identifying number

**Randa Karim**

	2020	2021	2022	Difference 2021-2022
Filing Status . . . . .			Single	
Number of Dependents . . . . .				
<b>Income</b>				
Wages, salaries, tips, etc. . . . .			38,504	38,504
Taxable interest and dividends . . . . .				
Taxable state and local refunds . . . . .				
Alimony . . . . .				
Business income (loss) . . . . .				
Gains (losses) . . . . .				
Pensions and IRA distributions . . . . .			7,558	7,558
Rent and royalty income (loss) . . . . .				
Part, S-corps, trusts income (loss) . . . . .			39,004	39,004
Farm income (loss) . . . . .				
Unemployment compensation . . . . .				
Total SS benefits received . . . . .				
Taxable SS benefits . . . . .				
Other income (loss) . . . . .			309	309
<b>Total Income</b> . . . . .			<b>85,375</b>	<b>85,375</b>
<b>Adjusted Gross Income</b>				
Half of self-employment tax . . . . .				
IRA deduction . . . . .				
Other adjustments . . . . .				
<b>Total Adjusted Gross Income</b> . . . . .			<b>85,375</b>	<b>85,375</b>
<b>Deductions</b>				
Medical deductions . . . . .				
State and local taxes . . . . .				
Interest . . . . .				
Contributions . . . . .				
Employee business expenses . . . . .				
Standard or other deductions . . . . .			12,950	12,950
<b>Total deductions claimed</b> . . . . .			<b>12,950</b>	<b>12,950</b>
<b>Qualified Business Income Deduction</b>				
<b>Tax and Credits</b>				
<b>Taxable Income</b> . . . . .			<b>72,425</b>	<b>72,425</b>
Tax . . . . .			11,551	11,551
Credits . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .			617	617
<b>Total Tax</b> . . . . .			<b>12,168</b>	<b>12,168</b>
<b>Payments</b>				
Withholdings . . . . .			5,464	5,464
Estimated tax payments . . . . .				
Earned income credit . . . . .				
Other payments and credits . . . . .				
Estimated tax penalty . . . . .			362	362
<b>Overpayment</b> . . . . .				
Overpayment Applied . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .			<b>7,066</b>	<b>7,066</b>
Marginal tax rate . . . . .			22.00	22.00
Effective tax rate . . . . .			15.95	15.95

**2022 PAPHRPSE FILING INSTRUCTIONS  
RANDA KARIM**

**FORM FILED:**

PAPHRPSE AND SUPPLEMENTAL FORMS AND SCHEDULES

**FILING METHOD:**

YOUR RETURN WILL NOT BE E-FILED. SIGN AND DATE YOUR RETURN AND MAIL IT ON OR BEFORE THE DUE DATE OF THE RETURN TO THE ADDRESS LISTED BELOW.

**DUE DATE:**

04-17-2023

**REFUND:**

\$491.00

**MAIL-TO ADDRESS:**

CITY OF PHILADELPHIA DEPT. OF REV.  
P.O. BOX 53360  
PHILADELPHIA, PA 19105

<b>TAX YEAR 2022</b>	<b>WAGE TAX REFUND PETITION SALARY/HOURLY EMPLOYEES</b> (Not to be used by Commissioned Employees)	<b>OFFICE USE ONLY</b>
--------------------------	---	------------------------

Read the instructions for both the Employer as well as the Employee prior to completing this petition.  
Print or type all information. The completed petition must include:

- W-2 showing Federal, State, Medicare and Local wages
- Signature of Employee and Employer
- PA Schedule UE if claiming expenses on Line 2E. If PA Schedule UE has an entry on Line 15, submit a breakdown of those expenses.

EMPLOYEE'S NAME <b>RANDA KARIM</b>	SOCIAL SECURITY NUMBER [REDACTED]	DAYTIME TELEPHONE NUMBER <b>215-554-5048</b>
HOME ADDRESS <b>8722 COTTAGE STREET</b>		OCCUPATION <b>BUSINESS OWNER</b>
CITY <b>PHILADELPHIA</b>	STATE <b>PA</b>	ZIP CODE <b>19136</b>
EMPLOYER <b>PATH INC</b>		EMPLOYER IDENTIFICATION NUMBER (EIN) From: To:

PLACE OF EMPLOYMENT <b>PHILADELPHIA, PA 19111</b>	<b>COLUMN A</b> January 1, 2022 to June 30, 2022	<b>COLUMN B</b> July 1, 2022 to December 31, 2022
<b>1. Gross Compensation per W-2</b>	<b>13563</b>	<b>13712</b>
A. Non-Taxable Stock Options included in Line 1 (Must reflect on W-2)		
B. Adjusted Gross Compensation (Subtract Line 1A from Line 1)	<b>13563</b>	<b>13712</b>
<b>2. Computation of taxable compensation and/or allowable expenses</b>		
A. Number of Days/Hours (Include overtime from Line 2C)	<b>181</b> 181 Days/1448 Hours	<b>184</b> 184 Days/1472 Hours
B. Non-workdays/Hours (Total of weekend, vacation, holiday, sick or any type of leave time)	<b>52</b> Days/Hours	<b>52</b> Days/Hours
C. Number of actual Workdays/Hours (Base <input type="checkbox"/> Overtime <input type="checkbox"/> (Line 2A minus Line 2B) If computing overtime, see instructions.	<b>129</b> Days/Hours	<b>132</b> Days/Hours
D. Number of actual Days/Hours worked outside of Philadelphia in Line 2C. A list of dates and locations when you worked outside of Philadelphia, verified and signed by your employer, is required to be attached. Also provide a copy of Telework Agreement if applicable.	Days/Hours	Days/Hours
E. Percentage of time worked outside of Philadelphia. Divide Line 2D by Line 2C and round the resulting percentage to 4 decimal places.	%	%
F. Non-taxable compensation earned outside of Philadelphia (Line 1B times Line 2E)		
G. (i) Total non-reimbursed business expenses allowable under Income Tax Regulation Section 204. Please submit Pennsylvania Schedule UE		
(ii) Multiply amount on Line G (i) by the percentage on Line 2E		
(iii) Deductible non-reimbursed employee business expenses. Subtract Line G (ii) from Line G (i)		
H. Non-taxable income and/or deductible employee business expenses. Add Line 2F and Line 2G (iii)		
<b>3. Net Taxable compensation (Line 1B minus Line 2H)</b>	<b>13563</b>	<b>13712</b>
<b>4. TAX DUE</b> Resident of Philadelphia multiply Line 3, Column A by .038398 and Column B by .037900. Non-Resident of Philadelphia Line 3, Column A by .034481 and Column B by .034400.	<b>521</b>	<b>520</b>
<b>5. TOTAL TAX DUE (Add Line 4, Column A and Line 4, Column B.)</b>		<b>1041</b>
<b>6. Wage tax withheld per W-2</b>		<b>1532</b>
<b>7. REFUND REQUESTED (Line 6 minus Line 5)</b>		<b>491</b>

**EMPLOYER CERTIFICATION**

I certify that the facts shown above supporting employee's claims are correct based on available payroll records. Individuals serving as authorized official signatories should be familiar with employee's time and attendance, as well as applicable Wage Tax Regulations. Income Tax Regulations Section 401 through 404 requires that the employer withhold and allocate wages for tax purposes. General Regulation Section 306 (2) provides that the employer, for and on behalf of the employee, requests the refund.

AUTHORIZED OFFICIAL SIGNATURE (Signature must be clear and legible.)	PRINTED NAME	DAYTIME TELEPHONE NUMBER
--	--------------	--------------------------

**EMPLOYEE CERTIFICATION**

I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by City Ordinance.

EMPLOYEE'S SIGNATURE (Signature must be clear and legible.)	DATE <b>03-20-2023</b>
---	---------------------------

2022 PA40 Filing Instructions  
Randa Karim

**Form filed:**

PA40 and supplemental forms and schedules

**Filing method:**

Your return will be e-filed, do not mail your return

**Due date:**

04-18-2023

**Payment:**

\$1,396.00

**Transaction method:**

Make check or money order payable to PA DEPT OF REVENUE. Do not send cash. Please write the last four digits of your SSN, "2022 PA-V" and daytime phone number on your check or money order. Do not staple check or money order to PA-V.

PA-40 - 2022  
Pennsylvania Income Tax Return  
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

KARIM

RANDA

Occupation BUSINESS 0

Occupation

APT B

8722 COTTAGE STREET

PHILADELPHIA PA 19136

US 215-554-5048 51500

N Extension. N Amended Return.  
R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to  
S Single, Married/Filing Jointly,  
Married/Filing Separately, Final Return  
N Deceased  
N Taxpayer Date of Death  
N Spouse Date of Death  
N Farmers.  
School District Name PHILADELPHIA CITY

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
  
- 2 Interest Income. Complete PA Schedule A if required.
- 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
  
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit PA Schedule J.
- 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
- 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
  
- 10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a	46104
1b	0
1c	46104
2	0
3	0
4	39004
5	0
6	0
7	0
8	0
9	85108
10	0
11	85108

N



PA-40 - 2022

Social Security Number



Name(s) RANDA KARIM

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).  
13 Total PA Tax Withheld. See the instructions.

12 2613  
13 1217

14 Credit from your 2021 PA Income Tax return.  
15 2022 Estimated Installment Payments. REV-459B included. N  
16 2022 Extension Payment.  
17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)  
18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

14 0  
15 0  
16 0  
17 0  
18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased  
19b Dependents, Section II, Line 2, PA Schedule SP  
20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.  
21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

19a 00  
19b 00  
20 0  
21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.  
23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.  
24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.  
25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.  
26 TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.  
27 Penalties and Interest. See the instructions. Enter Code:  
If including form REV-1630/REV-1630A, mark the box. N

22 0  
23 0  
24 1217  
25 0  
26 1396  
27 0

28 TOTAL PAYMENT DUE. See the instructions.  
29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

28 1396  
29 0

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND  
31 Credit - Amount of Line 29 you want as a credit to your 2023 estimated account.

30 0  
31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.  
33 Refund donation line. Enter the organization code and donation amount. See instructions.  
34 Refund donation line. Enter the organization code and donation amount. See instructions.  
35 Refund donation line. Enter the organization code and donation amount. See instructions.  
36 Refund donation line. Enter the organization code and donation amount. See instructions.

32 0  
33 0  
34 0  
35 0  
36 0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Signature fields for Your Signature, Spouse's Signature, Preparer's Name and Telephone Number, and Date (03-20-23).

E-File Opt Out

Firm FEIN  
Preparer's PTIN

Redacted Firm FEIN  
P02164750



PA Schedule RK-1 (05-22)
2022 Resident Schedule of
Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

KARIM

RANDA

215-554-5048

Final N

APT B

(Individual=1, PA S Corp=2, All Other Corp=3,

Owner 1

Estate/Trust=4, Partnership=5, LLC=6, Exempt=7)

8722 COTTAGE STREET

Shareholder's Stock Ownership % 00000

Amended N

PHILADELPHIA PA 19136

Beneficiary's year-end Distribution % 00000

HOME CONCEPT SERVICES LLC

Partner's % of Profit sharing % 00000

PHILADELPHIA PA 19136 842464732

Loss sharing % 00000

Fiscal Year N (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L)

P

Capital Ownership % 00000

Short Year N General Partner or LLC Member-Manager N

Limited Partner or Other LLC Member N

SECTION II

- 1 PA-Taxable Business Income (Loss) from Operations
2 Interest Income
3 Dividend Income
4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
6 Income of/from Estates or Trusts
7 Gambling and Lottery Winnings (Loss)

1 39004
2 0
3 0
4 0
5 0
6 0
7 0

SECTION III

- 8 Resident Credit. Submit statement.
9 Total Other Credits. Submit statement.

8 0
9 0

SECTION IV

- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
11 Guaranteed Payments for Capital or Other Services
12 All Other Guaranteed Payments for Services Rendered
13 Guaranteed Payments to the Retired Partner

10 0
11 0
12 0
13 0

SECTION V

- 14 Distributions from PA Accumulated Adjustments Account Liquidating N
15 Distributions of Cash, Marketable Securities, and Property
16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis. Submit statement.

14 0
15 0
16 0

Note: Lines 17 through 20 are for information purposes only.

SECTION VII

- 17 Owner's Share of IRC Section 179 allowed according to PA rules
18 Owner's Share of Straight-Line Depreciation
19 Partner's Share of Nonrecourse Liabilities at year-end
20 Partner's Share of Recourse Liabilities at year-end

17 0
18 0
19 0
20 0

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.



2022 PA40 VOUCHER INSTRUCTIONS  
RANDA KARIM

**FILING METHOD:**

YOUR RETURN WILL BE EFILED, BUT YOUR VOUCHER WILL NOT BE DEBITED. SIGN AND DATE YOUR CHECK. MAIL IT AND THE VOUCHER ON OR BEFORE THE DUE DATE OF THE RETURN TO THE ADDRESS LISTED BELOW.

**DUE DATE:**

04-18-2023

**PAYMENT:**

\$1,396.00

**MAIL-TO ADDRESS:**

PENNSYLVANIA DEPT. OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

**TAXPAYER RECORDS**

AMOUNT PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

2022 PA-40 V PA PAYMENT VOUCHER

KA

2200916720

PAYMENT AMOUNT

KARIM  
RANDA

215-554-5048

\$ 1396.00

APARTMENT B  
8722 COTTAGE STREET  
PHILADELPHIA  
PA  
19136

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

# PA W-2 RECONCILIATION WORKSHEET

PA-40 W-2 RW (EX) 12-22

Name: RANDA KARIM Social Security Number: [REDACTED]

Employer's identification number from Box b: 23-7313698

<b>SECTION I - Starting Point</b>	FEDERAL WAGES (Box 1) 26446	FEDERAL WAGES (Box 1) 26446	MEDICARE WAGES (Box 5) 26796
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<b>SECTION II - Additions</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
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1. Company contribution to deferred compensation plan.			
2. Elective deferrals to IRC Section 401(k) - Code "D" in Box 12.			
3. Elective deferrals under IRC Section 403(b) salary reduction agreement - Code "E" in Box 12.	350	350	
4. Elective deferrals under IRC Section 408(k)(6) salary reduction agreement (SEP) - Code "F" in Box 12.			
5. Elective and non-elective deferrals under IRC Section 457(b) deferred compensation plan - Code "G" in Box 12.			
6. Elective deferrals to a Section 501 (C)(18)(D) tax-exempt organization plan - Code "H" in Box 12.			
7. Income from a nonqualified deferred compensation (NQDC) plan - Code "Z" in Box 12.			
8. Deferrals to a NQDC plan qualifying under IRC Section 409A - Code "Y" in Box 12.			
9. <b>Other Additions</b> (provide full descriptions)			
9a.			
9b.			
9c.			
9d.			
9e.			
10. <b>TOTAL (add Lines 1 through 9e.)</b>	350	350	

<b>SECTION III - Subtractions</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
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11. Company contribution to deferred compensation plan.			
12. Cost of group-term life - Code "C" in Box 12.			
13. Income from a NQDC plan - Code "Z" in Box 12.			
14. Deferrals to a NQDC plan qualifying under IRC Section 409A - Code "Y" in Box 12.			
15. Personal use of company vehicle.			
16. Distributions from a NQDC plan.			
17. Distributions from a NQDC plan previously taxed for Pennsylvania purposes.			
18. <b>Other Subtractions</b> (provide full descriptions)			
18a.			
18b.			
18c.			
18d.			
18e.			
19. <b>TOTAL (add Lines 11 through 18e.)</b>			

<b>SECTION IV - Finishing Point</b>	26796	26796	26796
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[Add Section I and Section II, Line 10 then subtract Section III, Line 19]	<b>MEDICARE WAGES (Box 5)</b>	<b>PA WAGES (Box 16)</b>	<b>PA WAGES (Box 16)</b>
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PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

Primary Taxpayer's Name <b>RANDA KARIM</b>	Social Security Number [REDACTED]
Secondary Taxpayer's Name	Social Security Number

SECTION I TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2022 (whole dollars only):	
1. Adjusted PA taxable income (Form PA-40, Line 11)	1. 85108
2. PA tax liability (Form PA-40, Line 12)	2. 2613
3. Total PA tax withheld (Form PA-40, Line 13)	3. 1217
4. Amount to be refunded (Form PA-40, Line 30)	4.
5. Total payment (tax due) (Form PA-40, Line 28)	5. 1396

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Check one box only.

- I authorize **PRINCEL SHAH, CPA & CO.** to enter my PIN [REDACTED] as my signature on my tax year 2022 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature	Date
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SECONDARY TAXPAYER'S PIN Check one box only.

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2022 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature	Date
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SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN [REDACTED]

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature	Date 03-20-2023
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The ERO must retain this form and supporting documents for three years.  
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

PAWK\_A5

State / Local tax payments made after 12/31/2022 that  
will be deductible on 2023 Federal Schedule A

2022

Name(s) as shown on return

Randa Karim

Your Social Security Number

[REDACTED]

**A. 2022 Income taxes due that were paid after 12/31/2022**

A1. 4th quarter estimate/extension (may be adj. by refund)	_____	
A2. Amount paid with return	<u>1,396</u>	
A3. Total payments made in 2023		A. <u>1,396</u>

**B. Adjustments made to payments**

B1. Interest & Penalty	_____	
B2. Contributions, Donations, Checkoffs	_____	
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)	_____	
B4. Total adjustments		B. _____

C. Total tax payments potentially deductible in 2023 (Line A less line B)		C. <u>1,396</u>
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PA-COMP	Three-year State Tax Return Comparison			2022
Name(s) as shown on return Randa Karim				Taxpayer ID Number [REDACTED]
<b>[State] Income Tax Return</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>Difference 2021-2022</b>
Filing Status . . . . .			S	
Gross Income . . . . .			85,108	85,108
Additions . . . . .				
Subtractions . . . . .				
Exemptions . . . . .				
Standard Deduction . . . . .				
Itemized Deduction . . . . .				
Deductions . . . . .				
Taxable Income . . . . .			85,108	85,108
Actual State Income . . . . .			85,108	85,108
State Income Tax . . . . .			2,613	2,613
Local Taxes . . . . .				
Use Tax . . . . .				
Contributions . . . . .				
Income Tax Withheld . . . . .			1,217	1,217
Estimates and Extension payments . . . . .				
Underpayment Penalty . . . . .				
Overpayment Applied to Next Year . . . . .				
Refund . . . . .				
Balance Due . . . . .			1,396	1,396
Marginal tax rate . . . . .			3.070000	3.070000
Effective tax rate . . . . .			3.070000	3.070000