HOME IMPROVEMENT GRANT AGREEMENT

THIS AGREEMENT, made on October 21 2008 by and between Shujaat Ali and Moghda Sarwari (hereinafter "OWNER"), and the VILLAGE OF SKOKIE, (hereinafter "VILLAGE") an Illinois municipal corporation located at 5127 Oakton Street, Skokie, Illinois. The VILLAGE and OWNER shall jointly be referred to as "Parties".

2831552215

Doc#: 0831550019 Fee: \$68.00 Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 11/10/2008 09:41 AM Pg: 1 of 17

WITNESSETH:

WHT IS, the VILLAGE operates a Housing Improvements Program (hereinafter "Program") to financially assist low and moderate income Skokie homeowners with various home repairs in order to maintain the quality of their homes and reduce home energy consumption; and

WHEREAS, eligible home improvements for the Program include, but is not limited to, improvements which are visible to the public, improve the neighborhood, and are life/safety issues such as correcting basement flooding, most weatherization work, roor repairs or replacement, tuckpointing, exterior painting, furnace repair or replacement and major structural repairs; and

WHEREAS, normal home maintenance such as interior painting, carpeting, or kitchen remodeling or other decorating projects are not eligible home improvements under the Program; and

WHEREAS, OWNER of the property of mmonly known as 8020 B Kilpatrick in Skokie, Illinois of which legal description is attached hereto, marked exhibit "1", submitted an application to the VILLAGE requesting to participate in the Program, a copy of which is attached hereto marked Exhibit "2" and hereby made a part of this AGREEMENT; and

WHEREAS, the VILLAGE caused an inspection of the subject premises to verify the need for the requested work and provided the OWNER with an inspection report, a cory of which is attached hereto, marked Exhibit "3" and hereby made a part of this AGREEMENT; and

WHEREAS, the subject premises is a residential property imployed with either a single-family home, condominium, townhouse, two-flat or cooperative located within the VILLAGE, and

WHEREAS, the VILLAGE has reviewed the aforesaid application and has determined that the OWNER's participation in the Program is in the VILLAGE'S best interest and is in accordance with the objectives of the Program:

NOW, **THEREFORE**, in consideration of the premises set forth above, and the mutual agreements hereinafter set forth below, it is hereby agreed:

- 1. Representations. The representations set forth in the foregoing recitals are material to this AGREEMENT and are hereby incorporated into and made part of this AGREEMENT as though they were fully set forth in their entirety in this Section 1.
- Definitions. As used in this AGREEMENT, the following definitions shall apply:
 Inspection Report: A document prepared on behalf of the VILLAGE based on an examination of the Subject Premises which specifies home improvement work which is eligible for a Grant under the Program.

Project: All of the home improvement work covered under the Grant from the VILLAGE.

Subject Premises: The property is commonly known as 8020 B Kilpatrick in Skokie, Illinois which is the **OWNER's** principal residence.

Work: The undertaking of labor by a contractor approved by the **VILLAGE** to accomplish the home improvements specified in Exhibit "3".

3. <u>Issuance of Grant</u>. Pursuant to **OWNER**'s participation in the Program, the **VILLAGE** agrees to provide **OWNER** with a grant in an amount not to exceed EIGHT THOUSAND AND NO/100 DOLLARS (\$8,000)

("Grant") to pay for materials and contractor's fees for the Project and related Work.

- 4. <u>Documentation</u>. **OWNER** represents that he or she is the legal title holder to Subject Premises. In further proof thereof **OWNER** has submitted to the **VILLAGE**:
 - a. Title policy or Letter of Opinion from Chicago Title and Trust Company; or
 - b. Torrens Certificate; or
 - c. if legal title is in a Trust, a letter of direction and certification as to the current beneficiary under such Trust Agreement. A copy of the submitted document(s) is/are attached hereto, marked Exhibit "4", collectively, and hereby made a part of this **AGREEMENT**.
- 5. <u>Financial Eligibility.</u> **OWNER** represents to the **VILLAGE** that **OWNER**'s total annual household income does not exceed the very low income limits established by the Federal Government as specified in Exhibit "5" attached hereto and hereby made a part of this **AGREEMENT**. In further proof thereof **OWNER** has submitted the following documents to the **VILLAGE**:
 - a. OW: ER's . Federal Income Tax Return Form 1040 Years 2006, 2007.
- 6. Homeowne's Fleoresentation. The Grant shall be issued to OWNER by the VILLAGE'S reliance upon all information provided by the OWNER and all representations, exhibits, data and other materials submitted with and in support of CWNER's participation in the Program. Any misinformation or withholding of material information incident thereto shall, at the option of the VILLAGE, give rise to the VILLAGE'S right to terminate this AGREEMENT.
- 7. <u>Priority of Improvements</u>. The work to be performed shall be conducted in the following priority, subject to the approval of the **VILLAGE**:
 - a. Work required to correct existing code violations;
 - b. Exterior home improvements;
 - c. All other home improvements.
- 8. Permits. OWNER is responsible for securing and paying for all necessary licenses and permits.
- 9. <u>Multiple Bids.</u> **OWNER** agrees to obtain at least three (3) oids from qualified contractors for each project and work item. **OWNER** shall be required to utilize the Contractor, who has submitted the lowest bid, unless otherwise approved by the **VILLAGE**.
- No Prior Agreements. OWNER has represented to the VILLAGE that no prior agreements have been
 entered into between the owner and any contractor for the project and work to be performed under this
 AGREEMENT.
- 11. <u>Contracts</u>. **OWNER** must provide the **VILLAGE** with a copy of any and all contracts for the Project and Work to be completed. The contracts must be approved in writing by the **VILLAGE**. No modifications may be made to Village approved contracts without the prior written consent of the **VILLAGE**.
- 12. <u>Completion of Work</u>. Upon completion of the Project and Work, **OWNER** shall deliver to the **VLLAGE** a contractor's waiver of lien and a certificate executed by the contractor or subcontractor, stating that the Project and Work is final and complete and is in compliance with all applicable federal, state and local laws, rules and regulations.
- 13. Payment to Contractors. The Parties agree that payments to the contractors shall not occur until the VILLAGE has inspected the completed Project and Work and provides the OWNER with written approval for payment.
- 14. <u>Additional Documents</u>. **OWNER** shall supply the **VILLAGE** with such other materials, documents and papers which the **VILLAGE** may require, from time to time.

15. <u>Homeowner Sale of Subject Property</u>. If the **OWNER** sells the Subject Premises or any interest in it is sold or transferred, within 15 years after receipt of grant funds **OWNER** expressly agrees to pay the **VILLAGE** back for the entire Grant or a portion thereof based on the following schedule:

YEAR FROM RECEIPT OF GRANT FUNDS	PERCENTAGE OF GRANT OWED VILLAGE	
0-5	100%	
6	50%	
7	45%	
8	40%	
9	35%	
10	30%	
11	25%	
12		
13	15%	
14	10%	
15	5%	

- 16. <u>Termination</u>. This Agreement may be terminated at the ViLLAGE'S option by written notice to the **OWNER** upon the occurrence of any one or more of the following events:
 - a. Construction of the Project has not commenced within ninety (90) days of the date of this AGREEMENT.
 - b. If any statement or representation made by OWNER in its application to the VILLAGE shall prove untrue in any material respect, or if the OWNER shall have withheid any material information incident thereto.

Delay in the exercise of the VILLAGE'S right to terminate shall not be construed as a wai 'er of any such right to terminate with regard to the occurrence of any specific event referred to above, and the VILL AGIT'S failure to act as to any such event shall not be construed as a waiver of its rights with respect to any subsequent event of default.

- 17. The Village Not a Joint Venturer. The VILLAGE by executing this AGREEMENT or any action taken pursuant hereto or contemplated hereby shall not be deemed to be a partner or joint venture with OWNER or Contractor or any other parties. OWNER indemnifies and holds the VILLAGE harmless from any and all liabilities, damages, claims, demands, costs and expenses resulting from such a construction of the Parties and their relationship. Any inspection of the Subject Premises or any analysis of the Project made by the VILLAGE is intended solely for the benefit of the VILLAGE and shall not be deemed to create or form the basis of any warranty, representation, covenant, implied promise or liability to the OWNER or its employees or agents, any guest or invitee upon the Subject Premises or any other person.
- 18. <u>Indemnification</u>. The OWNER hereby agrees and covenants to forever hold harmless and indemnify the VILLAGE its officers, employees and agents, and to save them from and indemnify for all costs, claims, suits, demands, and actions arising during the term of this AGREEMENT directly or indirectly from or

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because of or in any way connected with this **AGREEMENT** that may be made by **OWNER**, its guests, invitees, or any other person, firm, corporation or organization, for property damage or injury. The provisions of this **Section 18** shall survive the expiration or termination of this **AGREEMENT**.

- 19. Recording of AGREEMENT. A copy of this AGREEMENT shall be recorded against the Subject Premises at the office of the Cook County Recorder of Deeds.
- 20. <u>Multiple Homeowners</u>. If more than one person has an ownership in the Subject Premises, each person is fully and personally obligated to keep all of the promises made in this **AGREEMENT**, including the promise to pay the full amount owed.
- 21. Notices. All notices required or to be given pursuant hereto shall be in writing and either delivered personally or by a nationally recognized "over-night" courier service or mailed by United States certified or registered mail, postage prepaid, addressed to Seller and Purchaser as follows:

If to VILLAGE:

Village of Skokie

5127 Oakton Street Attn: Village Clerk

Skokie, II 60077

With copies to:

Village Manager 5127 Oakton Street Skokie, IL 60077

Corporation Counsel 5127 Oakton Street Skykie, IL 60077

If to OWNER:

Shujaat All Moghda Sarwan 8020 B Klipatrick Skokie IL 60076

Notices shall be deemed effective and properly delivered and received when and if either;

- a. personally delivered;
- b. delivered by Federal Express or other overnight courier; or
- c. deposited in the U.S. Mail, by registered or certified mail, return receipt requested, postage prepaid. Either Party may change the names and addresses of the persons to whom notices or copies hereof shall be delivered, by written notice to the VILLAGE or OWNER or Seller, as the case may be, in the manner herein provided for the service of notice.
 - 22. Entire Binding Understanding: No Oral Modification. All prior understandings and agreements between the Parties are merged into this AGREEMENT.
 - 23. Performance. Time is of the essence in this AGREEMENT.
 - 24. <u>Severability</u>. Each provision of this **AGREEMENT** is severable from all other provisions of this **AGREEMENT** and, if one or more of the provisions of this **AGREEMENT** shall be declared invalid, the remaining provisions of this **AGREEMENT** shall nevertheless remain in full force and effect.
 - 25. <u>Headings</u>. The headings or titles of the Sections or Paragraphs in this **AGREEMENT** are for convenience only, are not a part of this **AGREEMENT**, and shall not be used as an aid in the construction of any provisions hereof.

26. Due Authority. Each Party signing this AGREEMENT represents and warrants that they have full right and authority to enter into and perform this AGREEMENT in accordance with the terms hereof.

VILLAGE OF SKOKIE,

OWNER,

art J. Bigoni Village Manager

OFFICIAL SEAL BERNICE CHAN NOTARY PUBLIC, ST. TF OF ILLINOIS MY COMMISSION FX 4RTS 8-22-2011

Subscribed and sworn to before me

24 day of Oct. , 2008

Exhibit 1

ability Company
CHICAGO, IL 60607

TRACT INDEX SEARCH

Order No.: 1404 S9646430

Additional Tax Numbers:

Legal Description:

UNIT "B" AS DELP CATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE;

LOT 23, 24 AND LOT 25 IN BLAMEUSER'S OAKTON CICERO "L" SUBDIVISION IN THE SOUTH EAST 1/4 OF SECTION 22, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS,

WHICH SURVEY IS ATTACHED AS ARTICLE 4 TO THE DECLARATION OF CONDOMINIUM FILED AS DOCUMENT LR 2973537 TOGETHER WITH IT UNDIVIDED PERCENTAGE INTEREST IN THE COMMON TOO COUNTY CONTINUES OF THE COUNTY CO ELEMENTS, IN COOK COUNTY ILLINIOS



UNOFFICIAL COPY Exhibit 2

HOME IMPROVEMENTS PROGRAM APPLICATION

SECTION 1 — Applicant Information /					
Name MOSHDA SARWARI SHUJANT Ali					
	IL 60076				
Home Phone 773 - 344 - 6370 Work Telephone 773 - 76	1-7745				
Unit Type: 🗆 Single-family Detached Townhouse 🖾 Condominium/Cooper	ative Two-flat				
Occupancy: Cvvp & Occupy Unit Rent & Occupy Unit Do Not Occupy Unit	ccupy Unit				
Number of Persons in the Household 5 / Household Income					
SECTION 2 - Forms to be submitted a section of the submitted as the section of th	非过热。杂角				
This application cannot be processed until all of the documents and information listed below are provided. Since all applications will be processed on a first-come first-serve basis, it is extremely important that the applicant provide the documents and information as quickly as possible.					
Federal Income Tax Form 1040/1040A for all persons over 17 years old who contributed to the household income for the last two years with all forms and schedules.	Yes □ No				
Village Inspection Report	☐ Yes ☐ No				
Three bids from contractors for improvement work specified in the inspection report	□ Yes 💆 No				
Proof of home ownership	Æ Yes □ No				
Amount of grant of loan request	\$				
SECTION 3—Statement of Applicant Understanding.					
As an applicant for the Village of Skokie Home Improvement Program, I understand that:					
The Village will give me a maximum grant amount of \$8,000 to complete eligible home improvement work if I am certified as a very low-income applicant and funds are available	e. Initials: SH				
Approval of my application by the Village as a low-income applicant does not assure that will be eligible for a loan from a lending institution participating in the program.	1 Initials: <u>S</u> ₩				
The Village will only subsidize the interest rate on a home improvement loan made to me by a local lending institution participating in this program and that I am totally responsible, as the applicant, for repaying the loan to the lending institution. The Village will not in anyway insure the repayment of my loan.	Initials: SH				
The Village will fully subsidize the interest on a four-year loan of up to \$8,000 if I am certified as a low-income participant.	Initials: SH				
It is my responsibility to hire a contractor to complete the improvement work for which the grant or loan is approved.	Initials: SH				

SECTION 3-St	atement of Applica	nt Understanding (Continued).	
I consent to and purpose of determine Village's inspection will be made by the consent of the purpose of the village of the consent of the co			
Will be made by t	TIC VINLIGE CO TO THE C	quality or adequacy of material or workmanship	Initials: S ⊬
The Village will in my responsibility performed by the	to determine the acc	guarantee any of the work performed and it is peptability of all material used and work	Initials: <u>S H</u>
The Village has roccurring as a re	no responsibility or lia sult of my participati	ability for damages or injury of any kind on in this program.	Initials: S H
SECTION 4= In	Zome Disclosure:		24.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Total household	income for the last to	ax year	\$
Total ADJUSTE	D GROSS INCOME	as listed in the applicant's Form 1040/1040A	\$
	nold member over	Name	Income
17 years old who household incom	o contributed to the ne last year.	Person A SHUY got All	\$ 27,878
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Person A SHUTGOT ALL Ferson B MOSHOA SARWAK	2 \$
		Person C	\$
		TOTAL	\$
SECTION 5'-Se	ource of Income an	l'Assets	
		# W	
For each person	listed in Section 4 (/	A, B, C), please provide the following information	n
For each person	listed in Section 4 (A, B, C), please provide the following information Person A Person B	Person C
For each person	listed in Section 4 (A	Person A Person B	Person C
For each person	Name of	Person A Person B SELF Employed. Jewelert R 2523-wost Devenion J	Person C
	Name of company Address of company, city,	Person A Person B	Person C
	Name of company Address of company, city, state, zip code	Person A Person B SELF Employed. Jewelert R 2523-wost Devenion J	Person C
Employment Public Assistance	Name of company Address of company, city, state, zip code Telephone Public Aid case	Person A Person B SELF Employed. Jewelert R 2523-wost Devenion J	Person C
Employment	Name of company Address of company, city, state, zip code Telephone Public Aid case number Caseworker	Person A Person B SELF Employed. Jewelert R 2523-wost Devenion J	Person C
Employment Public Assistance (ADC, General Assistance,	Name of company Address of company, city, state, zip code Telephone Public Aid case number Caseworker name Address of office, city, state, zip	Person A Person B SELF Employed. Jewelert R 2523-wost Devenion J	Person C
Employment Public Assistance (ADC, General Assistance,	Name of company Address of company, city, state, zip code Telephone Public Aid case number Caseworker name Address of office, city, state, zip code	Person A Person B SELF Employed. Jewelert R 2523-wost Devenion J	Person C

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SECTION 5=Source of Income and Assets (Continued) Person A Person B Person C Name of company Pension Address of office, city, state, zip code Source -Other Income Address of office, Not Covered city, state, zip Above code Telephone Name of bank Account number Bank Account Present balance \$ \$ \$ Annual interest % % rate Name of bank Account number Bank Account Present balance \$ \$ % Annual interest % % rate Name of bank Account number Bank Account Present balance \$ \$ \$ Annual interest % % rate Name of security Stocks, Bonds, Present value or Other Securities Annual dividend \$ \$ or interest paid Name of security Stocks, Bonds, Present value or Other Securities Annual dividend \$ or interest paid Name of security Stocks, Bonds, Present value or Other Securities Annual dividend \$ \$ \$ or interest paid ☐ Yes □ No ☐ Yes □ No ☐ Yes □ No Do you own any interest in any real estate other than your home? Percent interest % Percent interest Percent interest

#177887 v1 - Home Improvements Program Application

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SECTION 6 - Affidavit of Income and Signature (Notary Required)
I (We) hereby state that I have read, understand and consent to all of the above conditions and that the information provided is true, complete, and correct to the best of my knowledge and that I have not knowingly made any false statements concerning this application.
I (We) authorize the Village of Skokie to check all of the above information, including financial information and references.
I (We), SHU JOAT AL: MOSHDA SARWARI, being duly sworn, on oath, deposes and
states that my (our) total gross household income for the last tax year was \$ 27,878 - , and that
my (our) total income for this year will not exceed \$ 3385.5 / based on a current monthly
income of \$
1h
Subscribed and swom before me this day of 20 08
agh. I
Person A's Signature
Manhales
Person B's Signature
Person C's Signature
OFFICIAL SEAL KISHOR N DARJI NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/10/11 NOTARY PUBLIC
· S

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Exhibit 3

10/2 E200 F SK	/08, 15:27:40 KIE			CASE HISTORY REPORT CASE NUMBER 08-00001712	REPORT 00001712			PAGE 1	
CASE TYPE	 	1 6 6 1 1 1 1 1 1 1 1) 	DATE ESTABLISHED	STATUS	SO:	STATUS DATE	DATE	
Property Index Number ADDRESS	Number		INSPECTOR		NAME		TENANT NBR	1	
GRANT-LOAN PROGRAM	GRAM		/6	9/25/08	ACTIVE	IVE			
10-22-326-041-1003 8020 B KILPATRICK AVE SKOKIE	IOK AVE ICK AVE	i 1L 60076	VERNON NASH						
CASE DATA: CI DAY CIT DAY CIT CIT CAT CAT CAT CAT CAT CAT CAT CAT CAT CA	TATION NUM TE/TIME OF TE/TIME OF TE/TIME OF TATION NUM TE/TIME OF PE OF USE. ANT OR LOA	CITATION NUMBER #1. DATE/TIME OF VIOLATION #1 CITATION NUMBER #2. CITATION NUMBER #2. CITATION NUMBER #3. DATE/TIME OF VIOLATION #3 TYPE OF USE. GRANT OR LOAN					TO CONTY	\(\)	
NARRATIVE: do	do complete hip in looking to replace	do complete hip inspection looking to replace	check c	ondition of windows	9/30/08 9/30/08) -		
NOTICE NAMES:	M. SURWARI /	I / S. ALI	OWNER			0			
HISTORY:	SCHEDULED	ACTION		STATUS	RESULTED	INSPECTOR		TIME	
	80/08/6	INSPECTION RQST TEXT: 10:00	10:00	COMPLETED	80/08/6	VERNON NASH	ASH 9/25/08	.30	
		REINSPECTION	1 ONE LETTER	PENDING	0		TOTAL TIME:	0.	
VIOLATIONS:	DATE 9/30/08	DESCRIPTION 304.13 LOCATION: NARRATIVE:	REPLACE ALL WINDOWS	QTY 1 ON HO	Α.	STATUS ACTIVE 10/07/	ACTIVE 10/07/08	RESOLVED	
	80/06/6	304.15	NOTE: WINDOWS DON'T NOT AIR TIGHT,	CLOSE PROPERTY 1 DOORE	AND ARE	10/07/ 10/07/ ACTIVE	10/07/08 10/07/08 ACTIVE		
	9/30/08	LOCATION: NARRATIVE: 304.1	REPLACE BOTH DOUBLE	DOORS OF FOME.	ON FOME. GE TERAL EXTERIOR	10/07/0 ACTIVE	10/07/08 ACTIVE		
	9/30/08		REPLACE ALL LOOSE SI	SIPING WHERE NEEDED REPORT	WHERE NEEDED. ROOFS AND DRAINAGE	10/07/08 ACTIVE	7/08 VE		
		LOCATION: NARRATIVE:	INSTALL ELBOWS CALSOUTHWEST CORNE'S O	TH DOWNSPOUT HOME.	O. HOME.		10/07/08 10/07/08	ş	

09/29/2008 12:54 FAX 3122233428 OFFICIAL COPY Exhibit 4

A

A California Limited Liability Company
400 S JEFFERSON, CHICAGO, IL 60607

(312) 683-8205

TRACT INDEX SEARCH

VILLAGE OF SKOKIE

5127 OAKTON

SKOKIE, ILLINOIS 60077

ATTN: TERRY OLINE

Order No.: 1404 S9646430 ss

Cover Date: AUGUST 16, 2008

Ref. RE: 8020 KILPATRICK UNIT B

CJH/JW

Legal Description of Land Searched: (See Attached)

Permanent Tax Number (P.I.N.):

10-22-326-041-1002

Street Address of Land Search (as furnished by Applicant):

8020 KILPATRICK UNIT B

SKOKIE, ILLINOIS

Grantee(s) in last recorded conveyance:

MOGHDA SARWARI AND SHUJAA ALI (HUSBAND & WIFE)

In accordance with the application, a search of tract indices discloses the following items.

DOCUMENT/CASE NO.:

0510221173

GRANTOR:

ARTURO DIAZ (NOD)

GRANTEE:

MOGHDA SARWARI & CYUJAAT ALI (HUS & WF)

INSTRUMENT:

WARRANTY DEED

DATE:

3-31-05

RECORDED:

4-12-05

REMARKS:

TENANTS BY THE ENTIRETY

DOCUMENT/CASE NO.:

0711755081

GRANTOR:

MOGHDA SARWARI & SHUJAAT ALI (HJS & WF)

GRANTEE:

PROVIDENT FUNDING GROUP, INC. (LEIDFP); MORTGAGE

ELECTRONIC REGISTRATION SYSTEMS, INC. (NOMINEE)

INSTRUMENT:

MORTGAGE

DATE:

4-3-07

RECORDED:

4-27-07

REMARKS:

\$313,500.00

FY 2008 Income Limits Documentation System -- Summary for Cook County, Illinois

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Exhibit 5

FY 2008 Income Limits Documentation System

FY 2008 Income Limits Summary

			Č	Cook County, Illinois	, Illinois		7			
FY 2008 Income Limit Area	Median	FY 2008 Income Limit Category	1 Person	2 Person	3 Person	4 Person	Ferson	6 Person	7 Person	8 Person
		Very Low (50%) Income Limits	\$26,400	\$26,400 \$30,150 \$33,950 \$37.700 \$40,700 \$43,750 \$46,750 \$49,750	\$33,950	\$37.00	\$40,700	\$43,750	\$46,750	\$49,750
Cook County	\$71,600	Extremely Low (30%) Income Limits	\$15,850	\$18,100	\$18,100 \$20.250 \$22,600	\$22,600	\$24,450 \$26,250	\$26,250	\$28,050	\$29,850
		Low (80%) Income Limits	\$42,200		\$48,250 \$14,250 \$60,300 \$65,100 \$69,950 \$74,750 \$79,600	\$60,300	\$65,100	\$69,950	\$74,750	\$79,600

NOTE: Cook County is part of the **Chicago-Naperville-Joliet, IL HUD Medro FMR Area**. The **Chicago-Naperville-Joliet, iL HUD Metro FMR Area** contains the following areas: Cook County, IL; DuPage County, IL; Nane County, IL; Lake County, IL; McHenry County, IL; DuPage County

Income Limit areas are based on FY 2008 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2008 Fair Market Pen documentation system.

Select a different county or county equivaler to

Adams County
Alexander County
Bond County
Boone County
Brown County
Brown County

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6 A # A	Department of the Treasury — Internal Revenue Service	urn 2007		D	or staple in this space.
Torm 1040	U.S. Individual Income Tax Ret				B No 1545-0074
	For the year Jan 1 - Dec 31, 2007, or other tax year beginning	, 2007. end:	ng , 20		security number
_abel	Your first name		•	231-55	-6343
See instructions.)	SHUJAAT AL:				ocial security number
Jse the	If a joint return, spouse's manne			231-79	
RS label.		RWARI	Apartment no		must enter your
Otherwise, please print	Home address (number and street). If you have a P.O. box, see in	S. Hictoris.		, so	ocial security
or type.	8020 N KILPATRICK	Loop	B State ZIP code		nber(s) above.
	City, lown or post office, If you have a foreign address, see instruc-	anons		Checking a	box below will not it tax or refund.
Presidential	SKOKIE		IL 60076		X Spouse
Election Campaign	Check here if you, or your spouse if filing jointly, want \$3 t	o go to this fund? (see in	structions)		
	1 Single	4	Head of household (with instructions.) If the qua	h qualifying per	son). (See : a child
Filing Status	2 X Married filing jointly (even if only one had incom-	e)	but not your dependent	enter this chile	d's
	3 Married filing separately. Enter spouse's SSN abo		name here		
Check only one box.	Balino 1976 .	5	Qualifying widow(er) with de	pendent child (see	nstructions)
	Files (CC)	a dependent, do no	t check box ба	Box	res checked Sa and 6b
Exemptions	F-71	,		No.	of children
	U EL Spouse	(2) Dependent's	(3) Dependent's	(4)	6c wha: ived
	c Dependents:	social security	relationship to you	child for child with	h you <u>3</u>
	(1) First name	Humber	lo you		did not : with you
	(1) 11131 114116	225-81-0748	Son	ੁ ਜ਼ਿਸ਼ du∉	e to divorce separation
	EHTASHAAM ALI	231-81-4518		[Y] (so	e instrs)
	WAJAHAT ALI	354-02-1810		v on	pendents 6c not
If more than four dependents	ZEESHAN ALI	354-02-1610	3011		d numbers
see instructions		F	<u> </u>		lines
	d Total number of exemptions claimed			7	11,060.
	7 Wages, salaries, tips, etc. Attach Form(s)	W-2		8a	
Income	8a Taxable interest. Attach Schedule B if req	uirea	86		
	b Tax-exempt interest. Do not include on lir 9a Ordinary dividends. Attach Schedule B if r	regured		9a	
Attach Form(s)	b Qualified dividends (see instrs)	сцыгец ;	9 b		*
W-2 here. Also attach Forms	10 Taxable refunds, credits, or offsets of state and local	income taxes (see institut	ctions)	10	
W-2G and 1099-R	as all-required			11	
if tax was withheld	12 Business income or (loss). Attach Schedu	ile C or C-EZ		12	18,097.
if you did not	13 Capital pain or (loss). Att Sch D if read, If not read,	ck here		13	
gel a W-2, see instructions.	14 Other gains or (losses). Attach Form 4797	7		14	
	15 a IRA distributions	, b T	axable amount (see ins	ITS) IDU	
	16 a Pensions and annuities 16 a	b \	Taxable amount (secons	E 17	
	17 Rental real estate, royalties, partnerships	, S corporations, tru	Sts, etc. Attach Schedu	132	
Enclose, but do	18 Farm income or (loss). Attach Schedule F			79	
not attach, any payment. Also,	19 Unemployment compensation	Ь	Taxable amount (see ins	strs)	
please use	20 a Social security benefits			21 1)
Form 1040-V.	21 Other income22 Add the amounts in the far right column f	or lines 7 through 21	. This is your total inco	ome. ► 22	29,157.
	23 Educator expenses (see instructions)		23		
Adjusted	24 Cortain business expenses of reservists performing	artists, and fee-basis			
Gross	government officials. Attach Form 2106 or 2106-EZ	and a second second second	24		
Income	25 Health savings account deduction. Attach	1 101111 0003	26		
	26 Moving expenses. Attach Form 390327 One-half of self-employment tax. Attach	Schedule SF		279.	
	- A CER CHARLE and molific	ed olans			
	the state of the s				
	1 11 6				
			. 31 a		
	32 IRA deduction (see instructions)		32		
	33 Student loan interest deduction (see inst	ructions)	33		
	34 Tuition and fees deduction. Attach Form	8917	34		
	35 Domestic production activities deduction. Attach Fo	rm 8903	35	120	1,279.
	36 Add lines 23 - 31a and 32 - 35			36 ▶ 37	27,878.
	37 Subtract line 36 from line 22. This is you	r adjusted gross inc	come		Earm 1040 (2007

0831550019 Page: 15 of 17

Tax and 38	Form 1040 (2007)	SHUJAAT ALI & MOGHDA SARWARI 2	231-55-6343 Page 2
Sample			38 27,878.
Description	Credits		
Desturction Formation Fo			ī
Fourth F		b it your spouse remizes on a separate return, or you were a distribution (see left margin)	40 20.068.
Peergip winchested any Dust The Case is \$17,2,000 or less, must ply, \$3,400 by the total number of exemptions of amount on line \$6.1 fine \$8 is seed \$117,300. See the instructions. 42		40 Itemized deductions (from schedule A) or your standard deduction (see let margin)	
2			7,820.
an Inter 389 or 1990 or with crast 1990 or with crast 3	checked any box	42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions	17 000
Lie claimed as a concended: as a Line 41 artis the line 41 art	on line 39a or	claimed on line 6d. If line 38 is over \$117,300, see the instructions	42 17,0001
4 Tax (see instrs). Check if any tax is from: a Form (5) 8814 b Form 4972 d4 0 0 0 0 0 0 0 0 0		43 Taxable Income. Subtract time 42 from time 41. If time 42 is more than line 41 enter -0.	43 0.
Maintenance All others Al		44. Tay (coo instre). Check if any tay is from: a Form(s) 8814 b Form 4972	
All others. Single or Married filing separated years. All of fines 44 and 45. All direct 44 and 45. All dir		c Form(c) 8889	144 0.
Single or Married 46	- 411 N		
Single of Marree High generated 47 Cod is to chilo in 2 depreted care expense. Attach Schedule R 48 49 49 49 49 49 49 49	All others:	45 Alternative minimum tax (see instructions). Attach Form 6251	·
47 Cert for child and dependent care separate. Abore Name 241 47 48	Single or Married		40 0.
Married filing Marr	filing separately,		_
Second S	\$5,350	48 Cr. dit for the elderly or the disabled. Attach Schedule R 48	_
Second S	Married filing		_ '
Cualifying Vision Foreign Sc. Cled A. Altach Form 1116 of required 51 Vision 51 Vision 52 Cled to credit (sep. Israntens), Altach Form 880 firequired 52 Vision			
Signature Sign			1
Head of household, 53 Reterement savings inhorizourions credit. Attach Form 8890 53 53 54 54 55 55 55 55			-
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Section Sect	\$7,850	55 Other credits: a 3800 b 8801 c Form 55	
Society Soci			56 0.
Section Sec			
Other Taxes 59 Inreported social security and Medicars tax income Form 4137 b Form 4137 b 59 60 Additional tax on IRAS, other quainfed retirement plaise etc. Attach Form 3329 if required 60 61 Advance earned income credit payments in rim Form(s) W-2, box 9 61 62 Household employment taxes. Attach Schedule H 62 63 Add lines 57-57. This is your fold lax 63 2,557 Payments 64 Federal income iax withheld from Forms W-2 and 1909 64 242 65 207 estimated lax payments and amount applied from 200s return 65 66 Earned income credit (EIC) 66 2,508 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67 68 Additional child tax credit. Attach Form 8812 68 2,419 69 Another plan with required for applied from 200s return 69 70 Payments from: a Form 2439 b Form 4136 c Form 8885 70 71 Retrudable credit for prior year minimum tax from Form 8801, line 27 71 72 Add more 46, 46, 56, 8a, and 57 house) 77 73 Filling 64, 65, 58, 8a, and 57 house) 77 74 Amount of line 73 you want retunded to you. If Form 8888 is attached, check here 72 74 75 Amount of line 73 you want applied to your 2008 estimated tax 75 76 Amount you over. Subtact has 7 from line 63, from line 72. This is the amount you over. Subtact has 7 from 1888 17 75 Amount of line 73 you want applied to your 2008 estimated tax 75 76 Amount you over. Subtact has 7 from line 63, from line 63, from line 64, from line 64, from line 65, from line 65, from line 66, from line 67, from 8888 is an attached, check here 76 76 Amount you over. Subtact has 7 from line 63, from line 67, for deals on hew to pay, see instructions 76 77 Amount of line 73 you want applied to your 2008 estimated tax 77 78 Form 8888 78 hours you want you over. Subtact has 9 from 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 18			
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Refund Payments Form 2819 Form 4136 Form 413	Taxes	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 in required	
Figure 1 Figure 2		61 Advance earned income credit payments from Form(s) W-2, box 9	. 61
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Figure Appendix Schedule ElC. 66 a Earned income credit (ELC) 66 b 66 a Earned income credit (ELC) 66 b 66 a Earned income credit (ELC) 66 b 67 68 a Earned income credit (ELC) 66 b 68 2 , 419 68 Additional child tax credit. Attach Form 8812 68 68 2 , 419 69 69 69 69 69 69 69	Dayments	64 Federal income tax withheld from Forms W-2 and 1009 64 242	
15 you have a goulifying child, attach 5chedule EIC 5chedule		65 2007 estimated tax payments and amount applied from 2006 return	
b Nontaxable combat pay election 66b 67	If you have a L		•
Schedule EIC. 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 68 Additional child tax credit. Attach Form 8812 68 2 , 419 69 Additional child tax credit. Attach Form 8812 68 2 , 419 70 70 70 70 70 70 70 7	qualifying child attach [
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Refund Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888. Amount You Owe Third Party Designee Sign Here Here Joint return? See instructions Reep a copy for your records. Paid Preparer's Spouse's signature. If a joint return, both must sign. Paid Preparer's Use Only All I MALHOTRA & CO LTD Type Check it self-employed Tile Again Sponse in your total payments. 72 5, 169 72 5, 169 72 5, 169 73 2, 612 73 2, 612 74a Amount of line 73 you want retunded to you. If Form 8888 is attached, check here Type: Checking Savings To Type: Chec			
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Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888. Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 1/2a 2,612		72 Add lines 64, 65, 66a, and 67 inrough 71. These are your total payments	72 5,169.
Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888. Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 1/2a 2,612	Defund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73 2,612.
See instructions and fill in 74b, 74c, and 74d or Form 888. **Designee** Sign Here Joint return? See instructions Keep a copy for your records. **Designeur's Use Only **Preparer's Use Only **Preparer's Use Only **Designeur in the image of the ima			1 /43 2,612.
and fill in 74b, 74c, and 74b or Form 8888. Amount 75 Amount of line 73 you want applied to your 2008 estimated tax	Direct deposit?		
74c, and 74d or Form 8888. 75 Amount of line 73 you want applied to your 2008 estimated tax	and fill in 74b.	5 Hours of the second of the s	
Amount You Owe 76 Amount you pay. Subtract line 72 from line 63. For details on how to pay, see instructions 77 Estimated tax penalty (see instructions) 77 Do you want to allow another person to discuss this return with the IRS (see instructions)? Phone Personal identification name Phone Personal identification number (PIN) Personal identification number (PIN) Phone no. Personal identification number (PIN) Phone no. Personal identification number (PIN) Phone Personal identification number (PIN) Phone no. Personal identification number (PIN) Phone no.	74c, and 74d or	<u> </u>	1 70
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Sign Here Joint return? See instructions. Where Joint return? See instructions. Where Joint return? See instructions. Where Joint return and accompanying schedules and statements, and to the best of my knowledge and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Date Your occupation Preparer's Signalure Preparer's signalure Firm's name (or yours if self-employed). Firm's name		70 Tanoan of the 70 june 1971	76
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Phone Personal identification number (PIN) Versonal identification number (PIN) Personal identification number (PIN) Versonal identification n		· · · · · · · · · · · · · · · · · · ·	76
Third Party Designee Designee's name Phone no. Personal identification number (PIN)	You Owe	77 Estimated tax penalty (see instructions)	
Designee Designee Designee Designee Designee's name Sign 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 Your signature Your signature. His joint return, both must sign. Date Preparer's Spouse's signature. His joint return, both must sign. Date Preparer's signature Preparer's signature Firm's name (or yours if self-employed) Signature Firm's name (or yours if self-employed) Self-employed) SKOKIE IL 60076 Phone no.	Third Dorty	Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Co	
Sign Here Joint return? See instructions. Keep a copy for your records. Preparer's Use Only Preparer's Use Only 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. Pour occupation Date Your occupation Date Preparer's Spouse's signature. If a joint return, both must sign. Date Preparer's signature Preparer's signature Firm's name (or yours if self-employed) Self-employed Self-employed) Self-employed Self-emp		Designee's Phone	
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Keep a copy for your records. Paid Preparer's Signalure Preparer's SSN or PTIN Preparer's			
Preparer's signature Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's SSN or PTIN Prepar	See instructions.	Specific executive the point return both must sign. Date Specific secondary	
Preparer's signature Preparer's signature Preparer's SNN or PTIN Preparer's		Spouse's signature. It a joint retorn, both most sign.	
Paid Preparer's Use Only Preparer's Use Only Preparer's Use Only Preparer's Signature ANIL MALHOTRA & CO LTD 4217 MAIN ST. EIN 36-4085603 SKOKIE IL 60076 Phone no.	for your records.	P	Propagata SENI or PTINI
Preparer's Use Only Check it self-employed FUDITAGE FUDITAG		Propager's	¬ '
Preparer's Use Only Use Only Self-employed address, and ZIP code SKOKIE IL 60076 Phone no.	Paid		J PUU114864
Use Only Self-employed address, and ZIP code SKOKIE IL 60076 Phone no.			
address, and ZIP code SKOKIE IL 60076 Phone no.		for yours if	36-4085603
21 0000 0300772		address, and	no.
			Form 1040 (2007)

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1040	Department of the Treasury Internal Revenue Service 11 S. Individual Income Tax Return 2006 (99) IRS Use		Ole as should be the accord
Form 1040	O.S. IIIdividadi iiiooiii	Only - Do not wi	ite or staple in this space. OMB No. 1545-0074
i	For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20	Yourso	cial security number
Label	TOUTHEST HATTE		•
(See instructions.)	SHUJAAT ALI		55-6343 's social security number
Use the	If a joint return, spouse's first name MI Last name		•
IRS label.	MOGHDA SARWARI		79-3512 ou must enter your
Otherwise,	Home address (number and street). If you have a P.O. box, see instructions. Apartment	10. Y (social security
please print or type.	8020 N KILPATRICK B	🛦 🛚	number(s) above.
-,	City, town or post office. If you have a foreign address, see instructions. State ZIP code	Checkir	ng a box below will not
Presidential	SKOKIE IL 60076	change	your tax or refund.
Election Campaign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)	► 🗓 Yo	u X Spouse
E31: C4 4:	1 Single 4 Head of household (w	ith qualifying (person). (See
Filing Status	2 Aarried filing jointly (even if only one had income) instructions.) If the question but not your depender	alifying perso st. enter this c	n is a child hild's
	3 Married filing separately. Enter spouse's SSN above & full name here.		
Check only	name here > 5 Qualifying widow(er) with d	lependent child (s	ee instructions)
one box.	11000		Boxes checked
Exemptions	6a X Yourse'. It someone can claim you as a dependent, do not check box 6a	·····	on 6a and 6b 2 No. of children
	b X Spouse (2) Dependent's (3) Dependent's	(4) V if	an 6c who:
	c Dependents: (2) Dependent s social security relationship	qualifying	• lived with you
	number to you	child for child tax credit	• did not
	(1) First name East name	(see instrs)	live with you due to divorce
	EHTASHAAM ALI 225-81-0748 Son	X	or separation (see instrs)
	WAJAHAT ALI 231-81-4518 Son	<u> </u>	Dependents
If more than	ZEESHAN ALI 354-02-1810 Son	x	on 6c not entered above
four dependents, see instructions.	4		Add numbers
300 HISH BEHOLIS.	d Total number of exemptions claimed		on lines above ► 5
	7 Wages, salaries, tips, etc. Attach Form(s) W-2		19,750.
Income	8a Taxable interest. Attach Schedule B if required	8a	
	b Tax-exempt interest. Do not include on line 8a		
Attach Form/s)	9a Ordinary dividends. Attach Schedule B if required	9a	
Attach Form(s) W-2 here, Also	b Qualified dividends (see instrs)		
attach Forms	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
W-2G and 1099-R if tax was withheld.	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12_	9,203.
If you did not get a W-2,	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
see instructions.	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions		
	16a Pensions and annuities 16a b Taxable amount (see in		
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu	Jik E . 17_	1
Enclose, but do	18 Farm income or (loss). Attach Schedule F		
not attach, any payment. Also,	19 Unemployment compensation		
please use	20 a Social security benefits	21	(A)
Form 1040-V.	21 Other income22 Add the amounts in the far right column for lines 7 through 21. This is your total inc	ome 21	28,953.
		vine. LE	20,753.
Adjusted	25 A(CIC) Work deduction relationship and for basis		
Gross	24 Certain business expenses of reservists, performing artists, and ree-basis government officials. Attach Form 2106 or 2106-EZ		
Income	25 Health savings account deduction. Attach Form 8889 25		
meome	26 Moving expenses. Attach Form 3903		
	27 One-half of self-employment tax. Attach Schedule SE 27	650.	
	28 Self-employed SEP, SIMPLE, and qualified plans		
	29 Self-employed health insurance deduction (see instructions)		
	30 Penalty on early withdrawal of savings		}
	31 a Alimony paid b Recipient's SSN b		
	32 IRA deduction (see instructions)		
	33 Student loan interest deduction (see instructions)		
	34 Jury duty pay you gave to your employer		
	35 Domestic production activities deduction. Attach Form 8903		650
	36 Add lines 23 - 31a and 32 - 35		28,303
	37 Subtract line 36 from line 22. This is your adjusted gross income	3/	1 40,303

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Form 1040 (2006)	SHUJAAT ALI & MOGHDA SARWARI	23	1-55-	
	38 Amount from line 37 (adjusted gross income)		38	28,303.
Tax and	39a Check You were born before January 2, 1942, Blind. Total boxes	\prod		
Credits	if: Spouse was born before January 2, 1942. Blind. checked ▶ 39 a			
Standard	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39 to	\prod		
Deduction [v		40	19,524.
 People who 	41 Subtract line 40 from line 38		41	8,779.
checked any box	one one with the same displaced by Hygrigana Katrina san	٦		
on line 39a or 39b or who can	42 If line 38 is over \$112,875, or you provided housing to a person displaced by rulineale natural, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	[_	42	16,500.
be claimed as a	A2 Tayabla income Subtract line 42 from line 41	- 1	43	0.
dependent, see instructions.	If line 42 is more than line 41, enter -0-			
mistructions.	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972	· · · · ·	44	0.
All others:	45 Alternative minimum tax (see instructions). Attach Form 6251		45	
Single or Married	46 Add lines 44 and 45	▶	46	0.
filing separately,	47 Foreign tax credit. Attach Form 1116 if required		İ	
\$5,150	48 Crouit for child and dependent care expenses. Attach Form 2441		ļ	
Married filing	49 Creuit for the elderly or the disabled. Attach Schedule R 49		Ì	
jointly or	50 Education credits. Attach Form 8863		ļ	•
Qualifying	- 1 Attack Form 0000 F1			
widow(er), \$10,300	F2		-	
	JZ Residentia. 4 regy creats; readers of the second of the	0.		
Head of	55 Olimbitation of the control of th		-	
household, \$7,550	1 34 Clearly Holling 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		į	
Ψ7,1000	55 Other credits. Check applicable box(es): a Form 3800	ì	Ì	
	b 1000 C 110111)		56	0.
	56 Add lines 47 through 55. These are your total credits		57	0.
	57 Subtract line 56 from line 46. I line 56 is more than line 46, enter -0-	•••	58	1,300.
	58 Self-employment tax. Attach Schedule St		59	1,300.
Other	59 Social security and Medicare tax on tip income not imported to employer. Attach Form 4137		60	
Taxes	Additional tax on IRAs, other qualified retirement µ2, etc. Attach Form 5329 if required	4 4 7 4 4	61	
	61 Advance earned income credit payments from Form(s) W-2, box 9		62	
	62 Household employment taxes. Attach Schedul: H			1,300.
	63 Add lines 57-62. This is your total tax		63	1,300.
Payments	64 Federal Income (ax withheld norm) of mis 11 2 and 10.5	304.		
If you have a	65 2006 estimated tax payments and amount applied from 2005 return			
qualifying	Ou a Lained income creak (Lio)	111.		
child, attach	b Nontaxable combat pay election ▶ 66b			
Schedule EIC.	67 Excess social security and tier 1 RRTA tax withheld (see instructions)		1	
	Ou Additional Child tax Greats Attacks 1 and 1 a	550.	-	
	69 Amount paid with request for extension to file (see instructions)			
	70 Payments from: a Form 2439 b Form 4136 c Form 8885 70		- 1	
	71 Credit for federal telephone excise tax paid. Attach Form 8913 if required	60.	-	
	72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments		72	5,525.
Refund	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	(73	4,225.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here		1 48	4,225.
Direct deposit? See instructions		vings		
and fill in 74b.	► d Account number XXXXXXXXXXXXXX			0
74c, and 74d or Form 8888.	75 Amount of line 73 you want applied to your 2007 estimated tax ► 75			Y
	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	· · · · >	76	
Amount You Owe				
Tou owe	// Estimated tax penalty (see sistraction)	s Con	nolete ti	ne following. X No
Third Party	Do you want to allow another person to discuss this return with the tRS (see instructions)? Ye Designee's	3. 001	Personal	identification
Designee	name P		number (l	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	l to the t which pr	oest of my reparer has	knowledge and s any knowledge.
Here	New econolina			me phone number
Joint return?	Your signature Date Foot decupation			
See instructions.	Spoure's construe if a joint return both must sign. Date Spouse's occupation		_	
Кеер а сору	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation			
for your records.	Date		Pren	arer's SSN or PTIN
		., _	- I	0114864
Paid	signature Check if Self-enploy	ea (1 1200	/T710/1
Preparer's	Firm's name ANIL MALHOTRA & CO LTD		~ ~	400EC03
Use Only	self-employed). 4217 MAIN ST.	EIN		-4085603
	address, and ZIP code SKOKIE IL 60076	Phone	no.	Form 1040 (2006