£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the	name of	ed filing separately your spouse. If you	`	<i>,</i> —		, ,	_	, ,	. , . ,	
Vour first name		son is a child but not your depende	Last na	mo					Vour se	noial soon	rity numbor	
Your first name and middle initial Last na NARESH REDDY MODU										Your social security number 678–18–5953		
		s first name and middle initial	Last na						+	Spouse's social security number		
DEEPTHI	-		MARU						1 '	738-24-0955		
		er and street). If you have a P.O. box, se						Apt. no.	_	tion Campaign		
		IEW TERRACE DR		0113.				7.01.110.	1	here if you		
		ce. If you have a foreign address, also	complete s	naces helow	St	ate	7IP	code			intly, want \$3	
PEARLAN		oo. II you have a foloigh address, also t	oomplote e	TX				7584		to go to this fund. Checking a box below will not change your tax or refund.		
Foreign countr			-	Foreign province/state/c								
r oroigir oodiiti	y mamo		'	To reight province/ state/country			101	Toroign poolar oodo Ty		You Spouse		
At any time du	uring 20	D20, did you receive, sell, send, ex	change, c	or otherwise acqui	re any	financial in	erest ir	n any virtual c	urrency?	 Yes	⊠ No	
Standard Deduction		neone can claim:	•			•	nt	-				
Age/Blindnes	s You:	: Were born before January 2,	1956	Are blind S	pous	e: 🗌 Was	born be	efore January	2. 1956	□ ls t	olind	
Dependent	-		.000	(2) Social secu		(3) Relation			-	or (see instr		
-		irst name Last name		number to you				Child tax credit		I	other dependents	
If more than four		NIKA REDDY MODUGU		159-88-7028 Daughter			er	×				
dependents,		NIMI KEDDI PRODUCC	100 00 7010 200311001		<u>C1</u>				Ħ			
see instruction and check	s —											
here ▶ □											$\overline{\Box}$	
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2					. 1	1	76,568.	
Attach	2a	Tax-exempt interest	2a		ь -	Taxable inte	rest		2t			
Sch. B if	3a	Qualified dividends	3a			Ordinary div			. 3k	,		
required.	4a	IRA distributions	4a			Taxable amo			. 4b	,		
	5a	Pensions and annuities	5a		b ⁻	Taxable amo	ount .		. 5b	,		
Standard	6a	Social security benefits	6a		b ⁻	Taxable amo	ount .		. 6b	,		
Deduction for-	7	Capital gain or (loss). Attach Sch	s). Attach Schedule D if required. If not required, check here						□ 7		-871.	
 Single or Married filing 	8	Other income from Schedule 1, line 9										
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	d lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						▶ 9	1	75,697.	
Married filing	10	Adjustments to income:	•									
jointly or Qualifying	а	From Schedule 1, line 22										
widow(er), \$24,800	b	Charitable contributions if you tak	ce the star	ndard deduction. S	ee ins	tructions	10b	30	10.			
 Head of 	С	Add lines 10a and 10b. These are your total adjustments to income								С	300.	
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income							▶ 11	1	75,397.	
If you checked	12	Standard deduction or itemize	d deduct	ions (from Schedu	ıle A)				. 12	2	24,800.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or	Form	8995-A .			. 13	3		
Deduction, see instructions.	14	Add lines 12 and 13								1	24,800.	
See IIISHUUHONS.	15	Taxable income Subtract line 1	4 from lin	e 11 If zero or les	s ent	or -0-			15	1	50.597.	

Form 1040 (2020))									Page
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	24,711.
	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	24,711.
	19	Child tax credit or credit for	other dependen	ts					19	2,000.
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	22,711.
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 10 .				23	0.
	24	Add lines 22 and 23. This is			•					22,711.
	25	Federal income tax withheld	-							
	а	Form(s) W-2				25a	21	,756		
	b	Form(s) 1099				25b		,		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						25d	21,756.
	26	2020 estimated tax paymen							26	217730.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29			-	
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		107	-	
see instructions.	31	Amount from Schedule 3. lir				31		107	-	
	32						dita		32	107.
		Add lines 27 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments								21,863.
	33							. ,		21,003.
Refund	34	If line 33 is more than line 24				-	-		34	
Divert deposit?	35a	Amount of line 34 you want		and the second second						
Direct deposit? See instructions.	►b									
	► d	Amount of line 34 you want				<u> </u>	닐			
Amarint	36								27	848.
Amount You Owe	37	Subtract line 33 from line 24	37	040.						
For details on		Note: Schedule H and Sch	or							
how to pay, see	00	2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) ▶ 38								
instructions.	38					38				
Third Party		you want to allow another					Yes. C	omplot	o bolow	⊠ No
Designee		signee's		Phone		[•	ntification	ĭ NO
		me >		no.				ber (PIN		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	accompanying sch	nedules a	nd stateme	nts, and	to the bes	st of my knowledge ar
		ief, they are true, correct, and com								
Here	Yo	ur signature		Date						nt you an Identity
	k									IN, enter it here
Joint return? See instructions.		1 1 1 16 11 1	D .	FIDCHINICITE BIOTIVEDIC				ee inst.)	<u> </u>	
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it he
your records.							ee inst.) ▶			
	Ph	one no. (361)455-847	7	Email address	NARESHJPG					
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/2	3/2021	P020	82703	Self-employed
Preparer		m's name ▶ GLOBAL TA				1/-	-,			678)965-9522
Use Only										
Go to warm in a		n1040 for instructions and the late				DEV.	00/20/04 DD4		0 2.114	Form 1040 (202
ao to www.iis.go	JV/I UIII	THE PARTY OF THE PROPERTY OF THE PARTY	or inionnation.		BAA	KEV	08/30/21 PR	,		10mm 10+0 (202

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service (99) Name(s) shown on return Your social security number 678-18-5953 NARESH REDDY MODUGU & DEEPTHI REDDY MARURI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 10,914. 12,091. 306. -871. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -871.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -871.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? 17 ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 871.) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Social security number or taxpayer identification number Name(s) shown on return NARESH REDDY MODUGU & DEEPTHI REDDY MARURI 678-18-5953 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B

(a) Description of property		(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e		
(Example: 100 sh	ample: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securi	ties llc	02/01/20	10/13/20	10,914.	12,091.	W	306.	-871.	
2 Totals. Add the amoun negative amounts). En Schedule D, line 1b (if above is checked). or	nter each tota Box A above	al here and inc is checked), lir	lude on your ne 2 (if Box B	10.914.	12.091.		306.	-871.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

DEEPTHI REDDY MARURI

040-NR Social security number beneficiary. If both spo

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 738-24-0955

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f required.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	Self-only	▼ Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	7,100.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,100.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	7,100.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,100.
9	Employer contributions made to your HSAs for 2020		
10	Qualified HSA funding distributions	44	0 400
11	Add lines 9 and 10	11	2,400.
12 13	Subtract line 11 from line 8. If zero or less, enter -0	12	4,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part		rata HSAs	complete
rare	a separate Part II for each spouse.	ilale i IOAS	, complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	1,449.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	1,449.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,449.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the		
	dotted line	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

Form **8867**

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

OMB No. 1545-0074

Attachment Sequence No. **70**

Department of the Treasury Internal Revenue Service

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return Taxpayer identification number NARESH REDDY MODUGU & DEEPTHI REDDY MARURI 678-18-5953 Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ▼ CTC/ACTC/ODC AOTC HOH No N/A Did you complete the return based on information for tax year 2020 provided by the taxpayer or X If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing X Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," \mathbf{x} Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . \mathbf{x} (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

orm 88	867 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	,			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the question and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? VI Eligibility Certification			
ıaıı	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH fili	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet((s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	▶ If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	ire to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t and	Yes	No
	complete?	.,	₩	