IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID)

Taxpayer's name	Social securit	y numl	ber						
YESUKANTHI K MURAHARI	810-42	-240	0						
Spouse's name	Spouse's soc	ial secu	urity number						
SWETHA MURAHARI	-009	4							
Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)									
Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)		1	49,925.						
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)		2	675.						
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; F									
line 62a)		3	6,263.						
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I	4	5,588.							
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)		5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our return)						
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income ta statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, the declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (if for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (d account indicated in the tax preparation software for payment of my federal taxes owed on this return a financial institution to debit the entry to this account. This authorization is to remain in full force and eff. Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Fi cancellation requests must be received no later than 2 business days prior to the payment (settlement) do	ey are true, corre t to allow my inte a) an acknowledg date of any refun irect debit) entry ind/or a payment ect until I notify t nancial Agent at ate. I also authori	ct, and ermedia ement id. If ap to the of est he U.S 1-888- ze the	d complete. I further ate service provider, of receipt or reason pplicable, I authorize financial institution imated tax, and the 5. Treasury Financial 353-4537 . Payment financial institutions						

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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXI	ES LLC	to enter or generate my PIN	2 2	4 0	0	as my
			ERO firm name	_		/e digits, b		
	signature or	n my tax year 201	9 electronically filed income tax retu	rn.	don't er	nter all zero	os	

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 sig	nature 🕨				Date ►		
Spouse	's PIN: chec	k one box (only				
×	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	8 0 0 9 4	as my
				ERO firm name		Enter five digits, but	
	signature or	ı my tax yea	ar 2019 e	lectronically filed income tax return.		don't enter all zeros	

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. 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 Data Data Data Data Data Data Data Dat													
	Practitioner PIN Method Returns Only—continue	bel	ow										
Part III Certification and Authentication – Practitioner PIN Method Only													
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	2	7	8	6	1	9	8	9	

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return 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

Date 🕨

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

Don't enter all zeros



Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

(Rev. Ja		40X for instructions an	a the	latest ini	ormation	1.					
		2017 2016									
		ear (month and year e	endec	: :		1					
Your fire	st name and middle initial	Last name				Your soc	cial security	y number			
	UKANTHI K	MURAHARI					42-240				
lf joint re	eturn, spouse's first name and middle initial	Last name				Spouse's social security number					
SWE		MURAHARI		1		968-98-0094					
Current	home address (number and street). If you have a P.O. box, see instru-	uctions.		Apt. no.		Your phone number					
	POST OAK LANE 9					(331)315-3	3133			
	wn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	w. See	instruction	s.						
	ICK MA 01760										
Foreign	country name	Foreign province/stat	e/coun	ty		Fo	preign posta	al code			
chang status		hange your filing late. ately (MFS)	ret alifying	18 retur turn, leav g widow(e blank. er) (QW)	, exemp See instr	ot). If an ructions.				
	checked the MFS box, enter the name of spouse. If n is a child but not your dependent. ►	you checked the HO)H or	QW box	, enter t	he child	's name	if the qualifying			
	Use Part III on the back to explain any	changes		previously	d or as adjusted	amount o or (decr	f increase rease)-	C. Correct amount			
Incor	ne and Deductions			(see inst	ructions)	explain i	in Part III				
1	Adjusted gross income. If a net operating loss										
	included, check here		1	49	,925.		0.	49,925.			
2	Itemized deductions or standard deduction		2	24	,400.		0.	24,400.			
3	Subtract line 2 from line 1		3	25	,525.		0.	25,525.			
4a	Exemptions (amended 2017 or earlier returns or complete Part I on page 2 and enter the amount from		4a								
b	Qualified business income deduction (amended 2018	or later returns only)	4b								
5	Taxable income. Subtract line 4a or 4b from line 3. or less, enter -0-		5	25	,525.			25,525.			
Tay I	iability			25	, 525.			23,323.			
6	Tax. Enter method(s) used to figure tax (see instructi	ions).									
Ū		10110).	6	2	,675.		0.	2,675.			
7	Credits. If a general business credit carryback is includ	led_check here ►	7		,500.		500.	2,000.			
8	Subtract line 7 from line 6. If the result is zero or less		8		,175.		-500.	675.			
9	Health care: individual responsibility (amended 201		-		, 1 / 5 .		500.	075			
0	only). See instructions		9		0.		0.				
10	Other taxes		10		0.		0.	0.			
11	Total tax. Add lines 8, 9, and 10		11	1	,175.		-500.	675.			
Paym			· ·		, 1 / 5 .		500.	075.			
12	Federal income tax withheld and excess social secu	rity and tier 1 RRTA									
12	tax withheld. (If changing, see instructions.)	5	12	6	,263.		0.	6,263.			
13	Estimated tax payments, including amount applied fro		13		0.		0.	0.			
14	Earned income credit (EIC)		14		0.		0.	0.			
15	Refundable credits from: Schedule 8812 Form(s)		<u> </u>		0.		0.				
	□ 8863 □ 8885 □ 8962 or □ other (specify):		15	1	,000.	1	,000.	0.			
16	Total amount paid with request for extension of tim		-					0			
10	tax paid after return was filed						16	0.			
17	Total payments. Add lines 12 through 15, column C,							6,263.			
	nd or Amount You Owe										
18	Overpayment, if any, as shown on original return or a	as previously adjusted	d by t	he IRS			18	6,088.			
19	Subtract line 18 from line 17. (If less than zero, see in		-				19	175.			
20	Amount you owe. If line 11, column C, is more than	-					20	500.			
21	If line 11, column C, is less than line 19, enter the difference of the line 19, enter the line 19,										
22	Amount of line 21 you want refunded to you			-			22	0.			
23	Amount of line 21 you want applied to your (enter ye				3						
		,									

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

CAUTION	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ►

		(d) ✓ if qualifies for (see instructions):				
numbor	(c) Relationship to you	Child tax credit	Credit for other dependents (amended 2018 or later returns only)			
		number to you	(b) Social security (c) Relationship			

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

IN TAX YEAR 2019 I HAVE INCLUDED MY W2'S ALONG WITH 1098-T BUT BYMISTAKENLY I HAVE CLAIMED BOTH AMERICAN OPPORTUNITY CREDIT AND LIFE TIME LEARNING CREDIT. BUT I RECEIVED NOTICE LETTER TO PAY \$2585 ALONG WITH INTEREST. BUT AS PER IRS RULES I AM ELIGIBLE TO GET LIFE TIME LEARNING CREDIT. NOW DOING 1040X BY DISSOLVING AMERICAN OPPORTUNITY CREDIT AND CLAIMING LIFE TIME LEARING CREDIT. REQUESTING YOU TO ACCEPT 1040X WITH ALL CORRECTING INFORMATION.

Remember to keep a copy of this form for your records.

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

Sign Here

		TECHNICA	L PROJECT MANAGER	
Your signature	Date	Your occupati	on	
		DOCTOR		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occi	upation	
Paid Preparer Use Only				
SYAM PRIYA RAM SAGAR GUPTA TALLAM	08/19/2021	GLOBAL	TAXES LLC	
Preparer's signature	Date	Firm's name (or yours if self-employed)	
SYAM PRIYA RAM SAGAR GUPTA TALLAM		2530 Pe	bble Creek Ln Cum	ming GA 30041
Print/type preparer's name		Firm's address	s and ZIP code	
P02082703	Check if self-employed		(678)965-9522	30-1017196
PTIN			Phone number	EIN
				4040 V

For forms and publications, visit *www.irs.gov.*

104		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		(99) eturn	201	19	OMB No. 154	5-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the namild but not your dependent.		ied filing sepa			lead of housel r QW box, ent	`	,	, 0	ow(er) (QW) ring person is
Your first name	and m	iddle initial	Las	st name						Your so	cial security number
YESUKAN'	THI	K	M	JRAHARI						810-4	42-2400
If joint return, s	pouse's	s first name and middle initial	Las	st name						Spouse's	s social security number
SWETHA			M	JRAHARI						968-9	98-0094
Home address	(numbe	er and street). If you have a P.O. box, se	e insti	ructions.				1	Apt. no.		ntial Election Campaign
11 POST	OAK	LANE 9									if you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reign a	address, also	complete sp	aces be	low (see instru	uctions).			t \$3 to go to this fund. box below will not change your
NATICK I	MA 0	1760								tax or refund	
Foreign country	/ name			Foreign p	rovince/state	e/county	/	Foreig	n postal code		han four dependents, uctions and ✓ here ►
Standard Deduction Age/Blindness		eone can claim: Vou as a depend Spouse itemizes on a separate return or Were born before January 2, 195	you v		pouse as a c atus alien Spouse:	·	Vas born befo	re Janua	ary 2, 1955	Is blir	nd
Dependents (see ins	structions):		(2) Social secu	ritv number	(3)	Relationship to yo	bu	(4) √if	 qualifies for	(see instructions):
(1) First name		Last name		()					Child tax cre	•	Credit for other dependents
	1	Wages, salaries, tips, etc. Attach Forr	n(s) W	-2						. 1	49,925.
	2a	Tax-exempt interest	2a			b Tax	kable interest.	Attach S	Sch. B if require	ed 2b	
Standard	3a	Qualified dividends	3a			b Orc	linary dividends	s. Attach	Sch. B if require	ed 3b	
Deduction for—	4a	IRA distributions	4a			b Tax	kable amount			. 4b	
 Single or Married filing separately, 	с	Pensions and annuities	4c			d Tax	kable amount			. 4d	
\$12,200	5a	Social security benefits	5a			b Tax	kable amount			. 5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule	D if r	equired. If not	t required, c	heck her	re		🕨 🗌	6	
widow(er), \$24,400	7a	Other income from Schedule 1, line 9								. 7a	
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	7a. T	his is your tot	al income)	► 7b	49,925.
household, \$18,350	8a	Adjustments to income from Schedule	e 1, lin	e22						. 8a	
 If you checked 	b	Subtract line 8a from line 7b. This is y	our ac	ljusted gross	income			· ·)	► 8b	49,925.
any box under Standard	9	Standard deduction or itemized ded	luctio	ns (from Sche	edule A)			9	24,40	0.	
Deduction, see instructions.	10	Qualified business income deduction.	Attac	h Form 8995	or Form 899	5-A .	1	0			4
	11a	Add lines 9 and 10								. <u>11a</u>	
	b	Taxable income. Subtract line 11a fro	om line	e 8b. lf zero o	r less, enter	-0				. 11b	25,525.
E Dis als assus	Duines	Ant and Densmusel's Deduction Act									E 1040 (0010)

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

Form **1040** (2019)

Form 1040 (2019))									Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4 2 4972	3	12a 2	2,675.			
	b	Add Schedule 2, line 3, and line	12a and enter the	total			. 🕨	12b		2,675.
	13a	Child tax credit or credit for othe	er dependents .			13a				
	b	Add Schedule 3, line 7, and line	13a and enter the	total			►	13b		2,000.
	14	Subtract line 13b from line 12b.	If zero or less, ente	er-0				14		675.
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line	10			15		0.
	16	Add lines 14 and 15. This is you	r total tax					16		675.
	17	Federal income tax withheld from	m Forms W-2 and	1099				17		6,263.
• If you have a	18	Other payments and refundable	credits:							
qualifying child,	а	Earned income credit (EIC) .				18a				
attach Sch. EIC. • If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b				
nontaxable	с	American opportunity credit fror	n Form 8863, line 8	3		18c				
combat pay, see instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. The	se are your total o f	ther payments a	and refundable cred	lits		18e		
	19	Add lines 17 and 18e. These are						19		6,263.
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	the amount you over	paid		20		5,588.
neiuliu	21a	Amount of line 20 you want refu	Inded to you. If Fo	rm 8888 is attac	hed, check here			21a		5,588.
Direct deposit?	►b	Routing number X X X	x x x x	x x	► c Type:	Checking	Savings			
See instructions.	►d	Account number X X X			x x x x	X X	0			
	22	Amount of line 20 you want app	lied to your 2020	estimated tax		22				
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on hov	v to pay, see instruct	ions		23		
You Owe	24	Estimated tax penalty (see instru	uctions)			24				
Third Party	Do	you want to allow another persor	n (other than your p	aid preparer) to	discuss this return w	ith the IRS? See in	structions.		Yes. Com	nplete below.
Designee								×	No	
(Other than		signee's		Phone			nal identifica	ation		
paid preparer)		me 🕨		no. 🕨		numbe				
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						knowledg	le and belie	→f, they are true,
Here	Yo	ur signature		Date	Your occupation		lf the	IRS se	nt you an	Identity
				Duto					IN, enter i	
Joint return?					TECHNICAL PR	ROJECT MANAG	ER ^{(see}	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your sp	
				DOCTOR		(see			N, enter it here	
-	Dh	one no.		Email address	DOCTOR		(,		
		eparer's name	Preparer's signat			Date	PTIN		Check if	f.
Paid		I PRIYA RAM SAGAR GUPTA TALLAM				08/19/2021	P0208	2702		Party Designee
Preparer				KAM SAGAR	GUFIA IALLAM		8)965-			f-employed
Use Only			<u>XES LLC</u> le Creek I	n Cummin	q GA 30041			s EIN		1017196
					5			S EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 08/20/20 PR0	נ		Form	n 1040 (2019)

SCHEDULE 3
(Form 1040 or 1040-SR)

Additional	Credits	and	Payments
------------	---------	-----	-----------------

OMB No. 1545-0074

Attach	to Form	1040 or	1040-SR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

20**19** Attachment Sequence No. **03**

Department of the Treasury Internal Revenue Service	•		
Name(s) shown on Form 1040 or 1040-SE			

Name(s	s) shown on Form 1040 or 1040-SR	Your social security number
YES	810-42-2400	
Par	t I Nonrefundable Credits	
1	Foreign tax credit. Attach Form 1116 if required	. 1
2	Credit for child and dependent care expenses. Attach Form 2441	. 2
3	Education credits from Form 8863, line 19	. 3 2,000
4	Retirement savings contributions credit. Attach Form 8880	. 4
5	Residential energy credits. Attach Form 5695	. 5
6	Other credits from Form: a 🗌 3800 b 🗌 8801 c 🗌	6
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	. 7 2,000
Part	II Other Payments and Refundable Credits	
8	2019 estimated tax payments and amount applied from 2018 return	. 8
9	Net premium tax credit. Attach Form 8962	. 9
10	Amount paid with request for extension to file (see instructions)	. 10
11	Excess social security and tier 1 RRTA tax withheld	. 11
12	Credit for federal tax on fuels. Attach Form 4136	. 12
13	Credits from Form: a 2439 b Reserved c 8885 d	13
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	. 14
For Pa	aperwork Reduction Act Notice, see your tax return instructions. REV 08/20/20 PRO Schedul	le 3 (Form 1040 or 1040-SR) 20

Form **88663** Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

2019 Attachment Sequence No. 50

OMB No. 1545-0074

Name(s) shown on return YESUKANTHI K & SWETHA MURAHARI

Your social security number

81	0 –	42-	2.4	0.0
U T	. 0	ㅗㅗ	ᅩ	00



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rot at least three places)	undeo	d to	6	
7	conditions described in the instructions, you can't take the refundable American opportunity credit;			7	
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
	8 Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below				
Part		,			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	
10	0 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				14,580.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)	· · ·		12	2,000.
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	136,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		10,005		
	the amount to enter	14	49,925.	-	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	86,075.	-	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.		
17	If line 15 is:				
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou				
	places)			17	1.000
18				2,000.	
19					
	instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3			19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 08/20/2	20 PRO	Form 8863 (2019)

Name(s) shown on return

YESUKANTHI K & SWETHA MURAHARI

	Complete Part III for each student for whon opportunity credit or lifetime learning credit each student.		
Part	III Student and Educational Institution Information	n. See	e instructions.
20	Student name (as shown on page 1 of your tax return) YESUKANTHI K	21	Student social security number (as shown on page 1 of your tax return)
	MURAHARI		810-42-2400
22	Educational institution information (see instructions)		
a.	Name of first educational institution OTTAWA UNIVERSITY	b	Name of second educational institution (if any)
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1001 S.CERDAR #20 OTTAWA KS 66067 	(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2	Did the student receive Form 1098-T X Yes No from this institution for 2019?		2) Did the student receive Form 1098-T Yes No from this institution for 2019?
(3	Did the student receive Form 1098-T from this institution for 2018 with box Yes X No 7 checked?	(3	B) Did the student receive Form 1098-T from this institution for 2018 with box Yes No 7 checked?
(4	e) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		I) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	48-0543772		
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?		Yes — Stop! Go to line 31 for this student. 🗵 No — Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X	Yes — Go to line 25. No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	X (Yes — Stop! Go to line 31 for this No — Go to line 26. student.
26	Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?		Yes - Stop! Go to line 31 for this No - Complete lines 27 through 30 for this student.
	you complete lines 27 through 30 for this student, don't o		e learning credit for the same student in the same year. If ete line 31.
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor		
28	Subtract \$2,000 from line 27. If zero or less, enter -0		
29	Multiply line 28 by 25% (0.25)		
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl		
	III, line 31, on Part II, line 10		