



Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the *United States Treasury.* Write your social security number and *2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

3,251.

REV 01/15/21 PRO

1555

124-52-4850 DEBASIS NAYAK RAJESHRI NAYAK 200 BALDWIN RD PARSIPPANY NJ 07054 545-48-8197

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100





Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the *United States Treasury.* Write your social security number and *2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

3,251.

REV 01/15/21 PRO

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124-52-4850 DEBASIS NAYAK RAJESHRI NAYAK 200 BALDWIN RD PARSIPPANY NJ 07054 545-48-8197

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100





Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the *United States Treasury.* Write your social security number and *2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

3,251.

REV 01/15/21 PRO

1555

124-52-4850 DEBASIS NAYAK RAJESHRI NAYAK 200 BALDWIN RD PARSIPPANY NJ 07054 545-48-8197

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100





Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the *United States Treasury.* Write your social security number and *2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

3,251.

124-52-4850 DEBASIS NAYAK RAJESHRI NAYAK 200 BALDWIN RD PARSIPPANY NJ 07054

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

545-48-8197

Form **8879**

(Rev. August 2020)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ssion Identification Number (SID)			
Taxpaye	r's name	Social sec	curity number	
DEBA	ASIS NAYAK	124-	52-4850	
Spouse'	s name	Spouse's	social security nu	mber
RAJI	ESHRI NAYAK	545-	48-8197	
Part	Tax Return Information — Tax Year Ending December 31,	Enter year yo	u are authoriz	ing.)
Enter v	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		. 1 1	163,508.
2	Total tax		. 2	21,096.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	10,206.
4	Amount you want refunded to you		. 4	
5	Amount you owe		. 5	10,365.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get a penalties of perjury, I declare that I have examined a copy of the income tax return (original or amount of the income tax return).			
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	oviginal or amended) I am now authorizing. I consent to allow my intermediate service provider, to I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason following in processing the return or refund, and (c) the date of any refund. If applicable, I authorize o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amende nic Funds Withdrawal Consent.	ransmitter, or ele- for rejection of the U.S. Treasur nt indicated in the stitution to debit minate the author n requests muss in the processing the payment. I	ectronic return ori the transmission, (by and its designa- te tax preparation the entry to this a prization. To revo the received nough of the electronic further acknowle	ginator (ERO) b) the reason ated Financial a software for account. This ake (cancel) a later than 2 c payment of adge that the
Taxpa	yer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	am now autho	2 4 8 5 Enter five digits, to don't enter all zer rizing. Check the ERO must compared to the c	os C nis box only
Your s	ignature ▶ Date	e▶		
Spaus	se's PIN: check one box only			
Spous		arata mu DIN	8 8 1 9	7 as my
	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I	•	Enter five digits, t don't enter all zer	out os
	if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Spous	e's signature Date			
opous	Practitioner PIN Method Returns Only—continue b			
Part		CIOW		
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 Don't	7 8 6 1 9 enter all zeros	8 9
authori	withat the above numeric entry is my PIN, which is my signature for the electronic individual income that the form that year indicated above for the taxpayer(s) indicated above. I confirm that I amount ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider	submitting this	return in accorda	ance with the
ERO's	signature ▶ Date	e ▶		
	FRO Must Petain This Form — See Instruction	200		

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2020 Page 2

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99)► Use this voucher when making a payment with Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Form 1040-V Payment Voucher

Enter the amount 10,365. of your payment.

REV 01/15/21 PRO

DEBAZIZ NAYAK RAJESHRI NAYAK 200 BALDWIN RDa PARSIPPANY NJ 07054

► Do not staple this voucher or your payment to Form 1040.

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40543-7000

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame of y								
Your first name	and mi	ddle initial	Last nar	ne				Your	social secur	ity number	
DEBASIS			NAYA	K				124	-52-485	0	
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spous	e's social se	curity number	
RAJESHRI	Ι		NAYA	K				545	-48-819	7	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Apt. no.	Presid	Presidential Election Campaign		
200 BALI	NIWC	RD,							k here if you		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	ZIF	code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
PARSIPP	ANA			NJ 070			7054	box below will not cha			
Foreign country	name		F	oreign province/state/o	ounty	Foi	reign postal code	your t	ax or refund	l.	
									You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	r otherwise acquire	any financial	interest in	n any virtual o	currency	? Yes	⊠ No	
Standard Deduction	_	eone can claim:			'	dent					
Age/Blindness	You:	☐ Were born before January 2, 1	956	Are blind Spo	use: 🗌 W	as born b	efore January	2. 1956	□ Is b	lind	
Dependents				(2) Social security		ationship			for (see instr		
-		irst name Last name		number		you	Child tax		1	ther dependents	
If more than four			919-99-5252 Son			Orodit	Orodit for o	X			
dependents,	DIV	YANI NAYAK		923-99-1542		nter				X	
see instructions and check	3 = 1	111111		723 77 1317	<u>Daug</u>	1001					
here ▶											
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2					1 1	70,418.	
Attach	2a	· ·	2a		b Taxable ii			-	2b	70,1101	
Sch. B if	3a		3a		b Ordinary			· —	Bb		
required.	4a		4a		b Taxable a			. 4	lb		
	5a		5a		b Taxable a			. 5	ib		
Standard	6a	Social security benefits	6a		b Taxable a			. 6	ib		
Deduction for-	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired, check l	nere .	•		7		
 Single or Married filing 	8	Other income from Schedule 1, lin		·					8	-6,625.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			me			•	9 1	63,793.	
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er),	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b	28	35.			
\$24,800 • Head of	С	Add lines 10a and 10b. These are	your tot	al adjustments to ir	ncome .			> 10	0с	285.	
household, \$18,650	11	Subtract line 10c from line 9. This		•					_	63,508.	
 If you checked 	12	Standard deduction or itemized		-					2	24,800.	
any box under Standard	13	Qualified business income deducti						. 1	3		
Deduction, see instructions.	14	Add lines 12 and 13						. 1	4	24,800.	
see matructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0	<u></u> .	<u></u> .	. 1	5 1	38,708.	

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

Form **1040** (2020)

Form 1040 (2020))			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	22,096.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	22,096.
	19	Child tax credit or credit for other dependents	19	1,000.
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	1,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	21,096.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
	24	Add lines 22 and 23. This is your total tax	24	21,096.
	25	Federal income tax withheld from:		
	а	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,206.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
If you have	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8	4	
see instructions.	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	525.
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,731.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
D	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	►b	Routing number X X X X X X X X X X X X X X X X X X X		
	▶ d	Account number X X X X X X X X X X X X X X X X X X X		
A	36	Amount of line 34 you want applied to your 2021 estimated tax ▶ 36	107	10,365.
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now	37	10,365.
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
how to pay, see instructions.	38	2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)		
Third Party		by you want to allow another person to discuss this return with the IRS? See		
Designee		structions	elow.	× No
200.900	De	signee's Phone Personal identii		
		me ▶ no. ▶ number (PIN) ▶	<u> </u>	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
	Yo			nt you an Identity IN, enter it here
Joint return?			inst.) 🕨	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.	,		tity Prote inst.) ▶	ection PIN, enter it here
, , , , , , , , , , , , , , , , , , , ,		BOTTWING ENGINEER	1151.)	
		one no. Email address eparer's name Preparer's signature Date PTIN		Check if:
Paid			2702	Self-employed
Preparer				
Use Only				678)965-9522
0-1			's EIN ▶	
GO to www.irs.go	ovirom	m1040 for instructions and the latest information. BAA REV 01/15/21 PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

DEBASIS & RAJESHRI NAYAK

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 124-52-4850

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,625.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	6 625
Dar	t II Adjustments to Income	9	-6,625.
		T.,	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E

Department of the Treasury

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

have a service and Color of the first instructions and the letest information

OMB No. 1545-0074

Attachment Sequence No. 13

Your social security number

124-52-4850 DEBASIS & RAJESHRI NAYAK Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α KPHB HYDERABAD IN 500072 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and Days (from list below) Days personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: 7 Self-Rental Single Family Residence 3 Vacation/Short-Term Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** 3 Rents received . 3 350. 4 4 Royalties received Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 150. 7 Cleaning and maintenance . . . 7 8 Commissions. 8 9 Insurance 9 10 10 Legal and other professional fees . . . 11 11 750. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 4,500. 13 14 14 Repairs. . . . 75. 750. 15 15 Supplies . Taxes 16 16 17 750. 17 18 Depreciation expense or depletion 18 Other (list) 19 19 20 Total expenses. Add lines 5 through 19 20 6,975. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must 21 -6,625. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,625.) 350 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,975. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,625. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -6,625. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

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

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 DEBASIS & RAJESHRI NAYAK 124-52-4850 Enter preparer's name and PTIN

SYAN	PRIYA RAM SAGAR GUPTA TALLAM P0208270				
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and benefit(s) claimed (check all that apply).		e the rel AOTC		arts I–V HOH
1	Did you complete the return based on information for tax year 2020 provided by the tax reasonably obtained by you?	ayer or	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/AC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, an AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the information, and all related forms and schedules for each credit claimed?	d/or the			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do the following.	both of	X		
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's respondetermine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	nses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HC status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing the reinformation reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (I answer questions 4a and 4b. If "No," go to question 5.)	f "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information	on? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the question you asked, whom you asked, when you asked, the information that was provided, and the important information had on your preparation of the return.)	pact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, yokeep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy applicable worksheet(s), a record of how, when, and from whom the information used to prepare 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or the amount(s) of the credit(s)	of any are Form by the to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:		(E.S.)		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if				
	return is selected for audit?		X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
a	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a comp	lete 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	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
b	and does not have a qualifying child, go to question 10.)			
b	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 C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
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			
D	statement to the return?	×		
Part	j ,			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?	alitied	Yes	No
Part		s, go to	Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	➤ 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 checkled credit(s) claimed and HOH filing status, if claimed;	ist for a	ny 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 instru	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 worl	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?	,	×	\Box