Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Тахрауе	er's name	Social security number
FNU	KHURSHEED AHMED	890-27-8257
Spouse'	's name	Spouse's social security number
SAD	IYA KAUSHAR	960-99-5608
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	er year you are authorizing.)
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 69,658.
2	Total tax	. 2 4,379.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 4,710.
4	Amount you want refunded to you	· · · · 4 1,731.
5	Amount you owe	5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
		ERO firm name	

7	8	2	5	7	00 mV
Ent dor	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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

X

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date

9 5 0 8 6 as mv Enter five digits, but don't enter all zeros

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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date 🕨
Practitioner PIN Method Returns	s Only—continue below
Part III Certification and Authentication – Practitioner PIN	I Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit sel	If-selected PIN. 5 8 7 2 7 8 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
Don't	ERO Must Retain This Form — Se Submit This Form to the IRS Unless		
For Demonstrate Deduction Act Nation			Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/22 PRO

Filling Status Check only Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying widow(er) (QW) Tour instrame and middle initial Last name Your social security number FNU Last name Spouse's social security number SADIYA Apt. no. Spouse's social security number Chrone address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if you, or your 102.04 DOUGLAS OAKS CIRCLE 101 Check here if you, or your could file. If you have a forsign address, also complete spaces below. State TAMPA Foreign country name Foreign province/state/county Foreign postal code your as or refund. Chy, tow, or post office. If you have a foreign address, also complete spaces below. State TAMPA Your spouse as a dependent Your spouse as adependent Your as the instructions; To ?? Yes No State Dependents See instructions; If asable interest 2b To ?	1040		artment of the Treasury–Internal Revenue Sen S. Individual Income Ta		(99) urn	202	1	OMB No. 15	45-0074	IRS Use Only	y—Do not	write or s	staple ir	n this space.
FNU KHURSHEED AHMED 890-27-8257 If join return, spouse's first name and middle initial Last name Spouse's social security number SADIXA KAUSHAR 960-99-5608 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 10204 DOUGLAS OAKS CIRCLE Onexk here if you, or your Spouse's filling jointly, want S3 TAMPA FL 33610 box balow will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: (Area border January 2, 1957 Is blind Dependents Gee instructions): (P) First name Last name (D) Social security (3) Relationship (4) If it qualifies for fiber elendenties; If man four DANIN FAHMA 960-99-5673 Daught er I 78, 258. <td>Check only</td> <td>lf yo</td> <td>u checked the MFS box, enter the</td> <td>name of</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· ,</td> <td></td> <td>, ,</td> <td></td> <td></td>	Check only	lf yo	u checked the MFS box, enter the	name of						· ,		, ,		
If joint return, spouse's first name and middle initial SAD TYA Last name KAUSHAR \$pouse's social security number 960-99-5608 10204 DOUGLAS OAKS CIRCLE 101 10204 DOUGLAS OAKS CIRCLE 101 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code 101 TAMPA FL 33610 box or your stog to this fund. Checking a you is filling jointly, want 53 Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse Dependents See instructions;: (1) First name Last name (1) First name (2) First dualities for credit or other dependents tind checking 4 IA distributions 4a b Taxable amount 4b 5b Standard 2a Callefied dividends <t< td=""><td>Your first name</td><td>e and m</td><td>iddle initial</td><td>Last na</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td>Your s</td><td>ocial se</td><td>curity</td><td>y number</td></t<>	Your first name	e and m	iddle initial	Last na	me						Your s	ocial se	curity	y number
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10204 DOUGLAS OAKS CIRCLE 101 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filling jointly, want \$3 TAMPA FL 33610 box below will not change your tax or refund. your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. your tax or refund. Standard Someone can claim: You as dependent Your spouse as a dependent Your spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1957 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) €/ if qualifies for (see instructions): Child tax credit Credit for other dependent If more IDANIN FAHIMA 960-99-5673 Daught er Image: Credit for other dependent Manne diling Outer interest 2a as name Image: Credit for other dependent Standard Qualified dividends 3a Image: Credit for other dependent Goto heck a Image: Credit for other dependent </td <td>SADIYA</td> <td></td> <td></td> <td>KAUS</td> <td>SHAR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>960-</td> <td>-99-5</td> <td>5608</td> <td>3</td>	SADIYA			KAUS	SHAR						960-	-99-5	5608	3
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\$12,550 9 Add lines 1, 20, 30, 40, 55, 60, 7, and 8. This is your total income 9 69, 658. • Married filing jointly or Qualifying widow(er), \$25,100 10 Adjustments to income from Schedule 1, line 26 10 • Married filing jointly or Qualifying widow(er), \$25,100 11 Subtract line 10 from line 9. This is your adjusted gross income 11 69,658. • Head of household, \$18,800 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100. • Head of household, \$18,800 • Add lines 12a and 12b • • • • • • • • • • • • • • • • • • •			,						· ·			_		
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Qualifying widow(er), \$25,100 11 Subtract line 10 from line 9. This is your adjusted gross income 11 69,658. 12a Standard deduction or itemized deductions (from Schedule A) 12a 25,100. Head of household, \$18,800 b Charitable contributions if you take the standard deduction (see instructions) 12b 600. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 12c 25,700. 14 25,700. 14 25,700. 14 25,700. 14 25,700.	1.1.1.1		•			• •						-		
\$25,100 12a Standard deduction of itemized deductions (non-schedule A) 12a 235,100 • Head of household, \$18,800 b Charitable contributions if you take the standard deduction (see instructions) 12b 600 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 12c 25,700 • If you checked any box under Standard 14 26,700 14 25,700 14 • Add lines 12c and 13 • • • • • • • • • • • • • • • • • • •	Qualifying							· · ·	· ·			<u> </u>	6	9,658.
household, \$18,800 c Add lines 12a and 12b 12c 25,700. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12c and 13 14 25,700. 14 25,700. 15 Taxable income Subtract line 14 from line 11 if zero or less enter -0- 15 43,958							'							
\$18,800 C Add lines 12a and 12b 12c 25,700. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12c and 13 14 25,700. 15 Taxable income Subtract line 14 from line 11 If zero or less enter -0- 15 43		b												
any box under Standard 14 Add lines 12c and 13 14 25,700. Deduction, 15 Tayable income Subtract line 14 from line 11. If zero or less enter -0- 15 43,958	\$18,800								· ·				2	5,700.
Standard 14 Add lines 12c and 13 14 25,700. Deduction, 15 Taxable income Subtract line 14 from line 11. If zero or less enter -0- 15 43.958												_		
	Standard											_		
		15	Taxable income. Subtract line 14	4 trom lir	e 11. If zero	o or less,	enter	r-0			. 1	5	4	3,958.

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

Form **1040** (2021)

Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/22 PRO			Form 10)40 (2021)
	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm'	s EIN 🕨	30-10	17196
Use Only		m's name ► GLOBAL TAX					Phor	e no. (678)965	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/20/2022	P02082		Self-em	
Paid						Date			Check if:	aployed
		one no. (518)362-683 eparer's name	2 Preparer's signat	Email address	K.AHMED20	07@GMAIL.CO	M PTIN		Chook	
Keep a copy for your records.				Emplied 1	HOME MAKE		(see	ity Prote nst.) ►	ection PIN, er	nter it here
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa				nt your spous	
Joint return?		-			SOFTWARE	ENGINEER	Prote		N, enter it he	
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othe	r than taxpayer) is b Your occupation	ased on all informatio	1		er has any kn nt you an Ider	•
Sign	Un	der penalties of perjury, I declare t		ed this return and		nedules and stateme	nts, and to			
200.9.100	De	signee's ne ▶		Phone no.		Perso	onal identif per (PIN)			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS?	'See . ▶ □ Yes. Co	omplete b	elow.	X No	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
See instructions.		Account number 4 8 3			· · _					
Direct deposit?	►b	Routing number 0 2 1			_		Savings	000	<i>± ,</i>	,
Refund	35a	Amount of line 34 you want				•	▶ □	35a		,731.
	34	If line 33 is more than line 24						33		,110. ,731.
	32 33	Add lines 27a and 28 throug Add lines 25d, 26, and 32. T						32		,400. ,110.
	31 32	Amount from Schedule 3, lin Add lines 27a and 28 throug					lite 🕨	32	1	,400.
	30 21	Recovery rebate credit. See				30 1 31	,400.			
	29 20	American opportunity credit				29	400			
	28	Refundable child tax credit or				28				
	c	Prior year (2019) earned inco			0 1 1 1 00 10					
	b	Nontaxable combat pay elec				-				
)		January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for					
qualifying child, attach Sch. EIC.	27a	Check here if you were k				2/8				
If you have a	26	2021 estimated tax payment Earned income credit (EIC)		• •		27a		26		
	d	Add lines 25a through 25c						25d	4,	,710.
	С	Other forms (see instructions	•			25c		05.1	1	710
	b	Form(s) 1099				25b		-		
	a	Form(s) W-2					,710.	-		
	25	Federal income tax withheld					- 4 0			
	24	Add lines 22 and 23. This is					. 🕨	24	4,	,379.
	23	Other taxes, including self-e						23		0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,	,379.
	21	Add lines 19 and 20						21		500.
	20	Amount from Schedule 3, lin	e8					20		
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e 8812		19		500.
	18	Add lines 16 and 17						18	4,	,879.
	17	Amount from Schedule 2, lin	-					17	`	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	4,	,879.
Form 1040 (2021	,	Tax (see instructions) Check	if any from Form	(c)· 1 201	4 9 4070	3 🗆		16	Δ	P 87

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Name	e(s) shown on F	orm 1040), 1	040-SR, oi	⁻ 1040-NR
FNU	KHURSHEED	AHMED	&	SADIYA	KAUSHAR

Your social security number 890-27-8257

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) \blacktriangleright			
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, tru Schedule E		5	-8,600.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling income	8b		
с	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such			
	property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
ο	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
z	Other income. List type and amount ►			
•		8z	6	
9 10	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-8,600.
			-	3,000.

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

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions) . . . 24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 24c		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations24i		
j	Housing deduction from Form 2555 . . . 24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
z	Other adjustments. List type and amount ► 24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

BAA

REV 02/16/22 PRO

	CHEDULE E Supplemental Income and Loss							OMB	No. 1545-0074					
(Form	1040)	(From	n renta	al real estate, re	oyalties, partners	hips, S	corpor	ations, e	estates,	trusts, REM	/ICs,	etc.)	9	@21
Departm	ent of the Treasury				tach to Form 104									
	Revenue Service (99)			Go to www.irs	.gov/ScheduleE f	or inst	ructions	and the	e latest	information			Seque	ence No. 13
Name(s) shown on return											-			
1	KHURSHEED						- N						7-825	
Part					I Estate and Ro e an individual, rep									
					uld require you to									
					n(s) 1099?									
1a					et, city, state, ZI						•		•	
A	-				R PRADESH II		,							
В														
С														
1b	Type of Pro	perty	2	For each rent	al real estate pro	perty l	isted		Fair	Rental	Pe	rsona	l Use	QJV
	(from list be	elow)		above report	the number of fa	ir rent	al and			Days		Days	5	QUV
Α	3		-	if you meet th	days. Check the le requirements t	o file a	is a	Α		365			0	
B			_	qualified joint	venture. See ins	tructio	ns.	В						
C								С						
	of Property:													
	gle Family Resid		-		ort-Term Rental				7 Self-					
2 Mul	ti-Family Reside	ence	4	Commercial	Properties:	6 Rc	yalties		8 Othe	r (describe				
3		1			•	3		Α	400.		3			С
4	Rents received Royalties rece					4			400.					
Expen		iveu .												
5	Advertising .					5								
6	Auto and trave					6								
7	Cleaning and r	-		-		7		1.	150.					
8	Commissions.					8		- /						
9	Insurance					9								
10	Legal and othe					10								
11	Management f	-				11		1,	250.					
12	Mortgage inter					12								
13	Other interest.					13								
14	Repairs					14		2,	000.					
15	Supplies					15		2,	150.					
16	Taxes					16								
17	Utilities					17		2,	450.					
18	Depreciation e	expense	e or de	epletion .		18								
19	Other (list) 🕨					19								
20	Total expenses		lines	5 through 19		20		9,	000.					
21					r 4 (royalties). If									
					out if you must			0	c 0 0					
	file Form 6198					21		-8,	600.					
22	Deductible rer on Form 8582				mitation, if any,	22	(0 1		(`	(`
020				,			l(500.) 23a	(, 100.	()
23a b					or all rental prope or all royalty prop		• •		23a 23b		4			
C D									230 23c					
_	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													
	e Total of all amounts reported on line 20 for all properties													
24					on line 21. Do no						2,0	24		
25					d rental real estate		-		 nter tot:	al losses her	re .	25	(8,600.)
26					come or (loss).								`	
20					page 2 do not									
					se, include this a							26		-8,600.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

SCHEDULE 8812 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Credits for Qualifying Children and Other Dependents



OMB No. 1545-0074

2021 Attachment Sequence No. 47

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s)	,		social security number	
FNU	KHURSHEED AHMED & SADIYA KAUSHAR 8	890-27-8257		
Part	I-A Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	69,658.	
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	D.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	69,658.	
4a	Number of qualifying children under age 18 with the required social security number 4a (o. 🗌		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	D.		
с	Subtract line 4b from line 4a . . . 4c .	D.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	5		
6	Number of other dependents, including any qualifying children who are not under age			
		1.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resider	nt		
	alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	500.	
8	Add lines 5 and 7	8	500.	
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$	9	400,000.	
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	500.	
13	Check all the boxes that apply to you (or your spouse if married filing jointly).			
	A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United State	es		
	for more than half of 2021			
	B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021			
Part	I-B Filers Who Check a Box on Line 13			
Cautio	n: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.			
14a	Enter the smaller of line 7 or line 12	14a	500.	
b	Subtract line 14a from line 12	14b	0.	
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	4,879.	
d	Enter the smaller of line 14a or line 14c	14d	500.	
e	Add lines 14b and 14d	14e	500.	
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receive	d		
	for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the			
	instructions before entering an amount on this line. If you didn't receive any advance child tax credit payment		0.	
	for 2021, enter -0			
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse : filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	11		
a	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14α	F 0 0	
g h			500.	
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on lin 19 of your Form 1040, 1040-SR, or 1040-NR		500.	
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of		500.	
1	your Form 1040, 1040-SR, or 1040-NR		0.	
For Pa			812 (Form 1040) 2021	

Part I-C Filers Who Do Not Check a Box on Line 13 Caution: If you checked a box on line 13, do not complete Parts II-C. 15a Is Enter the amount from the Credit Limit Worksheet A 15a Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 15b Additional child tax credit. Complete Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- 15c Additional S15b and 15c 15d C If you completed Parts II-A through II-C, enter the amount for inline 27; otherwise, enter -0- 15d C E There the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received the instructions before entering an anount on this line. If you didt't receive any advance child tax credit payments for 2021, enter -0- 15e Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419 (the zero or less. enter -0- on lines 15f through 15h and go to Part III 15g g Enter the smaller of line 150. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15g g Subtract line 15g from line 15d. This is your anditional child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g Part II-A Additional Child Tax Credit (use only if completing Part I-C); you cannot chiam the additional child tax credit. 15g </th <th>Page 2</th>	Page 2
15a Enter the amount from the Credit Limit Worksheet A 15a b Enter the smaller of line 12 or line 15a 15b Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 15b 1. You are not filing Form 2555. 2. Line 4 as is more than zero. 15c 2. Line 4 as is more than zero. 15c 15d 4. Add lines 15b and 15c 15d 15d e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 of the amounts to include on this line. If you an simila Letter 6419, see the instructions before entering an amount on this line. If you dimb receive any advance child tax credit payments for 2021, enter -0- 15e Caution: If the amount on this line obesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419 of the processing of your return will be delayed. 15f g Enter the smaller of line 15d. This is your Anterm will be delayed. 15g g Subtract line 15f. This is your admitonal child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR. 15g PartUL-A Additional Child Tax Credit (use only if completing Part I-C) 15g Caution: If you checked a box on line 13. A through II-C; you cannot claim the additional child tax credit. <	
b Enter the smaller of line 12 or line 15a 15b Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. I. You are not filing Form 2555. 2. Line 4 as more than zero. 3. Line 12 is more than zero. 3. Line 12 is more than zero. 3. Line 15 hor of that A through II-C, enter the amount from line 27; otherwise, enter -0- 15c d Add lines 15b and 15c 15d 15d e Enter the aggregate amount of advance child tax credit payments for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you din't receive any advance child tax credit payments for 2021. See your Letter(s) 6419 for the amount on this line decay your etrum will be delayed. 15e Caution: If the amount on this line does n't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6410, the processing of your returm will be delayed. 15f g Enter the smaller of line 15b. This is your additional child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g PartULA Additional Child Tax Credit (use only if completing Part I-C) 15h PartULA Additional Child Tax Credit (use only if completing Part I-C) 15h PartULA Additional Child Tax Credit (use only if comp	
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 2555. 1. Line 4 is more than ince 15a. 15c Gamma and the size of the size of the size of the amount from line 27; otherwise, enter -0- 15c Add lines 15b an 15c 15d 15d e Frater the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021, enter +0- 15d Caution: If the amount on this line. If you dich it receive any advance child tax credit payments for 2021, enter +0- 15e Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15f g Enter the smaller of line 15b or line 15c. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040, 1040-SR, or 1040, 1040-SR, or 1040-SR, or 1040, 1040-SR, or 1040-SR, or 1040, 1040-SR, or 1040-SR, or 1040-SR, or 1040-SR, or 1040-SR, or 1040, 1040-SR, or 1040, 1040-SR, or 1040, 1040-SR, or 1040-SR, or 1040-SR, or 1040, 1040-	
1. You are not filing Form 2555. 2. Line 4a is more than zero. 3. Line 12 is more than line 15a. c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0- 15c d Add lines 15b and 15c 15d e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line if you didh 'treevie any advance child tax credit payments for 2021, enter -0. Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. f Subtract line 15e from line 15D. This is your anonerCundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. f Enter the smaller of line 15D. This is your additional child tax credit. Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Subtract line 15a from line 62. h Number of children you use for this line is the same as the number of children you use for line 4a. 1	
 2. Line 4 as more than zero. 3. Line 12 is more than line 15a. cli fy ou completed Parts II-A through 1I-C, enter the amount from line 27; otherwise, enter -0 i5d 4 Add lines 15b and 15c i5d i5d	
3. Line 12 is more than line 15a. 15c 6. If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0. 15d 15d	
c If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0	
d Add lines 15b and 15c 15d e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0. 15e Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15f g Enter the smaller of line 15b. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f g Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15k h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15h PartIIAA Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27 16a 17 The number of children you use for this line is the same as the number of children you used for line 4a. 17 16b Number of supal for anor than 25,500? <td></td>	
e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you drin' receive any advance child tax credit payments for 2021, enter -0. 15 Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15 f Subtract line 156 rom line 156. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g PartII-A Additional Child Tax Credit (use only if Completing Part I-C) 15h Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 10a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 10b Number of qualifying children under 18 with the required social security number: x \$1,400. 11b 15a 16a 12 Enter the smaller of line 16b 17 13a Eamed income (see instructions) 18a	
for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0. 156 Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 157 g Enter the smaller of line 156. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g h Subtract line 15g from line 15f. This is your additional child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 17 The same of line 16b 11e 15h and enter -0- on line 27 16a 19 Is the amount on line 19b 15% (0.15) and enter the result 17 18a Earned income (see instructions). 18b 17 19 Is the amount on line 19b 15% (0.15) and enter the result	
instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- 15c Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filling jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15c f Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f g Enter the smaller of line 15b or line 15f. This is your andditional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-58, or 1040-NR 15f Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15h Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of line 16a or line 16b 17 16a 17 I8a 18a 18a b Nontaxable combat pay (see instructions). 18b 19 19 19 19 16b 17 18a Earner doe nome (see instructions). 18b 17	
for 2021, enter -0- 15c Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15c g Enter the smaller of line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR 15g h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15g PartII-A Additional Child Tax Credit (use only if completing Part I-C) 15h Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15a Caution: If you file Form 255, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Caution: If you file Form 255, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Iob Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of line 16a or line 16b 17 18a Ba Earned income (see instructions) 18b 19 Jo No. Leave line 19 blank and enter -0- on line 27. <t< td=""><td></td></t<>	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. 15 f Subtract line 156 from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III 15f g Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. 15g h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR. 15h Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27 16a 16b Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b 16b 19 Is the amount on line 18a more than \$2,500? 18a 19 19 Is the amount on line 18a more than \$2,500? 19 20 19 Is the amount on line 18a more than \$2,500? 20 19 Is the am	
filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. Image: the struct of the structure of the	
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dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. 15g h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15h Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0 on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Is the amount on line 18a more than \$2,500? 18b 19 b Nontaxable combat pay (see instructions). 18b 19 20 Multiply the amount on line 19b, 5% (0.15) and enter the result 19 20 Was the amount on line 19b, 15% (0.15) and enter the result 19 20 No. If line 20 is zero, enter -0- on line 15c. O	
h Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15h PartII-A Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A and rub gh II-C; you cannot claim the additional child tax credit. 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 17 I8a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18b 19 10 Multiply the amount \$4,200 or more? 19 20 10 Not. Leave line 19 blank and enter -0- on line 12. 19 20 10 Multiply the amount \$4,200 or more? 19 20 10 No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter	
Form 1040, 1040-SR, or 1040-NR 15h Part II-A Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. I6a subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 I8a Earned income (see instructions) 17 I8a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 19 Montaxable combat pay (see instructions) 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount \$4,200 or more? 20 No. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Vest. If line 20 is equal to or more than line	
Part II-A Additional Child Tax Credit (use only if completing Part I-C) Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	
Part IFA Additional Child Tax Credit (use only if completing Part I-C) Caution: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	
Caution: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 x \$1,400. TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 17 Enter the smaller of line 16a or line 16b 18a 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 Is the amount on line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount st4,200 or more? 20 19 No. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 on line 27. 20 19 Vers. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. 20 19 Vers. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. 20 <t< td=""><td></td></t<>	
16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 x \$1,400. TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 16b 17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18a b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 Is the amount on line 19 bank and enter -0- on line 20. 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 10 No. If line 20 is zero, enter -0- on line 17, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 17 Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. 21 21 Withheld social security, Medicare, and Addition	
b Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Enter the smaller of line 16a or line 16b 17 Isa Earned income (see instructions) 17 Isa Earned income (see instructions) 18a b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 19 No. Leave line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Ves. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 21 Part II-B Certain Filers Who Have Three or More Qualifying Children 21	
Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27 16b TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18b	
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17 Enter the smaller of line 16a or line 16b 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 Is the amount on line 19 by 15% (0.15) and enter the result 19 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 0 mine 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21	
18a Earned income (see instructions) 18a b Nontaxable combat pay (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 19 19 Is the amount on line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 20 □ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 □ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. 11 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21	
b Nontaxable combat pay (see instructions). 18b 18b 19 Is the amount on line 18a more than \$2,500? 19 19 10 No. Leave line 19 blank and enter -0- on line 20. 19 19 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. 20 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21	
19 Is the amount on line 18a more than \$2,500? □ No. Leave line 19 blank and enter -0- on line 20. □ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 20 Multiply the amount on line 19 by 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? □ No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. □ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	
 No. Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	
 Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	
 20 Multiply the amount on line 19 by 15% (0.15) and enter the result	
 Next. On line 16b, is the amount \$4,200 or more? No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	
 No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	
20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21 21	
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Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21 21	
Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21	
21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions 21	
boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	
instructions	
22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	
1040 line 5. Schedule 2 (Eerm 1040) line 6. and Schedule 2 (Eerm 1040) line 12 22	
1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22 23 Add lines 21 and 22	
24 1040 and 1040 SP filers: Enter the total of the amounts from Form 1040 or 1040 SP line 27a	
1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.	
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25 Subtract line 24 from line 23. If zero or less, enter -0- . </td <td></td>	
26 Enter the larger of line 20 or line 25 25 26 26 26	
Next, enter the smaller of line 17 or line 26 on line 27.	
Part II-C Additional Child Tax Credit	
27 Enter this amount on line 15c	
BRA REV 02/16/22 PRO Schedule 8812 (Form 1	rm 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3	
Par	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)			
28a	Enter the amount from line 14f or line 15e, whichever applies	28a		
b	Enter the amount from line 14e or line 15d, whichever applies	28b		
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29		
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30		
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
31	Enter the smaller of line 4a or line 30	31		
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32		
33	 Enter the amount shown below for your filing status. Married filing jointly or Qualifying widow(er)—\$60,000 Head of household—\$50,000 			
	• All other filing statuses—\$40,000	33		
34	Subtract line 33 from line 3. If zero or less, enter -0	34		
35	Enter the amount from line 33	35		
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36		
37	Multiply line 32 by \$2,000	37		
38	Multiply line 37 by line 36	38		
39	Subtract line 38 from line 37	39		
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter			
	this amount on Schedule 2 (Form 1040), line 19	40		

REV 02/16/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form	8867	Paid Preparer's Due Diligence	Checklist	OMB No. 1545-00	074
		Earned Income Credit (EIC), American Opportunity T Child Tax Credit (CTC) (including the Additional Child T	Fax Credit (AOTC), ax Credit (ACTC) and		071
 (Rev. December 2021) Department of the Treasury Internal Revenue Service Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing S To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-SR Marking Aries Andread of Household (HOH) Filing S Credit for Other Dependents (ODC), and Head of Household (HOH) Filing S To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-SR Marking Aries Andread of Household (HOH) Filing S Credit for Other Dependents (ODC), and Head of Household (HOH) Filing S Marking Aries Andread of Household (HOH) Filing S 		Credit for Other Dependents (ODC)), and Head of House	old (HOH) Filing Status	Attachment	
		he latest information.	Sequence No. 70		
Taxpay	er name(s) shown or	n return	Taxpayer iden	tification number	
		AHMED & SADIYA KAUSHAR	890-27-	8257	
Enter p	reparer's name and	PTIN			
		M SAGAR GUPTA TALLAM	P020827	03	
Part		igence Requirements			
		propriate box for the credit(s) and/or HOH filing status claimened (check all that apply).	•	e the related Part	
1		lete the return based on information for the applicable tax ye obtained by you? (See instructions if relying on prior year ear		YesNoIX	N/A
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete the applicable lound in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040- ions, and/or the AOTC worksheet found in the Form 886 that provides the same information, and all related forms ar	SS, or Schedule 8812 (Form 3 instructions, or your own nd schedules for each credit		
3		y the knowledge requirement? To meet the knowledge requi			
		e taxpayer, ask questions, and contemporaneously document nat the taxpayer is eligible to claim the credit(s) and/or HOH fi			
		rmation to determine that the taxpayer is eligible to claim the ofigure the amount(s) of any credit(s)			
4	information re	mation provided by the taxpayer or a third party for use asonably known to you, appear to be incorrect, incomplete ons 4a and 4b. If " No, " go to question 5.)	e, or inconsistent? (If "Yes,"		
а	Did you make	reasonable inquiries to determine the correct, complete, and	consistent information? .		
b	you asked, wh	emporaneously document your inquiries? (Documentation s nom you asked, when you asked, the information that was p id on your preparation of the return.)	provided, and the impact the		
5	keep a copy of applicable wo 8867 and any	y the record retention requirement? To meet the record rete of your documentation referenced in question 4b, a copy of the rksheet(s), a record of how, when, and from whom the inform applicable worksheet(s) was obtained, and a copy of any of you relied on to determine eligibility for the credit(s) and/or l	his Form 8867, a copy of any nation used to prepare Form document(s) provided by the		
	the amount(s)	of the credit(s)	.		
6	credit(s) and/o	he taxpayer whether he/she could provide documentation to or HOH filing status and the amount(s) of any credit(s) clai ted for audit?	med on the return if his/her		
7		e taxpayer if any of these credits were disallowed or reduced			
		re disallowed or reduced, go to question 7a; if not, go to c			
а		lete the required recertification Form 8862?			
8	If the taxpayer correct Sched	r is reporting self-employment income, did you ask question ule C (Form 1040)?	s to prepare a complete and		
For Pa			2/16/22 PRO	Form 8867 (Rev. 12	2-2021)

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Part	II 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	III 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 X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer 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	X		
	statement to the return?	×		
Part		-		<u> </u>
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go te	o 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 responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checkl 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 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 eligit	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.		·	
	5. 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 of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for the credit (s) and for HOH filing status and to figure taxpayer's eligibility for tax			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for e comply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
45	Device contribution that all of the encourses on this Former 2007 one to the heat of your knowledge two compositions	ام مربع	Vac	No

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	
	REV 02/16/22 PRO Form 886	57 (Rev.	12-2021)