Form **8879**

(Rev. January 2021)

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

Submis	esion Identification Number (SID)					
Taxpaye	's name	Social seco	ırity numl	per		
FNU	EHTESHAM JUNAID	608-8	3-863	0		
Spouse's	name	Spouse's s	ocial seci	urity numb	er	
FNU	FAZEELATH FATHIMA	978-9	0-260	8		
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	year you	are au	thorizin	g.)	
Enter v	hole 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	9	0,1	85.
2	Total tax		2		7,3	39.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	4,6	02.
4	Amount you want refunded to you		4	1	0,7	63.
	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	py of y	our ret	urn))
return (or to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. In initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle of the income tax return (original or amended) I and its Funds Withdrawal Consent.	tter, or election of the S. Treasury cated in the n to debit the authorests must processing ayment. If	etronic resetransmises and its of tax prephe entry rization. The elurther action to the elurther action.	turn origingsion, (b) designate paration so this acrowked no lacetronic strongles.	nator the red Find oftwat count (care) ater to aym ge th	(ERO) eason ancial are for t. This ncel) a han 2 ent of at the
	yer's PIN: check one box only	Γ			٦	
×	I authorize GLOBAL TAXES LLC to enter or generate r	nv PIN └		5 3 0	」 a	s my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but r all zeros	t	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Your si	gnature ▶ Date ▶					
Spous	e's PIN: check one box only					
	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	ow author	Enter five don't ente		box	
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	II Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't e	8 6 enter all ze	1 9 eros	8 9	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taled to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this re	eturn in a	accordan		
FRO'∘	signature ▶ Date ▶					
<u> </u>	ERO Must Retain This Form — See Instructions					

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

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Your first name and middle initial EHTESHAM JUNAID 608-83-8630 Figure tretum, spouse's first name and middle initial Last name FNU FNU EHTESHAM JUNAID Application of the provided initial Last name FAZEELATH FATHIMA Spouse's social security numbe FAZEELATH FATHIMA Spouse's social security numbe FRACE In Fun have a freign address, also complete spaces below. B1 City, town, or poet office. If you have a P.O. box, see instructions. City, town, or poet office. If you have a foreign address, also complete spaces below. DES PLAINES Foreign province/state/county Foreign postal code TIL 60016 Standard Deduction Standard Deduction Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Dependents (see instructions): If more (I) First name Last name PRAZELATH FATHIMA State TIL 60016 Foreign province/state/county Foreign postal code your tax or refund. Your 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 Deduction Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindress You: Were born before January 2, 1957 Are blind Dependents (see instructions): If more (I) First name Last name QURATULAIN F SYEDA 657-57-6683 Daughter Attach Attach Attach Same and Add dividends Same and Adjustments to income from Schedule 1 iline 10 To capital gain or (loss), Attach Schedule D if required. If not required, check here First power in the form to the dependent of the providence of the provid	Filing Status Check only one box.	If yo	Single X Married filing jointly unchecked the MFS box, enter the notion is a child but not your dependent	ame of	ed filing separatel	,	_		, ,	_	, ,	` , ` ,
If joint return, spouse's first name and middle initial Last name FAZEELATH FATHIMA Spouse's social security numbe PRAZEELATH FATHIMA Spouse's social security numbe PRAZEELATH FATHIMA Spouse's social security numbe President spouse's spouse's social security numbe President spouse's spouse's social security numbe President spouse's spouse's social security numbe President spouse's	Your first name	and mi	ddle initial	Last na	ıme					Your so	cial securi	ty number
FAZEBLATH FATHIMA 978-90-2608 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Presidential Election Cand Electio	FNU			EHTE	SHAM JUNAI	D				608-83-8630		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. B1 Presidential Election Campaigr Check here if you, or your spot strike. If you have a foreign address, also complete spaces below. State ZIP code 50.016 State ZIP code 20.016	If joint return, s	pouse's	first name and middle initial	Last na	ıme					Spouse	's social se	curity number
Standard Dependents See instructions): (2) Social security Tish name Last name	FNU			FAZE	CELATH FATE	IMA				978-	90-260	8
City, town, or post office. If you have a foreign address, also complete spaces below. State	Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	Preside	ntial Electi	on Campaign
Search S	9091 EME	BASS	Y LANE						В1			
DES PLAINES	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP c	ode		· ·	•
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (2) Social security to you Child tax credit Credit for other dependent to you Child tax credit Credit for other dependent of the properties of the prope	DES PLA	INES				II	L	60	016			
Standard Deduction Someone can claim:	Foreign country	/ name			Foreign province/sta	ate/coun	ty	Forei	gn postal code	your tax		. Spouse
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You:	At any time du	ring 20	021, did you receive, sell, exchange,	or othe	erwise dispose of	any fina	ancial interest i	in any	virtual curre	ncy?	Yes	⊠ No
Dependents (see instructions): (1) First name												
If more than four dependents, see instructions and check here	Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind	Spouse	: Was bo	rn bef	ore January 2	2, 1957	☐ Is bl	lind
QURATULAIN F SYEDA 657-57-6683 Daughter QURATULAIN F SYEDA 657-57-6683 Daughter QURATULAIN F SYEDA 657-57-6683 Daughter □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	•					urity		nip				
dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		· ·			657-57-6	683	Daughter	-				
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	dependents,				037 37 0	005	Daagneer	_				
Attach Sch. B if required. Tax-exempt interest 2a b Taxable interest 2b 1.		s ——							$\overline{\Box}$			
Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 1. 3a Qualified dividends . 3a 13. 4a IRA distributions . 4a b Taxable amount . 4b 5a Pensions and annuities . 5a b Taxable amount . 5b 5a Pensions and annuities . 5a b Taxable amount . 5b 5a Pensions and annuities . 5a b Taxable amount . 6b 6a Social security benefits . 6a b Taxable amount . 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 6b 7 Representative of the properties of the												
Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 1. 3a Qualified dividends . 3a 13. 4a IRA distributions . 4a b Taxable amount . 4b 5a Pensions and annuities . 5a b Taxable amount . 5b 5a Pensions and annuities . 5a b Taxable amount . 5b 5a Pensions and annuities . 5a b Taxable amount . 6b 6a Social security benefits . 6a b Taxable amount . 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 6b 7 Representative of the properties of the		. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1		<u> </u>
Sch. B if required. 3a Qualified dividends 3a 13. b Ordinary dividends	Attach	2a	1	1, ,		b T	axable interes	t .		2b		
IRA distributions		3a	. –	3a	13.					3b	,	482.
Standard Deduction for—Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, \$15 Marked Filing 10 Qualified business income deduction from Form 8995 or Form 8995-A Add lines 12c and 13 Tayable income Subtract line 10 from line 11 lf zero or less enter -0- Tayable income Social security benefits . 6a	requirea.	4a	IRA distributions	4a			•			. 4b	,	
Deduction for— Single or Married filing separately, \$12,550 8 Other income from Schedule 1, line 10 10 8 7,931. Married filing jointly or Qualifying widow(er), \$25,100 10 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ 10 9 90,185. Standard deduction or itemized deductions (from Schedule A) 12a 25,100. 11 90,185. If you checked any box under Standard Peduction, 10 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,700. 15 Tayable income Subtract line 14 from line 11 If zero or less enter -0- 15 64,485		5a	Pensions and annuities	5а		b T	axable amoun	nt		. 5b	,	
Single or Married filing separately, \$12,550	Standard	6a	Social security benefits	6a		b T	axable amoun	nt		. 6b	,	
Married filing separately, 12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 90, 185.		7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not r	equired	, check here		▶ [7		8,048.
\$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Peduction, Peduction Pedu		8	Other income from Schedule 1, line	e 10						. 8		-7,931.
Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Poeduction, \$25,700. Married filing jointly or Qualifying widow(er), \$25,100 Location or itemized deductions (from Schedule A)		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncome				▶ 9		90,185.
11 Subtract line 10 from line 9. This is your adjusted gross income 11 90 , 185.	Married filing	10	Adjustments to income from Schee	dule 1,	line 26					. 10)	
widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Deduction, beduction, beduction, beduction, beduction, beduction, beduction, beduction, beduction, beduction, cell you checked any box under Standard Deduction, beduction, beduction, beduction, cell you checked any box under Standard Deduction, beduction, beduction, cell you take the standard deduction (see instructions) It you checked any box under Standard Deduction, cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you checked any box under Standard Cell you take the standard deduction (see instructions) It you che		11	Subtract line 10 from line 9. This is	your a	djusted gross in	come				▶ 11	!	90,185.
b Charitable contributions if you take the standard deduction (see instructions) c Add lines 12a and 12b		12a	Standard deduction or itemized	deduct	ions (from Sched	ule A)	12	а	25,10	0.		
\$18,800 C Add lines 12a and 12b 12c 25,700 If you checked any box under Standard Deduction, Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,700 15 Taxable income Subtract line 14 from line 11 lf zero or less enter -0-	Head of	b	Charitable contributions if you take	the star	ndard deduction (s	see instr	ructions) 12	b	60	0.		
13 Qualified business income deduction from Form 8995 or Form 8995-A		С	Add lines 12a and 12b							. 120	c :	25,700.
Standard 14 Add lines 12c and 13	If you checked	13	Qualified business income deducti	on from	n Form 8995 or Fo	orm 899	5-A			. 13	3	
		14	Add lines 12c and 13							. 14		25,700.
		15	Taxable income. Subtract line 14	from lin	ne 11. If zero or le	ss, ente	er -0			. 15	i	64,485.

	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	7,339.
	17	Amount from Schedule 2, line 3				·		17	
	18	Add lines 16 and 17						18	7,339.
	19	Nonrefundable child tax credit or credit for c	other depender	nts from Schedule	8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0					22	7,339.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is your total tax					•	24	7,339.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	14,6	02.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c			·			25d	14,602.
If you have a	26	2021 estimated tax payments and amount a	applied from 20	20 return				26	
qualifying child,	27a	Earned income credit (EIC)			27a				
attach Sch. EIC.		Check here if you were born after Janu							
		January 2, 2004, and you satisfy all th							
		taxpayers who are at least age 18, to claim	1 1	structions >					
	b	Nontaxable combat pay election							
	С	Prior year (2019) earned income		0.1	- 00	0 1	00		
	28	Refundable child tax credit or additional child			28	∠,⊥	.00.		
	29	American opportunity credit from Form 8863	•		29	1 /	0.0		
	30	Recovery rebate credit. See instructions .			30	⊥,4	00.		
	31	Amount from Schedule 3, line 15			31	مائله مسم مانام		00	2
	32	Add lines 27a and 28 through 31. These are					1	32	3,500.
	33	Add lines 25d, 26, and 32. These are your to						33	18,102. 10,763.
Refund	34	If line 33 is more than line 24, subtract line 2			•	-		34 35a	10,763.
Direct deposit?	35a	Amount of line 34 you want refunded to you Routing number 1 2 1 0 0 3 3	Soa	10,703.					
See instructions.	►b ►d	Account number 0 6 6 3 4 3 3		▶ c Type: 🔀	Checki	rig ∐ Sav ⊹	rings		
	36	Amount of line 34 you want applied to your		ed tax ▶	36	_i			
Amount	37	Amount you owe. Subtract line 33 from line				uctions	•	37	
You Owe	38	Estimated tax penalty (see instructions) .			38	uctions .		31	
Third Party		you want to allow another person to dis-							
Designee		ructions				Yes. Comp	olete b	elow.	X No
	Des	ignee's	Phone			– Personal			
	nar	ne ►	no. ►			number ((PIN)		
Sign		er penalties of perjury, I declare that I have examine							
Here		ef, they are true, correct, and complete. Declaration			ased on a	ii information o			, ,
	You	r signature	Date	Date Your occupation					nt you an Identity N, enter it here
Joint return?			DEVOPS ENGINEER				1	nst.) 🕨	14, GREEF RETIGIO
See instructions.	Spo	use's signature. If a joint return, both must sign.	Date	Spouse's occupat			If the	IRS ser	nt your spouse an
Keep a copy for your records.							1		ection PIN, enter it here
your records.				HOME MAKER	ξ		(see ir	nst.) ►	
		ne no. (510)493-6226	Email address	JUNEHTESHA					
Paid		parer's name Preparer's signat			Date		ΓIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/1	4/2022 PC	2082		Self-employed
Use Only		n's name ► GLOBAL TAXES LLC					Phone	no. (678)965-9522
	Firr	i's address ▶ 2530 Pebble Creek I	in Cumming	g GA 30041			Firm's	EIN ►	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 04/0	09/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page **2**

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

FNU EHTESHAM JUNAID & FNU FAZEELATH FATHIMA

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

608-83-8630

Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach 5 -7,960. 6 6 7 7 8 Other income: a Net operating loss 8a 8b 8c **d** Foreign earned income exclusion from Form 2555 **8d** e Taxable Health Savings Account distribution 8e 8f 8a 8h i Activity not engaged in for profit income 8i 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 8k I Olympic and Paralympic medals and USOC prize money (see 81 m Section 951(a) inclusion (see instructions) 8_m Section 951A(a) inclusion (see instructions) 8n o Section 461(I) excess business loss adjustment 80 **p** Taxable distributions from an ABLE account (see instructions). **a8 z** Other income. List type and amount ▶ 8z Other Income from box 3 of 1099-Misc 9 9 Total other income. Add lines 8a through 8z 29. 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -7,931.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
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 Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	,	24h		
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 violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 608-83-8630 FNU EHTESHAM JUNAID & FNU FAZEELATH FATHIMA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2, column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 8,048. 24,412. 16,658. 294. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 8,048. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

REV 04/09/22 PRO

BAA

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Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 8,048. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

2021

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

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

Social security number or taxpayer identification number 608-83-8630

FNU EHTESHAM JUNAID & FNU FAZEELATH FATHIMA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by you broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions☐ (C) Short-term transactions☐	reported on	Form(s) 1099	_	•		•	<i>'1</i>
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	amy, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
APEX CLEARING	01/01/21	12/31/21	469.	642.			-173.
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	8,195.	116.			8,079.
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	15,748.	15,900.	W	294.	142.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), li i	lude on your ne 2 (if Box B	24,412.	16,658.		294.	8,048.

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

REV 04/09/22 PRO

SCHEDULE E (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.

OMB No. 1545-0074

2021

Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

FNU	EHTESHAM JUNAID	& FNU FAZEELATH FATHIMA	A					60)8-83-	863()
Part		From Rental Real Estate and Ro		Note:	f you a	are in th	e business o				
		instructions. If you are an individual, rep									
A Dic		nts in 2021 that would require you to									
		ou file required Form(s) 1099?		. ,							
	Physical address of	each property (street, city, state, ZIF	code)								
A		HYDERABAD TELANGANA IN									
В	,										
С											
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only					Rental Days	Per	sonal U	se	QJV
Α	3	if you meet the requirements to	QJV DOX o file as	a only —	Α		365		0		
В		qualified joint venture. See inst	tructions	5.	В						
С					С						
Type o	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Term Rental	5 Land	t	7	7 Self-	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Roya	alties	8	3 Othe	r (describe)				
Incom	e:	Properties:			Α		В				С
3	Rents received		3		4	450.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see in	nstructions)	6								
7	Cleaning and mainter	nance	7		1,5	550.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	ssional fees	10								
11	Management fees .		11		1,2	200.					
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,	770.					
15	Supplies		15		2,3	110.					
16	Taxes		16								
17	Utilities		17		1,	780.					
18	Depreciation expense	or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20		8,4	410.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see	instructions to find out if you must									
			21		-7,9	960.					
22	on Form 8582 (see in		22 (7,9	60.)	()()
23a		eported on line 3 for all rental prope				23a		4	50.		
b		eported on line 4 for all royalty prop	erties			23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		8,4			
24		e amounts shown on line 21. Do no		,				.	24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses t	rom line	22. Er	nter tota	al losses her	e .	25 (7,960.)
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar							26		-7,960.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

1040 1040-SR 1040-NR 8812

OMB No. 1545-0074

2021

Attachment Sequence No. **47**

Your social security number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

		8-83-	-8630
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	90,185.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	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	90,185.
4a	Number of qualifying children under age 18 with the required social security number 4a 1.		·
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b 1.		
c	Subtract line 4b from line 4a		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0	5	3,600.
6	Number of other dependents, including any qualifying children who are not under age		
U	18 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident	+	
	alien. Also, do not include anyone you included on line 4a.		
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2 (00
9	Enter the amount shown below for your filing status.	0	3,600.
9	•		
	• Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400 000
10	• All other filing statuses—\$200,000 J	9	400,000.
10			
	• 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	10	_
	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	3,600.
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 States		
	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			
	on: 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	0.
b	Subtract line 14a from line 12	14b	3,600.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	3,600.
f	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-	14f	1,500.
	for 2021, enter -0	171	1,500.
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
a	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	1/10	2 100
g		14g	2,100.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line	1/16	0
	19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040, SP, or 1040, NP.	14:	2,100.
	your Form 1040, 1040-SR, or 1040-NR	14i	۷,100.

Schedule 8812 (Form 1040) 2021 Page **2**

Part	I-C Filers Who Do Not Check a Box on Line 13		
Cautio	on: If you checked a box on line 13, do not complete Part I-C.		
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.		
	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 didn't receive any advance child tax credit payments for 2021, enter -0	15e	
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
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 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)		
	on: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.		
Cautio	on: If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	x 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	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
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 $\dots \dots \dots \dots \dots \dots \dots$	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		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 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-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	25	
26	Enter the larger of line 20 or line 25	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	27	

Schedule 8812 (Form 1040) 2021

Part	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	

BAA

REV 04/09/22 PRO

Schedule 8812 (Form 1040) 2021

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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

▶ 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.

OMB No. 1545-0074

Attachment Sequence No. 70

Taxpayer identification number

FNU EHTESHAM JUNAID & FNU FAZEELATH FATHIMA 608-83-8630 Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC AOTC HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A or reasonably obtained by you? (See instructions if relying on prior year earned income.) \times If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpaver is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) \mathbf{x} Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her \mathbf{x} 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and Form **8867** (Rev. 12-2021)

orm 88	867 (Rev. 12-2021)			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			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the 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			
	statement to the return?	X		
Part	<u> </u>		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified 	Yes	No
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	year	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? VI Eligibility Certification		Ш	
rait	You will have complied with all due diligence requirements for claiming the applicable credit(s) are 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 responsin your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) 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 886 Document Retention.	37 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 applical obtained.	ble worl	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxp determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amountain the taxpayer's eligibility for the credit(s).			
	▶ If you have not complied with all due diligence requirements, you may have to pay a penalty for ecomply related to a claim of an applicable credit or HOH filing status (see instructions for more in			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No