Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayer's name

тахрау	er s name	Social security number			
PRA	SHANTH VENKATAIAHGARI	819-24-8581			
Spouse	s name	Spouse's social security number			
SHR	JTHI PUTTOJU	371-91-3680			
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	year you are authorizing.)			
Enter	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	1 202,457.			
2	Total tax	2 30,108.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 30,128.			
4	Amount you want refunded to you	· · · · 4 20.			
5	Amount you owe	5			

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

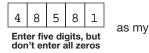
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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 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

X I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



02/09/2022

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	Prashanth	Venkataiahga	ri

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC

to enter or generate my PIN

-	3	б	8	0	as
	er fiv n't er				

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.

Spouse's signature ► Shruthi Puttoju	Date I			2/09	9/2	202	22			
Practitioner PIN Method Returns Only—cont	inue be	ow								
Part III Certification and Authentication – Practitioner PIN Method O	nly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII	N. 5	8	7 2 D	2 7 on't e			L I	9	8	9

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 ►

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

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

E1040		Intment of the Treasury-Internal Revenue Servenue Serve		(99) urn	202	OMB No.	1545-	0074 IRS Use Only	y—Do not v	write o	or staple i	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the r on is a child but not your dependen	name of y					nousehold (HOH) QW box, enter th			-	
Your first name	and mi	ddle initial	Last na	me					Your se	ocial	securit	y number
PRASHAN	ГН		VENK	ATAIAH	GARI				819-	24-	-8583	1
lf joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	's so	cial sec	curity number
SHRUTHI			PUTT	OJU					371-	91-	-3680	0
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.				Apt. no.	Preside	ential	Electio	on Campaign
281 E AI	NGELI	INA AVE										or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.		State		ZIP code				tly, want \$3 Checking a
TRACY						CA		95391	- U			change
Foreign country	/ name		F	oreign provi	nce/state/c	ounty		Foreign postal code	your ta			J
											You	Spouse
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise dispo	ose of any	financial inte	rest ir	n any virtual curre	ency?		Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Yo	ur spouse	as a depend	lent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dua	al-status a	lien						
	N.				0			. h. (0 4057		7	
Age/Blindness	-		957	Are blind	· ·			h before January	-		ls bli	-
Dependent		rst name Last name			ial security mber	(3) Relatito y		p (4) ✔ if c Child tax c		1		ctions): 1er dependents
lf more than four	AAR		лот					a cuit			X	
dependents,	AAR	AV VENKATATANGA	AKT	905-9	5-0941	5011					<u>I</u>	<u> </u>
see instruction	s ——										L	╡───
and check here ►												
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	N-2				<u></u>	. 1	<u> </u>	22	 20,337.
Attach	2a		2a			b Taxable int	erest		21	5		
Sch. B if	3a	· -	3a			b Ordinary d		 ds	. 31	5		
required.	4a	IRA distributions	4a			b Taxable an			. 41	5		
	5a	-	5a			b Taxable an	nount		. 51	5		
Standard	6a	Social security benefits	6a			b Taxable an	nount		. 61	5		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	reauired. It	f not reau	red. check h	ere					
 Single or Married filing 	8	Other income from Schedule 1, lir		•					. 8		1	L7,880.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your	total inco	me			▶ 9)2,457.
Married filing	10	Adjustments to income from Sche	edule 1, l	ine 26 .					. 10	5		
jointly or Qualifying	11	Subtract line 10 from line 9. This is			oss incom	ne			► 1 ⁻	1	20)2,457.
widow(er),	12a	Standard deduction or itemized					12a	25,10	0.			
\$25,100 • Head of	b	Charitable contributions if you take	the stan	dard deduc	tion (see i	nstructions)	12b					
household, \$18,800	с	Add lines 12a and 12b							. 12	.c	2	25,100.
If you checked	13	Qualified business income deduct	tion from	Form 8995	5 or Form	8995-A			. 1:	3		
any box under Standard	14	Add lines 12c and 13							. 14	4	2	25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero	o or less, e	enter -0			. 1	5		77,357.

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

Form **1040** (2021)

Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/31/22 PRO			Form 1	040 (2021)
	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN 🕨	30-10	17196
Use Only		n's name 🕨 GLOBAL TAX					Phor	ne no. (678)965	5-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/09/2022	P0208			mployed
Paid		eparer's name	Preparer's signat		-	Date	PTIN		Check if:	
		one no. (925)725-975		Email address	PRASHANTHV	GARI@GMAIL.CO				
Keep a copy for your records.					SYSTEM AN	ALYST	lden (see		ection PIN, e	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa		If the	IRS ser	nt your spou	
Joint return?		ar signature		Date	LEAD ENGI	NEER	Prote		N, enter it h	
Here		ief, they are true, correct, and com ur signature	plete. Declaration of	of preparer (othe Date	r than taxpayer) is b Your occupation	ased on all informatio		· ·	er has any kr nt you an Ide	0
Sign	Un	der penalties of perjury, I declare t		ed this return and		nedules and stateme	nts, and to	the bes		
200.g.100	De	signee's ne ▶		Phone no. ►		Pers	onal identi oer (PIN)	ication		
Third Party Designee		you want to allow another	person to disc		n with the IRS?	'See . ▶ □ Yes. Co	omplete k	below.	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 3 2 5					0			
Direct deposit?	►b	Routing number 1 2 1					Savings			
Refund	35a	Amount of line 34 you want				•	▶ □	35a		20.
Defensel	34	If line 33 is more than line 24						34	50	20.
	32 33	Add lines 25d, 26, and 32. T						33	30	,128.
	32	Add lines 27a and 28 throug					lits 🕨	32		
	30 31	Amount from Schedule 3, lin				30				
	29 30	American opportunity credit Recovery rebate credit. See				29 30				
	28	Refundable child tax credit or				28				
	c	Prior year (2019) earned inco			Oshadul 20010					
	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					
attach Sch. EIC.		Check here if you were k								
If you have a l qualifying child,	27a	Earned income credit (EIC)			37	27a	• •			
	26	2021 estimated tax payment						26		/1201
	d	Add lines 25a through 25c	•					25d	30	,128.
	b D	Other forms (see instructions				25D 25c		-		
	a b	Form(s) W-2 Form(s) 1099				25a 30	,128.	-		
	25	Federal income tax withheld				05- 20	1 2 0			
	24	Add lines 22 and 23. This is					. 🕨	24	30	,108.
	23	Other taxes, including self-e						23		0.
	22	Subtract line 21 from line 18						22	30	,108.
	21	Add lines 19 and 20						21		500.
	20	Amount from Schedule 3, lin	e8					20		
	19	Nonrefundable child tax cred						19		500.
	18	Add lines 16 and 17						18	30	,608.
	17	Amount from Schedule 2, lin	e3					17		
	16	Tax (see instructions). Check	if any from Form	i(s): 1 🗌 881	4 2 4972	3		16	30	,608.
Form 1040 (2021	1)							,		Page 2

SCHE (Form	•	0	MB No. 1545-0074		
• Departm	ent of the Treasury Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. 		A S	2021 ttachment equence No. 01
	()	orm 1040, 1040-SR, or 1040-NR ATAIAHGARI & SHRUTHI PUTTOJU	Your so 819-2		ecurity number
		onal Income	019-2		01
1		unds, credits, or offsets of state and local income taxes		1	
2a				2a	
b	-	inal divorce or separation agreement (see instructions) ►		20	
3		come or (loss). Attach Schedule C		3	17 000
4		or (losses). Attach Form 4797		4	-17,880.
5		estate, royalties, partnerships, S corporations, trusts, etc. A		-	
Ũ				5	
6	Farm incom	ne or (loss). Attach Schedule F		6	
7	Unemploym	nent compensation		7	
8	Other incom	ne:			
а	Net operatir	ng loss)		
b	Gambling in	ncome			
с	Cancellatior	n of debt			
d	Foreign ear	ned income exclusion from Form 2555 8d ()		
е	Taxable Hea	alth Savings Account distribution 8e			
f	Alaska Pern	nanent Fund dividends 8f			
g	Jury duty pa	ay			
h	Prizes and a	awards			
i	Activity not	engaged in for profit income			
j	Stock optio	ns			
k		m the rental of personal property if you engaged in			
	the rental for property .	or profit but were not in the business of renting such			
Т	,	Id Paralympic medals and USOC prize money (see			
•	• •)			
m	Section 951	(a) inclusion (see instructions) 8m			
n	Section 951	A(a) inclusion (see instructions) 8n			
ο	Section 461	(I) excess business loss adjustment 80			
р	Taxable dist	tributions from an ABLE account (see instructions) . 8p			
z	Other incom	ne. List type and amount ▶			
		82			
9		income. Add lines 8a through 8z		9	
10	Combine lir 1040-NR, lir	nes 1 through 7 and 9. Enter here and on Form 1040, 1040-S ne 8		10	-17,880.

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

SCHEDULE 1

Schedule 1 (Form 1040) 2021

OMB No. 1545-0074

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	

REV 01/31/22 PRO

SCHEDULE	С
(Form 1040)	

Α

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L. J.

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 \bigcirc 6

Attachment

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

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Sequence No. 09 Name of proprietor Social security number (SSN) PRASHANTH VENKATAIAHGARI 819-24-8581 Principal business or profession, including product or service (see instructions) B Enter code from instructions ▶ 5 1 9 1 0 0 SOFTWARE SERVICES Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) PRASHANTH SOFTWARE SERVICES 281 E ANGELINA AVE Business address (including suite or room no.) ► City, town or post office, state, and ZIP code TRACY, CA 95391 Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . X Yes No If you started or acquired this business during 2021, check here Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes X No Yes X No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 . . 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . 6 . 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 18 Office expense (see instructions) . 18 900. 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 20 instructions) Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment а 20a 12,000. 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) . . . а Travel. . . . 24a 14 Employee benefit programs (other than on line 19) 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 2,400. 25 2,580. 25 16 Interest (see instructions): Utilities 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 16b b Other 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 17,880. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 -17,880. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -17,880. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 01/31/22 PRO

Schedu	le C (Form 1040) 2021			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c C	Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
	Do you have evidence to support your deduction?		🗌 Yes	No
			· · Ves	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	e 30		
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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



OMB No. 1545-0074

2021 Attachment Sequence No. 47

► Go to www.irs.gov/Schedule8812 for instructions and the latest infor	rma
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Internal Revenue Service (99)
Name(s) shown on return

Department of the Treasury

) shown on return			rity number
PRAS	SHANTH VENKATAIAHGARI & SHRUTHI PUTTOJU	819-2	24-85	81
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	202,457.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 2	d	0.
3	Add lines 1 and 2d		3	202,457.
4 a	Number of qualifying children under age 18 with the required social security number 4a	0.		
b	Number of children included on line 4a who were under age 6 at the end of 2021 4b	0.		
c	Subtract line 4b from line 4a 4c	0.		
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 18 or who do not have the required social security number	1.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residalien. Also, do not include anyone you included on line 4a.	lent		
7	Multiply line 6 by \$500	. 7	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	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.		0	0.
11	Multiply line 10 by 5% (0.05)	. 1	1	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 1	2	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 Sta			
	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				
Cautio	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		4a	500.
b	Subtract line 14a from line 12		4b	0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A		4c	30,608.
d	Enter the smaller of line 14a or line 14c		4d	500.
e	Add lines 14b and 14d		4e	500.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) recei for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see instructions before entering an amount on this line. If you didn't receive any advance child tax credit payment	the ents	4f	0.
	for 2021, enter -0	· –	-11	0.
	filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III		4g	500.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on l 19 of your Form 1040, 1040-SR, or 1040-NR	. 14	4h	500.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 your Form 1040, 1040-SR, or 1040-NR		4i	0.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/31/22 PRO Schedule 8812 (Form 1040) 2021

Cautom: If you checkel a how on line 13: due on complete Part I-C 58 East the sumular of the Cerelit Linuit Weeksheet A 15 East the sumular of the Cerelit Linuit Weeksheet A 16 East the sumular of the Complete Parts II-A through II-C if you meet each of the following items. 1. You are not tiling Form 2555. 2. Line 4.3 is more than line 153. 2. Line 13: is more than line 154. 156 2. Add lines 155 and 155. 158 2. Add lines 154 and 155. 158 2. Add lines 154 and 155. 158 2. Faret the aggregate amount of advance child tax credit payments you (add your spouse if filling jointly) received for 2021. See your Letter(s) (419) for the amount on this line. If you are memiss patter of 100 your any your spouse if filling jointly on your Letter(s) (419, the processing of your return will be delayed. 15 Subtract line 155 form line 150. This is your norm 1040, 1040-58, no 1040-58. 2. Subtract line 155 form line 151. This is your norm 1040, 1040-58, no 1040-58. 2. Subtract line 155 form line 151. This is your norm 1040, 1040-58. 2. Subtract line 155 form line 151. This is your norm 1040, 1040-58. 2. Subtract line 155 form line 151. This is your norm 1040, 1040-58. 2. Subtract line 155 form line 151. This is your norm 1040, 1040-58. 2. Subtract line 156 form line 150. This is your norm 1040,	Schedu	le 8812 (Form 1040) 2021	Page 2
Image: The the annual form the Credit Link Worksheet A 15a Image: Authors and the Author of the Link Authors and the Authors and the Author Author Author Author Author Author Author Author Author	Part	I-C Filers Who Do Not Check a Box on Line 13	
b Enter the smaller of line 12 or line 15a 15b Additional child ta credit (complete Parts II: A through II: C if you meet each of the following items. 15c 1. You are not filing Form 2555. 2. Line 4.8 is more than line 15a. 15c 2. Is more than line 15a more than line 15a. 15c 15d 4. Add lines 15b and 15c 15d 15c 1. Bare 15b and 15c 15d 15d 6 Finar the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 0201; 8c we pay iters(10) 4019 for the amounts to include on this line. If you are write write than structure to the shaller of line 15d of 1019, the processing of your remote will be delayed. 1 Subtract line 15c from line 15d. If zero reless, enter -0- nines 15t through 115 and go to Part III 15t 1 Subtract line 15g from line 15d. If zero reless, enter -0- nines 15t through 115 and go to Part III 15t 1 Subtract line 15g from line 15d. If zero reless, enter -0- nines 15t through 11C cy and the additional child tax credit. 15t 1 Subtract line 15g from line 15d. This sky our accelland the accelland credit advance this 15t 1 Subtract line 15g from line 15d. Not complete Parts 1L-A through 11-C. 15t 1 Subtract line 15g from line 15d. on tocomplete Parts 1L-A through 11-C. 15t	Cautio	n: If you checked a box on line 13, do not complete Part I-C.	
Additional child us credit. Complete Parts II-A through II-C if you meet each of the following items. 1. You are not filing Form 255. 2. Line 4 is more than zero. 3. Line 12 is more than line 15a. 15c 4. Add lines 15b and 15c 15c 15c 6 Add lines 15b and 15c 15c 15c 7. Or 2021. See your Letter(s) 6419 for the amounts to include on fils line. If you are missing Letter 6419, see the instructions before entering an anount on this line. If you are missing Letter 6419, see the instructions before entering an anount on this line. If you are missing Letter 6419, see the instructions before entering on anount on this line. If you are reating will be delayed. 7. Subtract line 15c form line 15f. This is your reatm will be delayed. 15f 9. Bathract line 15g from line 15f. This is your source/modable child tax credit. And credit for other dependents. Enter this amount on line 102 your person 1404, 1040-SR, or 1040-SR. 15g 9. Cattom: If you fiels from 155. Line is your additional child tax credit. Enter this amount on line 28 of your Form 1404, 1040-SR, or 1040-SR. 15g 9. Cattom: If you checked a box on line 13, do nat complete Part 1-C) 16a 15g 16g Subtract line 15g from line 13. The source on line 17g, you cannot claim the additional child tax credit. 17. How the same at the 27g, the part 1-Ch and 15g and enter 40- nine 27g. 16a 16g Subtract line 15g from line 13, do nat complete Part 1-Ch and 15g and ente	15a	Enter the amount from the Credit Limit Worksheet A	15a
1. You are not filing Form 2555. 2. Line 4s more than zero. 3. Line 12 is more than zero. 3. Line 12 is more than line 15a. 15 154 154 155 15	b		15b
2. Line 4 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 15d 4 Add lines 15b and 15c 6 Finite The aggregate amount of advance did tax credit payments you (and your spouse if fling jointy) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you diavance child us credit payments for 2021, enter -0. 15c 15			
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e Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for (arcd), enter -0- ise Caution: If the amount on this line descript 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. ise f Subtract line 156 from line 153. If zero or less, enter -0- on line 151 through 151 and go to Part III	-		
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 are missing Letter 6419. 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 If Subtract line 15 for this is your noarefundable child tax credit and credit for other dependents. Enter this amount on line 15 f. This is your andtitional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR. 15 If Subtract line 15 from line 15. This is your andtitional child tax credit. Letter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR. 15 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 12. It zero, skip Parts II-A and II-B and enter -0- on line 27 16a Is Number of gaalifying children under 18 with the required social security number: x \$1.400. If a subtract line 15 from line 12. It zero, skip Parts II-A and II-B and enter -0- on line 27 16a Is Number of gaalifying children under 18 with the required social security number: x \$1.400. If a subtract line 15 from line 12. It zero, skip Parts II-A and II-B and enter 40- on line 27. 16a Is Non tacked to child the and the and enter 40- on line 27. 16a	d		15d
instructions before entering an anount on this line. If you didn't receive any advance child tax credit payments 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 150: of line 157. This is your additional child tax credit and credit for other dependents. Eater 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. Eater this amount on line 29 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 Part II-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 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 There: the smaller of ine 16a or line 16b 17 16a There the smaller of ine 16a or line 16b 17 18a The amount on line 18a more than 52,500? 18b 19 S the amount on line 19 by 15% (0.15) and enter the result 19 20 Multiply the amount on line 19 by 15% (0.1	e		
for 2021, enter -0. 15e Caution: If the amount on this line decan'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 157. This is your additional field tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR. 15f Subtract line 15g from line 157. This is your additional field tax credit. Enter this amount on line 128 of your diditional field tax credit. 15h Part II-2 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 Idea Subtract line 156 from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27 16a The result. If zero, skip Parts II-A and II-B and enter -0 on line 27 16b The result of line 10 by 15K (0.15) and enter the result 17 Is a farmed income (see instructions) 18b Is a farmed income (see instructions) 18b Is a farmed income (see instructions) 18a Is a farmed in 10 by 15K (0.15) and enter the result 19 Is the amount on line 19 by 15K (0.15) and enter t		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 tay credit payments	
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filing jointly) on your Letter(s) 6419, the processing of your return will be delayed. Image: Content of the set of the			
g Enter the smaller of 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 15g 15g 16g Subtract line 15g. from is so your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR 15g 2multon: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit. 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 16a Number of qualifying children under 18 with the required social security number: x \$1,400. Enter the smaller of 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 use for this line is the same as the number of children you used for line 4. 17 18a Is the amount on line 18a more than \$2,500? 18b 19 19 Is the amount on line 18b, the amount on line 18a. Enter the result 19 20 19 Next. On line 16b, is the amount on line 18a. Enter the result 19 20 19 <td></td> <td></td> <td></td>			
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 PartULA Additional Child Tax Credit (use only if completing Part I-C) 15g 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 No. Ther of qualifying children under 18 with the required social security number: x \$1,400. 16b Number of qualifying children under 18 with the required social security number: x \$1,400. 16b TIP: The number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for this line is the same as the number of children you use for the anount on line 19 by 15% (0.15) and enter the result 17 18a 18a 19 20 19 19 20 19 19 20 19 19 20 19 19 20 19	f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f
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-SR 15h PartULA Additional Child Tax Credit (use only if completing Part I-C) 15h Caution: If you checked a box on tomplete 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 Ions Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 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 IBs Earned lincome (see instructions) 18b 19 Is the amount on line 19b yi5% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 14B: Carned line 20, is capaal to or more than line 17, skip Part II-B and enter the smaller of line 17 on line 27. 20 14B: Carned line 20 to ine 27. 20 15B: eline the total of the amount \$4,200 or more? 19 20 m line 17b, is the amount \$4,200 or more? 19 20 m line 27. 20 16b 19 20 on line 27	g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other	
Form 1040, 1040-SR, or 1040-NR 15h PartUL-A Additional Child Tax Credit (use only if completing Part I-C.) 15h PartUL-A Additional Child Tax Credit (use only if completing Part I-C.) 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 16a Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27 16a 17b: The number of children you used for this line is the same as the number of children you used for line 4a. 17 17b: The number of children you set (see instructions) 18a 17 18a 18a 17 19 18a 17 19 18 the amount on line 18 more than \$2,500? 18b 19 18 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 Multiply the 27. 20 19 19 20 20 11 11 20 11 20 20 11 20 20 11 20 20 11	U	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) 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 lice 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 x \$1,400. Enter the smaller of line 16a or line 16b II-C; you cannot claim the additional child tax credit. 17 The number of children you use for this line is the same as the number of children you use for line 16a or line 16b 18a Earnet dincome (see instructions). IBb 19 Is the amount on line 18a more than \$2,500? Is 19 Is the amount on line 18a more than \$2,500? Is 19 Is the amount on line 18a more than \$2,000 rone? Is 19 Not. Leave line 19 blank and enter -0- on line 20. Is 19 Not. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 27. Otherwise, go to line 21. 19 Not. If line 20 is equal to or more than line 17, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 21. 19 Not. If line 20 is equal to or more than line 17, skip Part II-B and enter the	h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your	
Part II-3 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. Image: 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. Image: 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. Image: 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. Image: 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. Image: Caution: If you checked a box on line 13, do not complete Parts II-A and II-B and enter -0 on line 27 Image: Caution: If you checked a box on line 16 to ine 20. Image: Caution: If Part II-B Image: Caution: Image: Caut			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 Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0 on line 27		II-A Additional Child Tax Credit (use only if completing Part I-C)	
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. 16b 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? 18a 19 Is the amount on line 19 bunk and enter -0- on line 20. Yes. Subtract S2,500 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 20 Next. On line 16b, is the amount \$4,200 or more? No. If line 20 is equal to or more than 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 17, skip Part II-B and enter the amount from line 17 on line 27. 21 21 Withheld social security. Medicare, and Additional Medicare taxes from Form(s) W-2. 21 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15, Schedule 2 (Form 1040), line 13. 24			
b Number of qualifying children under 18 with the required social security number:	Cautio		x credit.
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 18a Earned income (see instructions) 17 18a Earned income (see instructions) 18b 19 Is the amount on line 18a more than \$2,500? 18a 19 No. Leave line 19 blank and enter -0- on line 20. 19 19 No. Leave line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19by 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 17, skip Part II-B and enter the smaller of line 17 on line 27. Otherwise, go to line 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 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15, Schedule 2 (Form 1040), line 13. and Schedule 3 (Form 1040), line 11. and Schedule 3 (Form 1040), l	16a		16a
TIP: The number of children you use for this line is the same as the number of children you used for line 4a. 17 18 Earned income (see instructions) 18a Barned income (see instructions) 18a 18a 18a Interview of children you used for line 4a. 17 18a 18a Interview of children you used for line 16b. 18a Image: Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 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. 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 Addit	b		
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? 19 □ No. Leave line 19 blank and enter -0- on line 20. 19 20 Multiply the amount on line 19b, is the amount on line 18a. Enter the result 19 20 Multiply the amount on line 19b up 15% (0.15) and enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 19 20 0 up 15% (0.15) and enter the result 20 Next. On line 16b, is the amount \$4,200 or more? 20 on line 27. 20 Ves. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 on line 27. Orderwise, go to line 21. 20 Part II-B Certain Filers Who Have Three or More Qualifying Children 21 Withheld social scentry. 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 Enter the total of the amounts from Schedule 2 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 13. 23 Add lines 21 and 22. 24 23 25 Subtract line 24 from line 23. If zero or less, enter -0- 26 Next, enter the smaller of line 17 or line 25. 27 Enter this amount on l		-	16b
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 Is the amount on line 19 blank and enter -0- on line 10. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 Image: state of the amount on line 19 blank and enter -0- on line 10. Yes. Subtract \$2,500 from 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 22 23 24 24 1040 and 1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 13. 23 24 1040 and 1040-SR filers: Enter the amount from Schedule 3 (Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 24 25 Subtract line 24 from line 23. If zero or less, enter -0- 26 Next, enter the langer of line 17 or line 25. Next, enter the langer of line 17 or line 26 on line 27. 26 Next,	. –		
b Nontaxable combat pay (see instructions). 18b 19 Is the amount on line 18 more than \$2,500? 19 No. Leave line 19 blank and enter -0- on line 20. 19 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? 10 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. 19 20 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 tir 1 RRTA taxes, see instructions 21 Withheld social security. Medicare, and Additional Medicare Tax or tir 1 RRTA taxes, see instructions 22 23 Add lines 21 and 22 24 1040. SR filers: Enter the total of the amounts from Form 1040, line 13. 23 24 1040 and 1040-SR filers: Enter the total of the amounts from Schedule 2 (Form 1040), line 13. 24 25 26 Subtract line 24 from line 23. If zero or less, enter -0- Next, enter the smaller of line 17 or line 25. Next, enter the smaller of line 17 or line 26 on line 27. 26 Next, enter the smaller of line 17 or line 26 on line 27. 27 28 29 20 20 20 20 20 20 20 21 22 23 24 24 24 25 26 26 27 28 29 20 20 20 20 20 20 <td></td> <td></td> <td>17</td>			17
19 Is the amount on line 18a more than \$2,500? Image: state in the problem in the importance of			-
□ No. Leave line 19 blank and enter -0- on line 20. 19 19 □ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 20 Next. On line 16b, is the amount \$4,200 or more? 20 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. 21 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 22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 13 23 23 Add lines 21 and 22			
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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? 20 0 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 0 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. 21 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 RTA taxes, see instructions 21 23 Add lines 21 and 22 21 22 24 1040 and 1040, line 5; Schedule 2 (Form 1040), line 15; Schedule 2 (Form 1040), line 13. and Schedule 3 (Form 1040), line 11. 24 24 24 1040-NR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 24 25 25 Enter the larger of line 20 or line 25. 26 Next, enter the smaller of line 17 or line 26 on line 27. 26 Next, enter the smaller of line 17 or line 26 on line 27. 26 27 27 26 Next,			
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27 Enter this amount on line 15c 27	Part		
	_		27
			edule 8812 (Form 1040) 2021

Schedu	ile 8812 (Form 1040) 2021	Page 3
Par	t III 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 01/31/22 PRO Sci	edule 8812 (Form 1040) 2021

Form	8867	Paid Preparer's Due			OMB	No. 1545	-0074
(Rev. De	ecember 2021)	Earned Income Credit (EIC), America Child Tax Credit (CTC) (including the Ad	dditional Child Tax Credit (ACTC)	and			
	nent of the Treasury Revenue Service	Credit for Other Dependents (ODČ)), and To be completed by preparer and filed with Forr Go to www.irs.gov/Form8867 for ins	n 1040, 1040-SR, 1040-NR, 1040-	PR, or 1040-SS.	Attach Seque	nment ence No.	70
Тахрау	er name(s) shown or	return		Taxpayer ident	ification n	umber	
PRA	SHANTH VENK	ATAIAHGARI & SHRUTHI PUTTOJU		819-24-8	3581		
Enter pr	reparer's name and	PTIN					
SYA	M PRIYA RAN	I SAGAR GUPTA TALLAM		P0208270)3		
Part	Due Dili	gence Requirements					
		propriate box for the credit(s) and/or HOH filing ned (check all that apply).	g status claimed on the return		e the rel AOTC		arts I–V HOH
1		lete the return based on information for the ap obtained by you? (See instructions if relying on		the taxpayer	Yes X	No	N/A
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 ions, and/or the AOTC worksheet found in hat provides the same information, and all re	040-PR, 1040-SS, or Schedule the Form 8863 instructions,	e 8812 (Form or your own			
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge			X		
	determine th	taxpayer, ask questions, and contemporaneou at the taxpayer is eligible to claim the credit(s)	and/or HOH filing status.	·			
		mation to determine that the taxpayer is eligit o figure the amount(s) of any credit(s)			×		
4	information re	nation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If "No," go to question 5.) .		nt? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, o	complete, and consistent infor	mation? .			
b	you asked, wh information ha	mporaneously document your inquiries? (Do nom you asked, when you asked, the informat d on your preparation of the return.)	ion that was provided, and th	e impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that	/ the record retention requirement? To meet t f your documentation referenced in question 4 (ksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the cred of the credit(s)	b, a copy of this Form 8867, a hom the information used to p copy of any document(s) pro edit(s) and/or HOH filing statu	a copy of any prepare Form ovided by the s or to figure	×		
	List those doc	uments provided by the taxpayer, if any, that y	ou relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide docu r HOH filing status and the amount(s) of any ed for audit?	y credit(s) claimed on the ret		×		
7		e taxpayer if any of these credits were disallow		ear?	X		
	•	e disallowed or reduced, go to question 7a;					
а		ete the required recertification Form 8862? .					
8		is reporting self-employment income, did you ule C (Form 1040)?			X		
For Pa		ion Act Notice, see separate instructions.	REV 01/31/22 PRO		Form 88	67 (Rev.	12-2021)

Form 88	367 (Rev. 12-2021)			Page 2
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 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 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?	X		
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 to	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 respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this 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 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	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	•	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 01/31/22 PRO Form 886	57 (Rev.	12-2021)

Additional information from your 2021 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b	Itemization Statement
Description	Amount
RENT (12M*\$1000 P.M)	12,000.
Total	12,000.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Description	Amount
INTERNET(12M*75PM)	900.
CELL PHONE(12M*70PM)	840.
ELECTRICITY(12M*70PM)	840.
Total	2,580.

1

Itemization Statement

14.5 01-1

819-24-8581