Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	er's name	Social securi	ty numb	er					
DIP	ENDRA PANWAR	662-63	-8621	L					
Spouse	's name		Spouse's soc	ial secu	rity number				
GAR	IMA PANWAR		APPLIE	D FOI	ર				
Part	Part I 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	80,511.				
2	Total tax			2	5,753.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	8,348.				
4	Amount you want refunded to you			4	2,595.				
5	Amount you owe			5					
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

3	8	6	2	1	as my
Ent don	,				

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I 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

Spouse's PIN: check one box only

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

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – Practit	oner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	re-digit self-selected PIN. <u>5</u> 87278619989 Don't enter all zeros				

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

ERO's signature >	Date 🕨	
	ain This Form — See Instructions m to the IRS Unless Requested To Do So	
E. D. J. D. J. M. A. I. N. K		

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

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	21	OMB No. 1545	-0074	IRS Use	Only–	-Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly U u checked the MFS box, enter the n on is a child but not your dependent	ame of y			S) 🗌 Head of cked the HOH c							
Your first name	and mi	ddle initial	Last nar	me						Your so	cial securi	ty number	
DIPENDR	A		PANW	IAR						662-	63-862	1	
lf joint return, s	pouse's	first name and middle initial	Last nar	me						Spouse	's social see	curity number	
GARIMA			PANW	IAR						APPL	IED FO	R	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.		Preside	ntial Election	on Campaign	
9340 E 1	REDF	IELD RD , UNIT 1056								Check I	nere if you,	or your	
		ce. If you have a foreign address, also co	mplete s	paces below.	S	tate	ZIP co	de				ntly, want \$3	
SCOTTSD	ALE				I	ΑZ	852	60377		0	o this fund. ow will not	Checking a change	
Foreign countr	y name		F	oreign province/s	state/cou	inty	Foreig	n postal co			or refund.	0	
											You	Spouse	
At any time du	iring 20	021, did you receive, sell, exchange,	, or othe	rwise dispose o	of any fir	nancial interest	in any v	virtual cu	urren	cy?	Yes	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a dual-st	atus alie	_				1057			
		Were born before January 2, 1	957	Are blind	Spous				-		Is bl		
Dependents				(2) Social se numbe	-	(3) Relationsh to you	nip				ualifies for (see instructions): redit Credit for other depende		
If more	.,	rst name Last name						Child tax cree		alt			
than four dependents,	VEL	DHIKA PANWAR		999-81-	2541	Daughter		L	<u> </u>			<u>×</u>	
see instruction	s ——							L	<u> </u>			<u> </u>	
and check here ►								L	<u> </u>			<u> </u>	
	-	Manage and the time at Attack						L			l		
Attach	1	Wages, salaries, tips, etc. Attach F	L Í	/v-2	i .	 —	· ·	• •	• •	1		80,511.	
Sch. B if	2a		2a			Taxable interes			· ·	2b			
required.	3a		3a			Ordinary divide		· ·	· ·	3b			
	4a		4a		-	Taxable amoun		• •	• •	4b			
	5a		5a		-	Taxable amoun		• •	• •	5b			
Standard Deduction for –	6a -7	···· , ··· ,				Taxable amoun	t		· ·	6b)		
Single or	7	Capital gain or (loss). Attach Scher					• •	!					
Married filing separately,	8	Other income from Schedule 1, lin		 1.:.:			• •	• •		8		80,511.	
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		2		е	• •	• •	•	9		50,511.	
 Married filing jointly or 	10	Adjustments to income from Sche	,		• •		• •	• •		10	-		
Qualifying widow(er),	11	Subtract line 10 from line 9. This is				1					6	80,511.	
\$25,100	12a	Standard deduction or itemized		,	,			25,	100	· -			
 Head of household, 	b	Charitable contributions if you take								- 10		0 - 100	
\$18,800	C			 						120		25,100.	
 If you checked any box under 	13	Qualified business income deduct							• •	13		<u></u>	
Standard Deduction.	14 15								• •	14		<u>25,100.</u> 55 411	
see instructions.	15	Taxable income. Subtract line 14		e 11. II zero Or	ess, en	ler-U				15		55,411.	

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

Form **1040** (2021)

Form 1040 (202	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	6	,253.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	6	,253.
	19	Nonrefundable child tax cree		•				19		500.
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5	,753.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	5	,753.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2					3,348.	-		
	b	Form(s) 1099				25b		-		
	с	Other forms (see instructions	,			25c		_		
	d	Add lines 25a through 25c						25d	8	,348.
If you have a	26	2021 estimated tax payment		• •		1 1		26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-		
		Check here if you were a January 2, 2004, and you								
		taxpayers who are at least a	,		_					
	b	Nontaxable combat pay elec	-	1 1						
	с	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Recovery rebate credit. See	instructions .			30		1		
	31	Amount from Schedule 3, lir	ne 15			31		1		
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cree	dits 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	8	,348.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	2	,595.
neruna	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	eck here		35a	2	,595.
Direct deposit?	►b	Routing number 1 2 3	Routing number $\begin{vmatrix} 1 & 2 & 3 & 2 & 7 & 1 & 9 & 7 & 8 \end{vmatrix}$ b c Type: X Checking Savings							
See instructions.	►d	Account number 5 3 2	0 7 9 0	0 8						
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	e 24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	structions				. 🕨 🗌 Yes. C	omplete l	celow.	X No	
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡			
0:			hat I have exemine							
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Ide	ntity
		0							IN, enter it he	ere
Joint return?						TION DEVELOP		inst.) 🕨		
See instructions. Keep a copy for				Date	Spouse's occupa	tion			nt your spous ection PIN, ei	
your records.					HOME MAKE	R		inst.)		
	Ph	one no. (208)805-629	5	Email address		ANWAR@GMAIL.CO	 M			
		eparer's name	Preparer's signat		DIL DINDUAD . L	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN		P0208	2703	Self-en	nployed
Preparer		m's name ► GLOBAL TA							678)965	
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041			's EIN ▶		17196
Go to www.ire o		11040 for instructions and the late			-	DEV/ 02/07/22 DDC	1			040 (2021)
GO 10 WWW.IIS.9	UVII UIII	in the instructions and the late	scinomation.		BAA	REV 03/07/22 PRO				- TO (2021)

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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



OMB No. 1545-0074

20 21 Attachment Sequence No. 47

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

Internal Revenue Service (99)
Name(s) shown on return

Department of the Treasury

Name(s)	Your soc	ial se	curity number	
DIPE	662-6	53-8	3621	
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	L	80,511.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.		
c	Enter the amount from line 15 of your Form 4563 2c			
d	Add lines 2a through 2c	. 20		0.
3	Add lines 1 and 2d	. 3	3	80,511.
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	0.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	. 5	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 6	1.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid alien. Also, do not include anyone you included on line 4a.	ent		
7	Multiply line 6 by \$500	. 7	7	500.
8	Add lines 5 and 7	. 8	3	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$. 9		400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter $1,000$; if the result is $1,025$, enter $2,000$, etc.	. 10		0.
11	Multiply line 10 by 5% (0.05)		_	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	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			500.
b	Subtract line 14a from line 12 . <th< td=""><td></td><td></td><td>0.</td></th<>			0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A			6,253.
d		. 14		500.
e	Add lines 14b and 14d	. 14	le	500.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receives 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 for 2021, enter -0-	the ents . 14	4f	0.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	e if		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	. 14	lg	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		lh	500.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28		r#1	500.
	your Form 1040, 1040-SR, or 1040-NR	. 14		0.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/22 PRO	Schedu	le 88 ⁻	12 (Form 1040) 2021

Schedul	le 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.	
с	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	150
	for 2021, enter -0	15e
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
£		158
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	15-
	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	151
Part	Form 1040, 1040-SR, or 1040-NR Image: Constraint of the second secon	15h
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	m : If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	v credit
<u>16a</u>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b	Subtract line 150 from line 12. If Zero, skip rats in A and in B and enter -0- of line 27	104
D	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.	100
17	Enter the smaller of line 16a or line 16b \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	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	20
20	Numpry the amount on the 19 by 15 / (0.15) and effect the result $\cdot \cdot \cdot$	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.	
	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	-	
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	
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-
23	Add lines 21 and 22	-
24	1040 and	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.	
3 5	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. J 24 Subtract line 24 from line 22. If goes on loss onter 0 0	25
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the larger of line 20 or line 25	26
Dort	Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit	
Part 27		27
41		
	BAA REV 03/07/22 PRO Sch	edule 8812 (Form 1040) 2021

Schedu	le 8812 (Form 1040) 2021		Page 3
Par	Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)		
28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line	30	
	Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.		
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	 Enter the amount shown below for your filing status. Married filing jointly or Qualifying widow(er)—\$60,000 Head of household—\$50,000 		
	• All other filing statuses—\$40,000	33	
34	Subtract line 33 from line 3. If zero or less, enter -0	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37 .	39	
40	Subtract line 39 from line 29. If zero or less, enter -0 This is your additional tax. If more than zero, enter		
	this amount on Schedule 2 (Form 1040), line 19	40	
			E 40.40\ 0004

REV 03/07/22 PRO BAA

Schedule 8812 (Form 1040) 2021

Form	8867	Paid Preparer's Due Diligence Che		OMB	No. 1545	5-0074
(Poy D	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 (HO	H) Filing Status	Attach	ment	
Department of the Treasury Internal Revenue Service Control to the Ways of the Service Control to the Ways of the Service Control to the Serv						70
Тахрау	er name(s) shown or	n return	Taxpayer ident	ification nu	umber	
DIP	ENDRA & GAB	RIMA PANWAR	662-63-8	3621		
Enter pr	reparer's name and	PTIN				
SYA	M PRIYA RAN	M SAGAR GUPTA TALLAM	P0208270)3		
Part	Due Dil	igence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the ned (check all that apply).		e the rela AOTC		arts I–V HOH
1		lete the return based on information for the applicable tax year provobtained by you? (See instructions if relying on prior year earned inc		Yes	No	N/A
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete the applicable EIC and bund in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or s ions, and/or the AOTC worksheet found in the Form 8863 instru- that provides the same information, and all related forms and sche	Schedule 8812 (Form uctions, or your own			
3	Did you satisfy the following.	y the knowledge requirement? To meet the knowledge requirement,		X		
		e taxpayer, ask questions, and contemporaneously document the tax nat the taxpayer is eligible to claim the credit(s) and/or HOH filing stat				
		rmation to determine that the taxpayer is eligible to claim the credit o figure the amount(s) of any credit(s)		X		
4	information re	mation provided by the taxpayer or a third party for use in pre- asonably known to you, appear to be incorrect, incomplete, or incomplete, or incomplete, or incomplete, or incomplete, or set and 4b. If " No ," go to question 5.)	consistent? (If "Yes,"		×	
а	Did you make	reasonable inquiries to determine the correct, complete, and consist	ent information? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should in nom you asked, when you asked, the information that was provided and on your preparation of the return.)	d, and the impact the			
5	keep a copy of applicable wo 8867 and any	y the record retention requirement? To meet the record retention referenced in question 4b, a copy of this Form rksheet(s), a record of how, when, and from whom the information u applicable worksheet(s) was obtained, and a copy of any docume you relied on to determine eligibility for the credit(s) and/or HOH fili	n 8867, a copy of any used to prepare Form ent(s) provided by the			
	the amount(s) List those doc	of the credit(s)		X		
6	credit(s) and/o	ne taxpayer whether he/she could provide documentation to substar or HOH filing status and the amount(s) of any credit(s) claimed or ted for audit?	the return if his/her	X		
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a pre	evious year?		×	
	•	re disallowed or reduced, go to question 7a; if not, go to question	•			
а		lete the required recertification Form 8862?				
8		r is reporting self-employment income, did you ask questions to preule C (Form 1040)?				
For Pa		tion Act Notice, see separate instructions. REV 03/07/22 PRC		Form 886	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		-	Part \	/.)
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 the credit (s) and for HOH filing status and taxpayer's eligibility for taxpayer's e			
	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 the second			
45	Device certify that all of the encurring on this Forms 2007 and to the heat of your knowledge two comparisons	•	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 03/07/22 PRO Form 886	57 (Rev.	12-2021)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sep	arate instruc		permaner	it reside				
An IRS individual	I taxpayer identification nur	nber (ITIN) is fo	r U.S. feder	al tax p	urposes	only.	Applicat	ion ty	pe (check one box):	
Before you begin • Don't submit th	:: iis form if you have, or are elig	gible to get, a U.S	S. social sec	urity nu	mber (SS	SN).	🗙 Ap	oply f	or a new ITIN an existing ITIN	
must file a U.S. fe	ubmitting Form W-7. Read t ederal tax return with Form	W-7 unless you	meet one						, c, d, e, f, or g, you	
	alien required to get an ITIN to o alien filing a U.S. federal tax retu		nefit							
	t alien (based on days present		es) filing a U.	S. federa	al tax retur	n				
_	of U.S. citizen/resident alien		-				tructions) 🕨			
e 🛛 Spouse of U		lf d or e, enter nam DIPENDRA PA					alien (see in		tions)►	
	alien student, professor, or rese	-	federal tax re							
	spouse of a nonresident alien ho	lding a U.S. visa								
h Other (see in	nstructions) ► on for a and f : Enter treaty countr				trooty or	iolo num	bor			
Name	1a First name		Idle name	and	treaty art	Last				
(see instructions)	GARIMA					PAI	NWAR			
Name at birth if different ►	1b First name	Mic	Idle name			Last	name			
Applicant's	2 Street address, apartment r 9340 E REDFIELD			you ha	ve a P.O. I	box, see	separate i	nstru	ctions.	
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Address	SCOTTSDALE AZ USA 85260-3779									
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / yea 08 / 03 / 1989	r) Country of birth	1	City an	d state or	province	e (optional)	5	_ Male ≰ Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I			H4	of U.S. v	isa (if any), n P70435		r, and expiration date 12/31/2021	
	6d Identification document(s) submitted (see instructions) ☑ Passport □ Driver's license/State I.D. □ USCIS documentation □ Other □ Date of entry into the United States									
	Issued by: INDIA	No.: U306755	5 Ex	p. date:	03/18/	2030	(MM/DD/			
	 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? ☑ No/Don't know. Skip line 6f. ☑ Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 									
	6f Enter ITIN and/or IRSN ►	ITIN	iist on a sheet			IONN (Se		115).	and	
	name under which it was is					SN			and	
			st name		Middle n	ame		l	_ast name	
	6g Name of college/university	or company (see ir	structions) 🕨							
	City and state Example 1				Length of	stay 🕨				
Sign Here	Under penalties of perjury, I (app documentation and statements, ar information with my acceptance age	nd to the best of m	y knowledge a	nd belief	, it is true,	correct,	and complet	e. I ai	uthorize the IRS to share	
Keep a copy for your records.	Signature of applicant (if d	elegate, see instru	ctions)	Date (m	onth / day /	′ year) 	Phone nun	nber		
-	Name of delegate, if applic	able (type or print))	Delegate's relationship to applicant			 Parent Power of 	Parent Court-appointed guardian		
Acceptance	Signature						Phone	Phone		
Agent's	Name and title (type or pri	nt)	Name of c	 ompanv		EIN	Fax		PTIN	
Use ONLY				Office c						

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service			e not U.S. citiz parate instruc		permaner	t reside	ents.				
An IRS individual	l taxpayer identification num	ber (ITIN) is fo	or U.S. feder	al tax p	ourposes	only.	A			pe (check one box):	
Before you begin • Don't submit th	1: nis form if you have, or are eligi	ble to get, a U.	.S. social sec	urity nu	ımber (SS	SN).				or a new ITIN an existing ITIN	
must file a U.S. f	ubmitting Form W-7. Read th ederal tax return with Form V	N-7 unless yo	u meet one							, c, d, e, f, or g, you	
	t alien required to get an ITIN to cl		enefit								
	t alien filing a U.S. federal tax retur		tee) filmer e l l	C fadau		_					
_	nt alien (based on days present ir of U.S. citizen/resident alien) If						truc	tions) 🕨	זמת	IGHTER	
	of 0.3. Citizen/resident alleri	u, enter relation	13111p to 0.0. ci		ident aller	(366 113	stiuc	10115)			
e 🗌 Spouse of L		d or e, enter na DIPENDRA P			S. citizen/					ions)▶	
f 🗌 Nonresident	t alien student, professor, or resea	rcher filing a U.S	S. federal tax re								
g 🗌 Dependent/	spouse of a nonresident alien hold	ling a U.S. visa									
h 🗌 Other (see ir	·										
	on for a and f : Enter treaty country			an	d treaty ar						
Name	1a First name VEDHIKA		iddle name			Last	nam NWA				
(see instructions)	1b First name	Mi	iddle name			Last					
Name at birth if different ►						Laor	nam	0			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 9340 E REDFIELD RD , UNIT 1056										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	SCOTTSDALE				AZ	USZ			5	35260-3779	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / year)) Country of birt	:h	City ar	nd state or	province	e (op	tional)	5	Male	
Information	04/10/2019	INDIA								K Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	tax I.D. number (if any) 6c Type of U.S. H4			of U.S. v	visa (if any), number, and expiration date P7043558 12/31/2021				
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation										
	the United States										
		Issued by: INDIA No.: U3071524 Exp. date: 05/21/2025 (MM/DD/YYYY)							: 01/08/2021		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	 No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 										
	6f Enter ITIN and/or IRSN ►					SN				and	
	name under which it was iss	name under which it was issued ►									
		Fi	irst name		Middle r	ame			l	_ast name	
	6g Name of college/university of	r company (see i	instructions) 🕨								
	City and state >				Length of	stay 🕨					
Sign Here	Under penalties of perjury, I (appli documentation and statements, and information with my acceptance ager	d to the best of r	ny knowledge a	nd belief	, it is true,	correct,	and	complete	e. I au	uthorize the IRS to share	
Keep a copy for your records.	Signature of applicant (if de	legate, see instru	tructions) Date (month / day / year) Phon-					one num	ne number		
	Name of delegate, if application	able (type or prin	t)		te's relatior	ship	X	Parent	С	ourt-appointed guardian	
	DIPENDRA PANWAR		to applicant				Power of attorney				
Acceptance	Signature			Date (m	onth / day	/ year)		one			
Agent's	Name and title (type or print	+)	Nome of -			EIN	Fax	(DTIN	
Use ONLY						N PTIN					

	State Tax Con	nmission Individua		State Us						
Se	ee page 7 of th	e instructions for the reasons		PAN						Ň
to	amend, and e	nter the number that applies.	•							
Fc	or calendar ye	ar 2021 or fiscal year beginni	ng ,	ending .						
\$	Your first n	ame and initial	Your last name			Your Social Security		SSN)		
F,	DIPEND	RA rst name and initial	PANWAR Spouse's last na	me		662-63-8621 Spouse's Social Sec		or (S	in 20	
5 +	ē ^{Spouses} ∥ ₩ GARIMA		PANWAR			APPLIED FOR	•		Dece in 20	
2		illing address	1				-		I	
		REDFIELD RD , UNI	т 1056			Forms an	d instruc	ction	is available at	
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	1200112			AZ	85260-377	1				
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	1. Sir	ngle 2. 🗙 Married filin	g 3. N	larried fil eparately	/ 4.	Head of 5.			widow(er) ying dependents	
He	ousehold S	ee instructions, page 7. If so	meone can clain	n vou as	a dependent lea	ve line 6a blank Enter "	1" on lines	s 6a a	and 6b if they apply	v
				-	-	_ 6d. Total househo				<i>y</i> .
L	ist your dep	endents below. If you have	more than four	depend	lents, continue	on Form 39R. Enter to	otal numb			
	De	pendent's first name	Depe	ndent's la	ist name	Dependent's	SSN	I	Dependent's birthdat (mm/dd/yyyy)	te
ſ	VEDHIKA		PANWAR			999-81-25	541		04/10/2019	
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		instructions, page 7.	como from fod		~ 1040 or 1040	SD line 11				
	7. Enter you	ur federal adjusted gross in						7	80511	
7	7. Enter you Include a	ur federal adjusted gross in complete copy of your fed	eral return					7	80511	+
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8	 Enter you Include a Additions Total. Add 	ur federal adjusted gross in complete copy of your fed from Form 39R, Part A, lir d lines 7 and 8	eral return ne 7. Include Fo	orm 39R				8 9	80511	0
7 8 9 10	 Enter you Include a Additions Total. Additions Subtracti 	ur federal adjusted gross in complete copy of your fed from Form 39R, Part A, lir d lines 7 and 8 ons from Form 39R, Part E	eral return ne 7. Include Fo 3, line 24. Includ	orm 39R de Form	39R		······	8 9 10	80511	0
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7 و 10 11 Ta	 7. Enter you Include a 8. Additions 9. Total. Additions 9. Subtracti 1. Total Additional ax Compute 	ur federal adjusted gross in complete copy of your fed from Form 39R, Part A, lir d lines 7 and 8 ons from Form 39R, Part E	eral return ne 7. Include Fo 3, line 24. Includ ne 10 from line	orm 39R de Form	39R		······	8 9 10	80511	0
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7 و 10 11 Ta	 7. Enter you Include a 8. Additions 9. Total. Additions 9. Total. Additions 9. Total. Additions 9. Total Additio	 a rederal adjusted gross in a complete copy of your fed from Form 39R, Part A, lir d lines 7 and 8	eral return e 7. Include Fo <u>a</u> , line 24. Include ne 10 from line page 8. 55 or older parent or some lent, check here nclude federal e or general sal ine 13. If you d see instructions line 15 or 16 fro ome deduction	orm 39R de Form 9 one else e and er Schedul les taxes on't use , page 8 om line	39R age can claim you ter zero on line e A. Federal line included on fe federal Schedu t, to determine 11. If less than	Yourself • Spous Yourself • Spous as a • 43 • Spous hits apply deral Schedule A ile A, enter zero amount if not standard zero, enter zero		8 9 10 11 11 13 14 15 16	80511 80511	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0

Include a complete copy of your federal return.

DAHO State Tax Commission			Fo	rm 40		1030 2021 (<i>c</i>	ontinue	ed)
21. Tax amount from line 20					21		3117	00
Credits. Limits apply. See instructions, page 9.					1			
22. Income tax paid to other states. Include Form 39R and a	copy of other states	s' returns • 2	2	00				
23. Total credits from Form 39R, Part D, line 4. Include Fo				00				
24. Total business income tax credits from Form 44, Part I				00				
25. Idaho Child Tax Credit. Computed amount from works				0 00				
26. Total Credits. Add lines 22 through 25			1		26		0	00
27. Subtract line 26 from line 21. If line 26 is more than lin					27		3117	
Other Taxes. See instructions, page 10.								
28. Fuels use tax due. Include Form 75					28			00
29. Sales/use tax due on untaxed purchases (online, r	nail order, and ot	her)			29			00
30. Total tax from recapture of income tax credits from Fo					30			00
31. Tax from recapture of qualified investment exemption					31			00
32. Permanent building fund tax.								
Check the box if you received Idaho public assistance	payments for 202	1			32		10	00
33. Total Tax. Add lines 27 through 32					33		3127	00
Donations. See instructions, page 10. I want to do								
34. Idaho Nongame Wildlife Fund 35	. Idaho Children's	Trust Fund						
	. Idaho Guard & F	Reserve Family						
38. American Red Cross of Idaho Fund • 39	. Veterans Suppo							
	. Opportunity Sch		-					
42. Total Tax Plus Donations. Add lines 33 through 41					42		3127	00
Payments and Other Credits.								
43. Grocery Credit. Computed amount from worksheet on	page 11		•3	300				
To donate your grocery credit to the Cooperative Welfare F								
To receive your grocery credit, enter the computed					43		300	00
44. Maintaining a home for family member age 65 or older of					44			00
45. Special fuels tax refund Gasoline tax			e Form 75 .		45			00
46. Idaho income tax withheld. Include Form W-2s and an					46		3248	
47. 2021 Form 51 estimated payments and amount applie	-		-		47			00
48. Paid by entity • Withheld •	ABE •		tructions		48			00
	of Right credit •		instructions		49			00
50. Total Payments and Other Credits. Add lines 43 thro					50		3548	
Tax Due or Refund. See instructions, page 12.								
51. Tax Due. If line 42 is more than line 50, subtract line 5	50 from line 42			51				00
52. Penalty ■ Interest from the due date ■		Enter total		<u> </u>	52			00
Check box if penalty is caused by an unqualified Idah								
53. Total Due. Add lines 51 and 52. Pay online or make che	•				53			00
54. Overpaid. If line 42 is less than line 50, subtract lines 42					54		421	
55. Refund. Amount of line 54 to be refunded to you					0.1	421		00
56. Estimated Tax. Amount of line 54 to be applied to you					56			00
57. Direct Deposit. See instructions, page 13. • Ch		all destination		ine U.	э.	Type of	Check	ling
Routing No. 1 2 3 2 7 1 9 7 8 Account No. 5	3 2 0 7 9	0 8 0				Account:	Saving	gs
Amended Return Only. Complete this section to deter	mine vour tax due	or refund. See	e instructio	ns.				
58. Total due (line 53) or overpaid (line 54) on this return .	-				58			00
59. Refund from original return plus additional refunds					59			00
60. Tax paid with original return plus additional tax paid					60			00
61. Amended tax due or refund. Add lines 58 and 59 then					61			00
Within 180 days of receiving this return, the Idaho State T					· • · 1	er identified		
• Under penalties of perjury, I declare that to the best of my								
Your signature	Spouse's signature					Date		
Sign	•							
Here Paid preparer's signature	Preparer's EIN, SS	SN, PTIN	!	Taxpay	er's p	hone numb	er	
• 03-17-2022)5-6295		
	ZIP code	Preparer's phone	number					
	30041	(678)965-9						
EFO00089 09-23-2021	REV 03/01/22		2 of 2	C	2	1 1 5	2 3	0

E 104(artment of the Treasury-Internal Revenue Serv 5. Individual Income Ta 2		⁽⁹⁹⁾ 20	21	OMB No. 154	5-0074	IRS Use Only	y—Do not v	write or staple	in this space.
Filing Statu 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	ed filing separate your spouse. If yo				. ,		, ,	low(er) (QW) he qualifying
Your first name	e and mi	ddle initial	Last na	me					Your se	ocial securi	ty number
DIPENDR	A		PANW	IAR					662-	63-862	1
If joint return, s	spouse's	first name and middle initial	Last na						Spouse	's social se	curity number
GARIMA			PANW	IAR					APPI	IED FO	R
	(numbe	r and street). If you have a P.O. box, see	1				A	pt. no.			ion Campaign
9340 E	REDE	IELD RD , UNIT 1056								here if you,	
-		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ate	ZIP co	de			ntly, want \$3
SCOTTSD		,			A	Z	852	603779	- U	o this fund. low will not	Checking a
Foreign countr			F	oreign province/st	ate/coun	ty		n postal code		x or refund	0
0	,			0		5				You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise dispose of	any fina	ancial interest	in any v	virtual curre	ency?	 Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t Vour sp	ouse as	a dependent					
Deduction		Spouse itemizes on a separate retur	•			·					
		· · · · · · · · · · · · · · · · · · ·	, ,	7	_						
Age/Blindnes	s You:	Were born before January 2, 1	957	Are blind	Spouse	: 📋 Was bo	orn befo	re January		Is b	-
Dependent				(2) Social sec	urity	(3) Relations	hip	.,		or (see instru	,
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit		ther dependents
than four dependents,	VED	DHIKA PANWAR		999-81-2	541	Daughte	r				×
see instruction	IS										<u> </u>
and check											<u> </u>
here 🕨 📋											
A++	1	Wages, salaries, tips, etc. Attach I	Form(s) ۱	N-2					. 1		80,511.
Attach Sch. B if	2a	Tax-exempt interest	2a		bΤ	axable interes	st.		. 21	ว	
required.	3a	Qualified dividends	3a		bC	Ordinary divide	ends .		. 31	ว	
) 4a	IRA distributions	4a		bΤ	axable amou	nt		. 41	ว	
	5a	Pensions and annuities	5a		bΤ	axable amou	nt		. 51	ว	
Standard	6a	Social security benefits	6a		bΤ	axable amou	nt		. 61	ว	
 Deduction for – Single or 	7	Capital gain or (loss). Attach Sche	dule D if	required. If not r	equired	l, check here		> [_ 7	,	
Married filing	8	Other income from Schedule 1, lin	ne 10 .						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncome				▶ 9)	80,511.
Married filing	10	Adjustments to income from Sche	edule 1, l	ine 26					. 10	2	
Jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a o	djusted gross in	come				► <u>1</u>	1	80,511.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	i ons (from Schec	lule A)	12	2a	25,10	0.		
 Head of 	b	Charitable contributions if you take	the stan	dard deduction (see instr	ructions) 12	2b				
household, \$18,800	c	Add lines 12a and 12b							. 12	c	25,100.
• If you checked	13	Qualified business income deduct	ion from	Form 8995 or Fo	orm 899	95-A			. 1:		
any box under <i>Standard</i>	14								. 14	4	25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0			. 1	5	55,411.
	/										

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

Form **1040** (2021)

Form 1040 (202	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	6	,253.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	6	,253.
	19	Nonrefundable child tax cree		•				19		500.
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5	,753.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	5	,753.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2					3,348.	-		
	b	Form(s) 1099				25b		-		
	с	Other forms (see instructions	,			25c		_		
	d	Add lines 25a through 25c						25d	8	,348.
If you have a	26	2021 estimated tax payment		• •		1 1		26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-		
		Check here if you were a January 2, 2004, and you								
		taxpayers who are at least a	,		_					
	b	Nontaxable combat pay elec	-	1 1						
	с	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Recovery rebate credit. See	instructions .			30		1		
	31	Amount from Schedule 3, lir	ne 15			31		1		
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cree	dits 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	8	,348.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	2	,595.
neruna	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	eck here		35a	2	,595.
Direct deposit?	►b	Routing number 1 2 3 2 7 1 9 7 8 ► c Type: X Checking Savings								
See instructions.	►d	Account number 5 3 2 0 7 9 0 0 8								
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36				
Amount	37	Amount you owe. Subtract	line 33 from line	e 24. For detail	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	structions				. 🕨 🗌 Yes. C	omplete l	celow.	X No	
		signee's ne ►		Phone no.			onal identi ber (PIN) 🖡			
0:			hat I have exemine							
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Ide	ntity
		0							IN, enter it he	ere
Joint return?						TION DEVELOP		inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spous ection PIN, ei	
your records.					HOME MAKE	R		inst.)		
	Ph	one no. (208)805-629	5	Email address		ANWAR@GMAIL.CO	 M			
		eparer's name	Preparer's signat		DIL DINDUAD . L	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN		P0208	2703	Self-en	nployed
Preparer		m's name ► GLOBAL TA							678)965	
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041			's EIN ▶		17196
Go to www.ire o		11040 for instructions and the late			-	DEV/ 02/07/22 DDC	1			040 (2021)
GO 10 WWW.IIS.9	UVII UIII	in the instructions and the late	scinomation.		BAA	REV 03/07/22 PRO				- TO (2021)

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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



OMB No. 1545-0074

20 21 Attachment Sequence No. 47

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

Internal Revenue Service (99)
Name(s) shown on return

Department of the Treasury

Name(s)) shown on return	Your soc	ial se	curity number
	NDRA & GARIMA PANWAR	662-6	53-8	3621
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	L	80,511.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.		
c	Enter the amount from line 15 of your Form 4563 2c			
d	Add lines 2a through 2c	. 20		0.
3	Add lines 1 and 2d	. 3	3	80,511.
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	0.		
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet; otherwise, enter -0	. 5	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 6	1.		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid alien. Also, do not include anyone you included on line 4a.	ent		
7	Multiply line 6 by \$500	. 7	7	500.
8	Add lines 5 and 7	. 8	3	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$. 9		400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter $1,000$; if the result is $1,025$, enter $2,000$, etc.	. 10		0.
11	Multiply line 10 by 5% (0.05)		_	0.
12	Subtract line 11 from line 8. If zero or less, enter -0	. 12	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			500.
b	Subtract line 14a from line 12 . <th< td=""><td></td><td></td><td>0.</td></th<>			0.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A			6,253.
d		. 14		500.
e	Add lines 14b and 14d	. 14	le	500.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) receives 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 for 2021, enter -0-	the ents . 14	4f	0.
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	e if		
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	. 14	lg	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		lh	500.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28		r#1	500.
	your Form 1040, 1040-SR, or 1040-NR	. 14		0.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/22 PRO	Schedu	le 88 ⁻	12 (Form 1040) 2021

Schedul	le 8812 (Form 1040) 2021	Page 2
Part	I-C Filers Who Do Not Check a Box on Line 13	
Cautio	n: 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.	
с	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	150
	for 2021, enter -0	15e
	Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	
£		158
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	15-
	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	151
Part	Form 1040, 1040-SR, or 1040-NR Image: Constraint of the second secon	15h
	n: If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.	
	m : If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child ta	v credit
<u>16a</u>	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a
b	Subtract line 150 from line 12. If Zero, skip rats in A and in B and enter -0- of line $27 + 27 + 27 + 27 + 27 + 27 + 27 + 27 $	104
D	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.	100
17	Enter the smaller of line 16a or line 16b \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots	17
17 18a	Earned income (see instructions)	17
b	Nontaxable combat pay (see instructions)	-
19	Is the amount on line 18a more than \$2,500?	
17	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	20
20	Numpry the amount on the 19 by 15 / (0.15) and effect the result $\cdot \cdot \cdot$	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.	
	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	-	
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	
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-
23	Add lines 21 and 22	-
24	1040 and	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11.	
3 5	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. J 24 Subtract line 24 from line 22. If goes on loss onter 0 0	25
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25
26	Enter the larger of line 20 or line 25	26
Dort	Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit	
Part 27		27
41		
	BAA REV 03/07/22 PRO Sch	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 03/07/22 PRO Sci	nedule 8812 (Form 1040) 2021

Form	8867 Paid Preparer's Due Diligence Checklist			OMB No. 1545-0074				
(Poy D	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					Attachment			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information.						70		
Тахрау	er name(s) shown or	n return	Taxpayer ident	ification nu	umber			
DIP	ENDRA & GAB	RIMA PANWAR	662-63-8	3621				
Enter pr	reparer's name and	PTIN						
SYA	M PRIYA RAN	M SAGAR GUPTA TALLAM	P0208270)3				
Part	Due Dil	igence Requirements						
		propriate box for the credit(s) and/or HOH filing status claimed on the ned (check all that apply).		e the rela AOTC		arts I–V HOH		
1		lete the return based on information for the applicable tax year provobtained by you? (See instructions if relying on prior year earned income		Yes	No	N/A		
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete the applicable EIC and bund in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or s ions, and/or the AOTC worksheet found in the Form 8863 instru- that provides the same information, and all related forms and sche	Schedule 8812 (Form uctions, or your own					
3		y the knowledge requirement? To meet the knowledge requirement,	you must do both of	X				
		e taxpayer, ask questions, and contemporaneously document the tax nat the taxpayer is eligible to claim the credit(s) and/or HOH filing stat						
		rmation to determine that the taxpayer is eligible to claim the credit of figure the amount(s) of any credit(s)		X				
4	information re	mation provided by the taxpayer or a third party for use in prepasonably known to you, appear to be incorrect, incomplete, or incons 4a and 4b. If " No, " go to question 5.)	consistent? (If "Yes,"		×			
а	Did you make	reasonable inquiries to determine the correct, complete, and consist	ent information? .					
b	you asked, wh	emporaneously document your inquiries? (Documentation should in nom you asked, when you asked, the information that was provided ad on your preparation of the return.)	d, and the impact the					
5	keep a copy of applicable wo 8867 and any	y the record retention requirement? To meet the record retention referenced in question 4b, a copy of this Form rksheet(s), a record of how, when, and from whom the information u applicable worksheet(s) was obtained, and a copy of any docume you relied on to determine eligibility for the credit(s) and/or HOH fili	n 8867, a copy of any used to prepare Form ent(s) provided by the					
	the amount(s)	of the credit(s)		X				
6	credit(s) and/o	ne taxpayer whether he/she could provide documentation to substar or HOH filing status and the amount(s) of any credit(s) claimed on ted for audit?	the return if his/her	X				
7	Did you ask th	e taxpayer if any of these credits were disallowed or reduced in a pre	evious year?		×			
	•	re disallowed or reduced, go to question 7a; if not, go to questior	•					
а		lete the required recertification Form 8862?						
8		r is reporting self-employment income, did you ask questions to preule C (Form 1040)?						
For Pa		tion Act Notice, see separate instructions. REV 03/07/22 PRC		Form 886	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 particulate all of the appropriate on this Form 2007 are to the best of your knowledge, true correspondence	•	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 03/07/22 PRO Form 886	57 (Rev.	12-2021)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sep	arate instruc		permaner	it reside	1115.		
An IRS individual	I taxpayer identification nur	nber (ITIN) is fo	r U.S. feder	al tax p	urposes	only.	Applicat	ion ty	pe (check one box):
Before you begin • Don't submit th	n: his form if you have, or are elig	ible to get, a U.S	6. social sec	urity nu	mber (SS	SN).	🗙 Ap	oply f	or a new ITIN an existing ITIN
must file a U.S. fo	ubmitting Form W-7. Read t ederal tax return with Form	W-7 unless you	meet one						, c, d, e, f, or g, you
	t alien required to get an ITIN to o t alien filing a U.S. federal tax retu		nefit						
	t alien (based on days present		es) filing a U :	S federa	al tax retur	n			
_	of U.S. citizen/resident alien		-				tructions) 🕨		
_	J.S. citizen/resident alien	f d or e, enter nam DIPENDRA PA	ne and SSN/IT	IN of U.	S. citizen/ı	resident		struct	tions) ▶
f 🗌 Nonresident	t alien student, professor, or rese	archer filing a U.S.	federal tax re						
	spouse of a nonresident alien ho	ding a U.S. visa							
h 🗌 Other (see ir									
	on for a and f : Enter treaty countr 1a First name		Idle name	and	d treaty art	Last I			
Name (see instructions)	GARIMA	IVIC					IWAR		
Name at birth if different	1b First name	Mid	Idle name			Last			
Applicant's Mailing	2 Street address, apartment r 9340 E REDFIELD			you hav	ve a P.O. I	box, see	separate i	nstru	ctions.
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SCOTTSDALE AZ USA 85260-3779								
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth Information	4 Date of birth (month / day / yea 08 / 03 / 1989	r) Country of birth INDIA		City an	d state or	province	e (optional)	5	_ Male ≰ Female
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I			H4	of U.S. v	isa (if any), n P70435		r, and expiration date 12/31/2021
	6d Identification document(s) submitted (see instructions) Image: Passport Image: Driver's license/State I.D. Image: USCIS documentation Image: Other instruction instructio								
	Issued by: INDIA	No.: U306755	5 Ex	p. date:	03/18/	2030	(MM/DD/		
	 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 								
	Image: Second piele line of a more than one, list of a sheet and attach to this form (see instructions). of Enter ITIN and/or IRSN ► ITIN IRSN								
	name under which it was issued ►								
	First name Middle name Last name								
	6g Name of college/university or company (see instructions) ▶								
	City and state Example 1				Length of	stay 🕨			
Sign Here	Under penalties of perjury, I (app documentation and statements, ar information with my acceptance age	nd to the best of m	y knowledge a	nd belief	, it is true,	correct,	and complet	e. I au	uthorize the IRS to share
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year) Phone number				
	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant			Parent Court-appointed guardia Power of attorney		
Acceptance	Signature						Phone Fax		
Agent's	Name and title (type or print) Na		Name of co	Name of company EIN					PTIN
Use ONLY				Office c					

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service			arate instruc		Jermanen	reside					
An IRS individual	I taxpayer identification numb	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.	Applicati	on typ	e (check one	box):	
Before you begin • Don't submit th		ble to get, a U.S. social security number (SSN).						or a new ITIN an existing IT			
	ubmitting Form W-7. Read the ederal tax return with Form W								c, d, e, f, or	g, you	
	alien required to get an ITIN to cla	-			•	,		,			
b 🗌 Nonresident	t alien filing a U.S. federal tax return	1									
c 🗌 U.S. residen	${f c}$ U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return										
d 🛛 Dependent of U.S. citizen/resident alien 👔 If d, enter relationship to U.S. citizen/resident alien (see instructions) 🕨 DAUGHTER									GHTER		
e 🗌 Spouse of L		d or e, enter name IPENDRA PAI					alien (see ins	60	ons)► 62-63-862	21	
f 🗌 Nonresident	t alien student, professor, or resear	cher filing a U.S. f	ederal tax re								
g 🗌 Dependent/s	spouse of a nonresident alien holdi	ng a U.S. visa									
h 🗌 Other (see ir	,										
	on for a and f : Enter treaty country		lle name	and	treaty art						
Name	1a First name VEDHIKA	IVIIC	lie name				name NWAR				
(see instructions)	1b First name	Mide	lle name				name				
Name at birth if different ►		Wilde				Luor	name				
Applicant's	2 Street address, apartment nur 9340 E REDFIELD R			you hav	ve a P.O. I	oox, see	e separate in	struc	tions.		
Mailing		-		de or pos	stal code y	where a	opropriate.				
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SCOTTSDALE AZ USA 85260-3779										
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address	City or town, state or province, and country. Include postal code where appreciate										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / year)	Country of birth		City and	d state or	province	e (optional)	5	Male		
Information	04/10/2019 INDIA X Female						Female				
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (if	any)	6с Туре H4	of U.S. v	/isa (if any), nu P70435		, and expiratior 12/31/		
mormation	6d Identification document(s) sub	omitted (see instru	ictions) 🕨	Passp	ort	Driver	's license/Sta	ate I.D			
	USCIS documentation Other Date of entry into										
	the United States										
	Issued by: INDIA No.: U3071524 Exp. date: 05/21/2025 (MM/DD/YYYY): 01/08/2021										
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f.										
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN IRSN and										
	name under which it was issued ► First name Middle name Last name Last name										
	6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ►										
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief,	it is true,	correct,	and complete	. I aut	horize the IRS		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				onth / day /	' year)	Phone num	ber			
,	Name of delegate, if applicat	ole (type or print)		Delegate's relationship			Parent Court-appointed			guardian	
	DIPENDRA PANWAR		to applicant			Power of attorney			Jaaraian		
Accontance	Signature			Date (month / day / year)			Phone				
Acceptance Agent's							Fax				
Use ONLY	Name and title (type or print) Name			ame of company EIN				PTIN			
COV VITE I				Offic		Office	e code				