Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	
ASHOK KUMAR BELLAM	383-61-	-2727	
Spouse's name	Spouse's soci	al security number	
MUPPARAJU RADHIKA	986-98-		
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you aı	re 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			<u>,970.</u>
 Total tax		2	278.
 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,391.
5 Amount you owe		5	<u>, 113.</u>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy		rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipersure to the payment (settlement) date. I also authorize the financial institutions involved in the payment to receive confidential information necessary to answer inquiries and resolve issues related to the payment and identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ction of the tra S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furth	ansmission, (b) the dist designated I ix preparation soft entry to this accordion. To revoke (coreceived no late the electronic payher acknowledge	e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or generate n	ř Ent	2 7 2 7 er five digits, but 't enter all zeros	as my
signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am no			
if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	od. The ERO	must complete	Part III
Your signature ▶ Date ▶			
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate n ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	8 7 5 3 er five digits, but i't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am no	w authorizir	na Check this h	ox only
if you are entering your own PIN and your return is filed using the Practitioner PIN methologies.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 3 1 9 8 er all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tag authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ind	tting this retu	rn in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

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

|--|

OMB No. 1545-0074

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

Filing Status Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	household (HOI	H)		fying survi se (QSS)	iving
one box.	-	u checked the MFS box, enter the ron is a child but not your dependen	-	our spouse. If you	u check	ed the HOH or	QSS box, ente	er the c	hild's r	name if the	e qualifying
Your first name			Last nai	me				Y	our soc	ial security	v number
ASHOK KU			BELL							1-2727	•
		first name and middle initial	Last na					_			urity number
MUPPARA			RADH							8-8753	-
		r and street). If you have a P.O. box, see					Apt. no.				n Campaign
4980 USA	•						121			ere if you, o	
		ce. If you have a foreign address, also co	omplete si	paces below.	Sta	ite	ZIP code				ly, want \$3
SAN ANTO					T	ζ	78240			this fund. C w will not d	Checking a
Foreign country			F	oreign province/sta			Foreign postal co			or refund.	Ji la ligo
										You	Spouse
Digital		y time during 2022, did you: (a) rec					-				⊠ No
Assets		ange, gift, or otherwise dispose of					asset)? (See in	Struction	ons.)	Yes	NO
Standard Deduction		eone can claim:	•			a dependent					
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bor	rn before Janua	ary 2, 1	958	☐ Is blir	nd
Dependent	s (see i	nstructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check th	ne box i	f qualifie	es for (see i	nstructions):
If more		rst name Last name		number	•	to you	Child to	ax credi	t C	credit for oth	er dependents
than four	SAI	REAGAN BELLAM		685-48-70	097	Son		X			
dependents, see instruction	REY	ANSH BELLAM		105-35-7	749	Son		×			
and check											
here \square											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	7	5,348.
	b	Household employee wages not r	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1:	a (see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not re	ported or	n Form(s) W-2 (se	e instru	ıctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26					1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	tions) .						1h		0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i				1	
	Z	Add lines 1a through 1h	· ; ·						1z	<u> </u>	5,348.
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interes			2b		
if required.	<u>3a</u>	Qualified dividends	3a			Ordinary divide			3b		
	4a	IRA distributions	4a			axable amoun			4b		
Standard Deduction for—	5a	Pensions and annuities	5a				t		5b		
Single or	6a	Social security benefits	6a				t		6b		
Married filing separately,	c	If you elect to use the lump-sum e		•	`	,		. 📙	-	4	
\$12,950	7	Capital gain or (loss). Attach Sche		•		•		. Ш	7	1	0 070
Married filing jointly or	8	Other income from Schedule 1, lir							8		0,378.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	- 6	4,970.
\$25,900	10	Adjustments to income from Sche	-						10	 	
Head of household,	11	Subtract line 10 from line 9. This is	•	-					11		4,970.
\$19,400	12	Standard deduction or itemized							12	$+$ $\frac{2}{}$	5,900.
If you checked any box under	13	Qualified business income deduct							13		E 000
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If ze							14		5,900.
see instructions.	10	Cubitact inte 14 ITOHT IIITE 11. II Ze	io oi lest	s, ciiici -u IIIIS I	is your	wanie iliculi			15	3	9,070.

Form 1040 (202:	2)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 4972	3 🔲		. 16	4,278.
Credits	17	Amount from Schedule 2, line	3					. 17	
	18	Add lines 16 and 17						. 18	4,278.
	19	Child tax credit or credit for o	ther dependent	s from Sched	ule 8812			. 19	4,000.
	20	Amount from Schedule 3, line	8					. 20	
	21	Add lines 19 and 20						. 21	4,000.
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0				. 22	278.
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is ye	our total tax					. 24	278.
Payments	25	Federal income tax withheld f							
-	а	Form(s) W-2				25a	3,3	91.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	3,391.
If you have a	26	2022 estimated tax payments	and amount a	oplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit fi	rom Form 8863	, line 8 . .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	yments and ref	undable	credits .	. 32	
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				. 33	3,391.
Refund	34	If line 33 is more than line 24,							3,113.
neiuliu	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, che	ck here		35a	3,113.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Checkin	g 🗌 Sav	ings	
See instructions.	d	Account number 5 8 6	0 3 5 9	7 3 5 5	5 8 "		_		
	36	Amount of line 34 you want ap	oplied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see ins	•	•		38		0,	
Third Party Designee	Do	you want to allow another particular in the structions	person to disc	uss this retur	n with the IRS?	See _	Yes. Comp	olete below.	⊠ No
•		signee's		Phone				identification	
		me		no.			number (,	
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and complete.							
Here	Yo	ur signature		Date	Your occupation				ent you an Identity
					DUCTNEED	7 CCOCT	7 00 00	Protection F (see inst.)	PIN, enter it here
Joint return? See instructions.		ougo's signature. If a joint return he	th must sign	Date	ENGINEER .		ATE	, ,	nt your spouse an
Keep a copy for your records.	Sμ	Spouse's signature. If a joint return, both must sign.		Date		lion			tection PIN, enter it here
, ca. 1000.ao.					STUDENT			(See IIISL.)	
		one no. (210) 993-3882 eparer's name	Droporor's size -t-	Email address	ASHOKKUMAR.E			TINI	Chook if:
Paid			Preparer's signati		OIIDMA	Date		IN	Check if:
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM S		KAM SAGAR	GUPTA TALLAM	1 04/15	/2023 PO	2082703	Self-employed
Use Only		m's name GLOBAL TAX		NOTITOTA	T 00016				(678) 965-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK No) N88T0			Firm's EIN	84-3171965
Cata manusima	a. // [a.w	n 10 10 fax inaturations and the latest	information		D 4 4				T 1040 (0000)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ASHOK KUMAR BELLAM & MUPPARAJU RADHIKA

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

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

	Sequence No. 01
Your soc	ial security number
383-61	-2727

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-10,378.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	10 000
10	Compline lines I through / and 9 Enter here and on Form 1040-1040-SR	or 1040-NR line 8	10	-10.378

Schedule 1 (Form 1040) 2022 Page **2**

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' '	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
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			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number ASHOK KUMAR BELLAM & MUPPARAJU RADHIKA 383-61-2727 Part I **Income or Loss From Rental Real Estate and Royalties Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . В If "Yes." did you or will you file required Form(s) 1099? ☐ Yes ☐ No 1a Physical address of each property (street, city, state, ZIP code) 17-132, UPPUGUNDURU NAGULUPPALAPADU (MDL) PRAKASAM (DIST) ANDHRA PRADESH IN 523186 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Days Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** В C Income: Α 3 3 Rents received 428.

3	Rents received	3	428.			
4	Royalties received	4				
Exper	nses:					
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7	1,754.			
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11	1,805.			
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13				
14	Repairs	14	2,968.			
15	Supplies	15	2,350.			
16	Taxes	16				
17	Utilities	17	1,929.			
18	Depreciation expense or depletion	18				
19	Other (list)	19				
20	Total expenses. Add lines 5 through 19	20	10,806.			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If					
	result is a (loss), see instructions to find out if you must					
	file Form 6198	21	-10,378.			
22	Deductible rental real estate loss after limitation, if any,					
	on Form 8582 (see instructions)		. , ,	`)()
23a	Total of all amounts reported on line 3 for all rental proper			428.		
b	Total of all amounts reported on line 4 for all royalty properties.				_	
С	Total of all amounts reported on line 12 for all properties					
d	Total of all amounts reported on line 18 for all properties				_	
е	Total of all amounts reported on line 20 for all properties			10,806.	_	
24	Income. Add positive amounts shown on line 21. Do no		•			
25	Losses. Add royalty losses from line 21 and rental real estat				(10,378.)
26	Total rental real estate and royalty income or (loss).					
	here. If Parts II, III, IV, and line 40 on page 2 do not a			is amount on		

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-10,378.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

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

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

Your social security number

SHO	K KUMAR BELLAM & MUPPARAJU RADHIKA	383-6	61-2	727
Par	t I 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	64,970.
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	- L:	2d	0.
3	Add lines 1 and 2d		3	64 , 970.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7	·	8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	_	12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit for other dependents, or additional child tax credit for other dependents.	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
10	Yes. Subtract line 11 from line 8. Enter the result.		12	
13	Enter the amount from the Credit Limit Worksheet A	· —	13	4,278.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents		14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	1 1 1 1	11.	314
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	K throu	agh lu	ne 27
	(also complete Schedule 3, line 11) before completing Part II-A.			

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	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 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit	, ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

	OK KUMAR BELLAM & MUPPARAJU RADHIKA	383-61-272	7		
repare	's name	Preparer tax identifica	ition numb	per	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \boxtimes CTC/AC		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and	's responses to			
4	status and to figure the amount(s) of any credit(s)	the return, or tent? (If "Yes,"	X	X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the atus or to figure			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
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			
12	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality to the taxpayer provide substantiation for the credity to the taxpayer provide substantiation for the credity to the taxpayer provide substantiation for the credity to the	alified	Yes	No
Doub	tuition and related expenses for the claimed AOTC?		Dort 1	
Part			Yes	VI.) No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year		NO
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	l filing	status
	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);	nses on s) and/c	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		X	

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