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

10.000		
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
VENKATA NAGABABU KUNASANI	157-79-	
Spouse's name	_	al security number
DEVI PRIYANKA KATAKAM	845-21-	9100
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you ar	e 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 73,444
2 Total tax		2 3,292
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+	3 8,633
4 Amount you want refunded to you	+	4 5,341
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and 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, transmosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the LA Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompayment 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 requirements account information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	ection of the tra J.S. Treasury an licated in the tax on to debit the e the authorizat juests must be a processing of payment. I furth	Insmission, (b) the reast disserting dispersion disserting dissert
Taxpayer's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or generate	my PIN 9	2 6 0 3 as r
ERO firm name	Ente	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	t enter an zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.		
Your signature ► Date ► _		
Spouse's PIN: check one box only		
I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 1	9 1 0 0 as r
ERO firm name	, —	er five digits, but
signature on the income tax return (original or ar $0.2/0.142023$ uthorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.		
Spouse's signature ► KV Nogertable Date ►	01/01/2	023
Practitioner PIN Method Returns Only—continue below	I	
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. 2 2	2 4 9 6 Don't enter	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income t authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of I	nitting this retur	n in accordance with
ERO's signature ▶ Date ▶		
ERO Must Retain This Form — See Instructions		

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

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

2022

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 separately	(MFS)	Head of	household	(HOH)			fying sur se (QSS)	viving	
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	check	ced the HOH or	QSS box,	enter	the ch	nild's r	name if tl	ne qua	alifying
	pers	on is a child but not your dependen	t:										
Your first name	and mi	ddle initial	Last na	me					You	ur soc	ial securi	ty nun	nber
VENKATA			KUNA	SANI					15	57-7	9-260	3	
If joint return, s	pouse's	first name and middle initial	Last na	me					Spo	ouse's	social se	curity	number
DEVI PR	IYANI	(A	KATA	KAM					84	15-2	1-910	0	
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.			Apt. n	0.			tial Electi		
7979 WES							120	7			ere if you, filing joir		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta		ZIP code				his fund.		
HOUSTON					T	X	77063				w will not	,	ge
Foreign country	y name		F	Foreign province/state	e/coun	ty	Foreign pos	tal cod	le you	ur tax	or refund		_
											You	;	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									☐ Yes	×ι	No
Standard		eone can claim: You as a de					, ,						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-statu	s alier	1							
Age/Blindness	s You:	Were born before January 2,	1958	Are blind S	pouse	: Was bor	n before Ja	anuar	y 2, 19	958	☐ Is b	ind	
Dependent	s (see	instructions):		(2) Social securi	ity	(3) Relationsh	ip (4) Che	ck the	box if	qualifie	es for (see	instru	ctions):
If more		rst name Last name		number		to you	Ch	nild tax	credit	c	credit for ot	her dep	pendents
than four	MIH	IIKA KUNASANI		891-63-85	20	Daughter		×	.]				
dependents, see instruction	e]				
and check]				
here]]				
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions) .						1a		31,8	344.
	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 (see	instru	uctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•						1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 2	9 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instruction	tions) .				;			1h			0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>li</u>							
	Z	Add lines 1a through 1h	·							1z		31,8	344.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b			
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds			3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b			
Single or	6a	Social security benefits	6a			axable amoun	t		Ė	6b			
Married filing separately,	С	If you elect to use the lump-sum e		•	•	,			\vdash				
\$12,950	7	Capital gain or (loss). Attach Sche			•	•			Ш	7			
Married filing jointly or	8	Other income from Schedule 1, lir								8		-	100.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	'	73,4	144.
\$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This i	-	-						11			144.
\$19,400	12	Standard deduction or itemized		,	,					12		25,9	900.
If you checked any box under	13	Qualified business income deduc								13			
Standard Deduction,	14	Add lines 12 and 13								14		•	900.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -U This is	your	taxable incom	ie			15		1/,5	544.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check in	any from Form	(s): 1 881	4 2 4972	3 🗌			16	5,292.
Credits	17	Amount from Schedule 2, line	3						17	
	18	Add lines 16 and 17							18	5,292.
	19	Child tax credit or credit for o	ther dependent	s from Sched	ule 8812				19	2,000.
	20	Amount from Schedule 3, line	8						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0					22	3,292.
	23	Other taxes, including self-en	nployment tax,	from Schedule	2, line 21 .				23	0.
	24	Add lines 22 and 23. This is y	our total tax						24	3,292.
Payments	25	Federal income tax withheld t	rom:			1	1			
	а	Form(s) W-2				25a	8	,633		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .							25d	8,633.
If you have a	26	2022 estimated tax payments	and amount ap	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 f	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	ayments and ref	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments					33	8,633.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you	overpaid		34	5,341.
	35a	Amount of line 34 you want re			is attached, che	ck here			35a	5,341.
Direct deposit?	b	Routing number 0 6 1] Checl	king 🗌	Savings	s	
See instructions.	d	Account number 3 3 4	0 5 8 9	4 4 1 6	5 6					
	36	Amount of line 34 you want a	pplied 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	structions) .			38				
Third Party Designee		you want to allow another structions					Yes. C	omplete	e below.	⊠ No
		signee's		Phone					ntification	
		me		no.				ber (PIN)	<u> </u>	
Sign		der penalties of perjury, I declare th lief, they are true, correct, and comp								
Here		ur signature		Date	Your occupation	2000 011	an informati			nt you an Identity
	10	ur signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE 1	ENGI	NEER	(se	ee inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b o	oth must sign.	Date	Spouse's occupat	ion		Ide	entity Prot	nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	.2		(Se	ee inst.)	
		one no. (832)430-4499		Email address	NAGABABU17		MAIL.CO			T =
Paid			Preparer's signat	ure		Date		PTIN		Check if:
Preparer	VENE	MATA SAI PAVAN KUMAR DUDIPALLI				01/	31/2023		70833	Self-employed
Use Only	Fir	m's name GLOBAL TAX								678)965-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK NO	J 08816			Fir	m's EIN	88-2145487
		10101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name					ecurity number
VENK	ATA NAGABABU KUNASANI & DEVI PRIYANKA KATAKAM	79-26	503		
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. Att	ach Schedule	Ε.	5	-8,400.
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			
ı	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 ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	0-			
0	Total ather income. Add lines On three On	8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-8,400.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
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 . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

REV 01/24/23 PRO

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **13**

Your social security number

VENK	ATA NAGABABU KUNASANI & DEVI PRIYANKA K	KATAI	KAM				157-7	9-2603	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you are	e an indiv	vidual, rep	ort farm
Α [Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? S	ee ins	structions		. \(\subseteq \text{Ye}	s 🛛 No
	f "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZIF								
Α	2-79, SANGAMUDI, KRUTHIVEN KRISHNA DISTR	RICT	ANDHRA	PRAI	DESH	IN 521324	4		
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Personal Use Days		QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	CHOIS	·	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descril			
						Propertie	s:		
ncon				Α		В			С
3	Rents received	3		4:	20.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 0	00				
7	Cleaning and maintenance	7		1,2	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		-					
11	Management fees	11		9	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13 14	Other interest	13		2 6	0.0				
15	Repairs	15		2,6					
16	Supplies	16		1,9	30.				
17	Utilities	17		2,1	1.0				
18	Depreciation expense or depletion	18		۷, ۱.	10.				
19		19							
20	Other (list) Total expenses. Add lines 5 through 19	20		8,8	20				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			0,0					
	result is a (loss), see instructions to find out if you must file Form 6198	21		-8,4	00.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,40		()	(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		420.		
b	Total of all amounts reported on line 4 for all royalty proper	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	8,	820.		
24	Income. Add positive amounts shown on line 21. Do no		-				24		
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	es from lir	ne 22. E	nter to	otal losses here	25	(8,400.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-8,400.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47**

Your social security number

ENK.	ATA NAGABABU KUNASANI & DEVI PRIYANKA KATAKAM	157-79-	-2603
Pai	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	73,444.
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	. 2d	0.
3	Add lines 1 and 2d	. 3	73,444.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
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 alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		
8	Add lines 5 and 7	. 8	2,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \int	. 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	Is the amount on line 8 more than the amount on line 11?		2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	dit.	
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A		5,292.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	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-NR (also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	pperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/23 PRO	Schedule	8812 (Form 1040) 202

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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	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.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25	
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	
Dord	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
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

VENI	KATA NAGABABU KUNASANI & DEVI PRIYANKA KATAKAM	157-79-260	3		
repare	r's name	Preparer tax identifica	ation numb	oer	
	KATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	·				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the retelephenefit(s) claimed (check all that apply).		AOTC		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 0 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheol 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	dule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you the 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) are status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should includ you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	I the impact the		П	
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 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) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any to prepare Form provided by the			
	the amount(s) of the credit(s) $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$		×		
	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?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	s year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare 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?			
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?	×	П	П
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
_	statement to the return?	×		
Part	The state of the s			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s an to	⊢	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	VI Eligibility Certification			
	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	H 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 ref or 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; 	ist for a	ıny 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 wor	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	ises, 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	omply
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?		×	