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

2022	)
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OMB No. 1545-0074

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

	<b>5</b> 🗌 5	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	housel	nold (HOF	)		lifying surv use (QSS)	iving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If vo	u check	ed the HOH or	r QSS I	oox. ente	r the cl	•	,	e aualifvina
		on is a child but not your dependent		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,				
Your first name	and mi	ddle initial	Last nar	me					Yo	ur so	cial security	y number
SRIJIT			MENO	N					11	73-5	59-1650	)
If joint return, sp	oouse's	first name and middle initial	Last nar	me					Sp	ouse'	s social sec	urity number
AKHILANI	ESHV	MARI	SOUN	DER RAJAN					A	PPLI	IED FOF	₹
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.				n Campaign
1600 PET	ERSE	EN AVE					7				nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP co	ode				tly, want \$3 Checking a
SAN JOSE	3				CF	A	951	29			ow will not	
Foreign country	name		F	oreign province/sta	ate/count	ty	Foreig	n postal co	de yo	ur tax	or refund.	Ü
											You	Spouse
Digital	At ar	y time during 2022, did you: (a) rece	eive (as	a reward, award,	or payr	ment for prope	rty or	services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financ	ial intere	est in a digital	asset)	? (See ins	tructio	ons.)	Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spo	ouse as	a dependent						
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a dual-stat	us alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	rn befo	re Janua	rv 2. 19	958	☐ Is bli	nd
Dependents	_			(2) Social secu	•	(3) Relationsh						instructions):
If more	•	rst name Last name		number	arity	to you	"P	Child ta		· 1		er dependents
than four		ESHA MENON		999-99-9	998	Daughter			1			<u> </u>
dependents,					<i>3</i>	Baagireer		Ī	<del></del>		Ī	<del></del>
see instructions and check	S								1			<del></del>
here												<u> </u>
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .						1a	14	9,631.
income	b	Household employee wages not re	eported o	on Form(s) W-2.						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (se	e instru	ictions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruction	ons) .				, .			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h								1z	14	9,631.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		
if required.	3a	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds .			3b		1.
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t		·	6b		
Married filing separately,	c	If you elect to use the lump-sum e			•	•						
\$12,950	7	Capital gain or (loss). Attach Scher		•	•				Ш	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								8	1 1 1	0 600
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		9,632.
\$25,900	10	Adjustments to income from Sche								10		0 600
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•	-						11		9,632.
\$19,400	12	Standard deduction or itemized  Qualified business income deduction								12		25,900.
If you checked any box under	13									13	_	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer								15		25,900.
see instructions.	13	Cubilact line 14 HOIII line 11. II Zel	0 01 1688	5, CHIEL -U HIIS	is your i	myanic ilicoli				13	1 12	23 <b>,</b> 732.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌	1	<b>6</b> 1	18,455.
Credits	17	Amount from Schedule 2, lir	-					7	
0.000	18	Add lines 16 and 17					1	8 1	L8,455.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9	500.
	20	Amount from Schedule 3, lin	ie 8				2	.0	
	21	Add lines 19 and 20					2	:1	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 1	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	3	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				2	4 1	
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 21,	594.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					25	5d 2	21,594.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return		2	:6	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31	446.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits	3	2	446.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			3	3 2	22,040.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>	3	4	4,085.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗌 3	5a	4,085.
Direct deposit?	b	Routing number 1 2 1				Checking S	avings		
See instructions.	d	Account number 3 2 5	1 6 4 8	3 0 9 1	L 4				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g					3	7	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•		n with the IRS?		mplete belo	w. 🔀 No	
· ·		signee's		Phone			nal identificati	ion	
		ne		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
11010	Yo	ur signature		Date		sent you an	,		
Joint return?					   SOFTWARE E	NCINEER	(see inst.	n PIN, enter	IL Here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupati		If the IRS	sent your sp	ouse an
Keep a copy for	- 1	, ·					Identity F	Protection PIN	I, enter it here
your records.					HOME MAKER	2	(see inst.)	)	
		one no. (332) 250-988		Email address	SRIJIT219@				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/28/2023	P0208270	)3   L Self	f-employed
Use Only	Fin	m's name GLOBAL TA					Phone no	o. (678)9	65-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El		3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO		Forn	n <b>1040</b> (2022)

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

SRIJIT MENON & AKHILANDESHWARI SOUNDER RAJAN

Your social security number 173-59-1650

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244 <sup>-7</sup> Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$ . $$ .		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	446.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	_	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	446.

REV 02/24/23 PRO

### **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

RIJ	IT MENON & AKHILANDESHWARI SOUNDER RAJAN 1	<u> 173-59-</u>	·1650
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	149,632.
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	149,632.
4	Number of qualifying children under age 17 with the required social security number  4	0	
5	Multiply line 4 by \$2,000	. 5	
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	1	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	-	500.
8	Add lines 5 and 7	. 8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \( \)	. 9	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?		500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	lit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the <b>Credit Limit Worksheet A</b>	. 13	18,455.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	500.
	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 <b>additional</b>		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	perwork Reduction Act Notice, see your tax return instructions.  BAA REV 02/24/23 PRO	Schedule	3812 (Form 1040) 2022

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	
	<b>TIP:</b> 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 <b>smaller</b> 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	
	<b>Next.</b> 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.		
	☐ <b>Yes.</b> 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 . <b>22</b>		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> 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 <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	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	

## Form **8889**

### **Health Savings Accounts (HSAs)**

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment Sequence No. 52

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

SRIJIT MENON

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 173-59-1650

bero	re you begin: Complete Form 6653, Archer MSAs and Long-Term Care insurance Contracts, in	requ	irea.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022.		_
	See instructions	☐ Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,833.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	4,467.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	to 1	ICAs samulata
rait	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate r	15As, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	1,529.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess	144	1,020.
J	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	1,529.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,529.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		,
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			efore
Tare	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA

(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

SRI	JIT MENON & AKHILANDESHWARI SOUNDER RAJAN	173-59-165	0				
repare	r's name	Preparer tax identific	ation numb	oer			
SYA	P02082703						
Part	·						
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		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							
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rathe following.		X				
	<ul> <li>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.</li> </ul>	r's responses to					
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an 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 " <b>No</b> ," 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 include 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					
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 8867 applicable worksheet(s), a record of how, when, and from whom the information used t 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	X				
	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?		X				
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	vear?	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	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
h	and does not have a qualifying child, go to question 10.)			
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	X		
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			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	• (			
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?	k year	Yes	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 HOI	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/o	the retor HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	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 880 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.			
	<ol><li>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).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the application obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the taxpetermine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the control of the</li></ol>	oayer's int(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 complete?		Yes	No



# **Application for IRS Individual Taxpayer Identification Number**

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

	n'						,	only.		ion type (check one box): oply for a new ITIN		
Before you begin:  • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).								enew an existing ITIN				
Reason you're s must file a U.S. f	ubm	nitting Form W-7. Read the ral tax return with Form V	e instructio V-7 unless	ns for you m	the box yo	ou chec	k. Cautio	n: If yo				
_		n required to get an ITIN to cla		y benefi	it							
		n filing a U.S. federal tax return		States)	<b>\</b> filing a LLS	S federa	l tav returr	1				
	U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return  ☐ Dependent of U.S. citizen/resident alien											
				·				`	ŕ			
		J	SRIJIT M	IENON						structions) ►		
		n student, professor, or resear	_		deral tax re	turn or c	laiming an	exception	on			
h Other (see i		use of a nonresident alien hold	•									
•		r <b>a</b> and <b>f</b> : Enter treaty country					treaty arti	cle numb	oer ▶			
Name	1a	First name		Middle	e name			Last n				
see instructions)	416	AKHILANDESHWARI		N 4: al all a	e name				NDER RA	AJAN		
Name at birth if different •		First name						Last n				
Applicant's	2	Street address, apartment nu 1600 PETERSEN AVE		al route	number. If	you hav	/e a P.O. b	ox, see	separate i	nstructions.		
Mailing		City or town, state or province		rv. Incli	ıde ZIP cod	le or pos	stal code v	here an	propriate.			
Address		SAN JOSE	-,	. ,			CA	USA		95129		
Foreign (non- U.S.) Address	3	Street address, apartment nu	mber, or rura	al route	number. <b>D</b>	on't use	a P.O. bo	x numb	er.			
(see instructions)		City or town, state or province	e, and count	try. Inclu	ude postal d	code wh	ere approp	oriate.				
Birth	4	Date of birth (month / day / year)	Country of	birth		City an	d state or	orovince	(optional)	5 Male		
Information		12/14/1986	INDIA									
Other Information	6a	Country(ies) of citizenship INDIA	<b>6b</b> Foreign	tax I.D.	. number (if	any)	6c Type	of U.S. vis	sa (if any), n	number, and expiration date		
mormation	6d	6d Identification document(s) submitted (see instructions)   ☐ Passport ☐ Driver's license/State I.D.										
		USCIS documentation	Other						Date of entry into			
		Issued by: INDIA N	<b>lo.</b> : P5899	060	<b>-</b>		12/14/	2026	the United States (MM/DD/YYYY):			
	6e	Have you previously received							(IVIIVI/DD/1	1111).		
		No/Don't know. Skip lir			iai i iovoriae	, 00, 1,00	, rearribor (	1011/				
		Yes. Complete line 6f. If	more than c	one, list	on a sheet	and atta	ach to this	form (see	e instructio	ns).		
	6f	Enter ITIN and/or IRSN ► I					IR	SN		and		
		name under which it was iss	ued ▶	First r	name		Middle na	ame		Last name		
	6g	Name of college/university or	company (s									
		City and state ►	. , ,		,		Length of	stay ▶				
Sign Here	doc	der penalties of perjury, I (application and statements, and ormation with my acceptance agen	to the best	of my k	nowledge a	nd belief,	it is true,	correct, a	and complete	e. I authorize the IRS to share		
Keep a copy for your records.	<b> </b>	Signature of applicant (if del	egate, see in	nstructio	ons)	Date (m	onth / day /	year)	Phone num	nber		
		Name of delegate, if applica	ble (type or p	print)		Delegat to appli	e's relations cant	ship [		Court-appointed guardian		
Acceptance		Signature				Date (m	onth / day /	*	Phone	-		
Agent's		Name and title (type or print)	)		Name of co	mpany		EIN	Fax	PTIN		
Use ONLY		(1) po o. pinii	,	[				Office co	nde	1 11111		



# Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return 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 If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e Spouse of U.S. citizen/resident alien SRIJIT MENON f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name SAIESHA MENON (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1600 PETERSEN AVE APT 7 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 95129 SAN JOSE USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth Information 02/18/2016 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT P6183614 09/27/2024 Information **6d** Identification document(s) submitted (see instructions) Passport Driver's license/State I.D. ☐ USCIS documentation Other Date of entry into the United States No.: V1621957 Exp. date: 07/21/2026 12/26/2021 Issued by: INDIA (MM/DD/YYYY): 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 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Signature Date (month / day / year) Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN PTIN **Use ONLY** Office code