# 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
SONAL KUMARI	847-43-	0334
Spouse's name	Spouse's soci	al security number
HARSH VARDHAN	783-70-	-9444
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	nter 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
1 Adjusted gross income		<b>1</b> 125,144.
2 Total tax		2 11,064.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,350.
4 Amount you want refunded to you		<b>4</b> 7,286.
5 Amount you owe		-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tranto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instit authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential 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) Electronic Funds Withdrawal Consent.	rejection of the trace U.S. Treasury an indicated in the tatution to debit the nate the authoriza requests must be the processing of the payment. I further	ansmission, (b) the reason its designated Financiax preparation software frentry to this account. The tion. To revoke (cancel) received no later than the electronic payment oner acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general     ■ to e	ate my PIN	0 3 3 4 as m
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ento	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN melbelow.		
Your signature ▶ Date ▶	•	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general to ent		9 4 4 4 4 as my
signature on the income tax return (original or amended) I am now authorizing.		er live digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.		
Spouse's signature ▶ Date ▶	•	
Practitioner PIN Method Returns Only—continue belo	ow	
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 4 9 6 Don't ente	5 6 1 9 8 9 or all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	ubmitting this retur	rn in accordance with th
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

OMB No. 1545-0074

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

Check only			_	ed filing separately (N		_			spc	use (	QSS)	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	neck	ed the HOH or	QSS bo	x, enter t	he child'	s nam	ne if the	qualifying
Your first name		· · ·	Last nar	me					Your s	ocial s	ecurity r	number
SONAL			KUMA								0334	
	oouse's	first name and middle initial	Last nar						_			ity number
HARSH			VARD						1 '		9444	•
	(numbe	er and street). If you have a P.O. box, see					Apt	. no.	_			Campaign
2000 24t	:h At	/E S					9		1		f you, or	
		ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code	<del></del>				, want \$3
NASHVILI					TN	1	3721	2			ill not ch	necking a
Foreign country			F	oreign province/state/c	count	У		ostal code	<b>-</b>			iai igo
											You [	Spouse
Digital	At an	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	payr	nent for prope	rty or se	rvices); o	r (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	nter	est in a digital	asset)? (	See instr	uctions.)		Yes [	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn before	January	2, 1958		ls blind	t
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	nip (4) (	heck the b	oox if qua	ifies fo	or (see ins	structions):
If more		rst name Last name		number		to you		Child tax of	credit	Credi	t for other	dependents
than four	OJA	S VARDHAN		179-93-126	7	Son		×				
dependents, see instructions	,											
and check												
here $\square$												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)					. 1	а	138	,586.
	b	Household employee wages not re	•	, ,					. 11	<b>)</b>		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10	c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	t		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .					. 10	9		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f		
If you did not	g	Wages from Form 8919, line 6 .							. 19	9		
get a Form W-2, see	h	Other earned income (see instructi	ons) .						. 11	า		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>						
	Z	Add lines 1a through 1h							. 1:	Z		,586.
Attach Sch. B	<b>2</b> a		2a			axable interest			. 21		3	,049.
if required.	<u>3a</u>		3a			rdinary divide			. 31			106.
	4a -		4a			axable amoun			. 41			
Standard Deduction for—	5a		5a			axable amoun			. 51			
Single or	6a	,	6a			axable amoun	t		. 61	)		
Married filing separately,	_C	If you elect to use the lump-sum el		,		,			H F.			T.O.O.
\$12,950	7	Capital gain or (loss). Attach Sched									1.0	703.
Married filing jointly or	8	Other income from Schedule 1, line							. 8			,000.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9			,444.
\$25,900	10	Adjustments to income from Sche	•						. 10			,300.
Head of household,	11	Subtract line 10 from line 9. This is	-	-					. 1			,144.
\$19,400	12	Standard deduction or itemized				 E A			. 12		∠5	,900.
If you checked any box under	13	Qualified business income deducti							. 13		2.5	000
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer							. 14			<u>,900.</u>
see instructions.	10	Subtract line 14 ITOHI IIIIE 11. IT Zer	o or iess	s, enter -u This is yo	our 1	axable incom	i <del>c</del> .		. 1	ر ر	99	,244.

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	13,064.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	13,064.
	19	Child tax credit or credit for other depende	ents from Sched	lule 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 les	s, enter -0				22	11,064.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	11,064.
<b>Payments</b>	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25</b> a 1	3,350.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	18,350.
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	63, 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 yo	ur <b>total other p</b>	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your	total payments				33	18,350.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you <b>overpaid</b>		34	7,286.
	35a	Amount of line 34 you want refunded to y		8 is attached, chec	k here	🗌	35a	7,286.
Direct deposit?	b	Routing number 1 1 1 0 0 0			Checking	Savings		
See instructions.	d	Account number 4 8 8 0 5 4	1   1   3   1	5 4				
	36	Amount of line 34 you want applied to you	ur 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>a</b> ll For details on how to pay, go to <i>www.irs</i> .g	•				37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to d				omplete k	elow.	X No
		signee's	Phone	•		sonal identi	ication	
		me	no.			ber (PIN)		
Sign		der penalties of perjury, I declare that I have exam ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If the	IRS ser	nt you an Identity
						Prote	ection P	N, enter it here
Joint return?				SOLUTION C		(see		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.				GRADUATE RES	SEARCH ASSIS		,	CHOIT FIN, effer it fiere
	Ph	one no. (210)931-5100	Email address	SONALKUMARI2	2612@GMAIL.C	OM		
Poid	Pre	eparer's name Preparer's sign	nature		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY.	A RAM SAGAR	GUPTA TALLAM	03/23/2023	P0208	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAXES LLC				Phor	ie no. (	678)965-9522
Use Only	Fin	m's address 245 ROONEY CT E BE	RUNSWICK N	J 08816		Firm	s EIN	84-3171965
								1010

# 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

SONAL KUMARI & HARSH VARDHAN

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
847_43	_0334

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	-10,000.
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			
	, , , , , , , , , , , , , , , , , , ,	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 (	2	
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 other income. Add lines as through an	8z		
9 10	Total other income. Add lines 8a through 8z		9	-10 000

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 government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	7,300.
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)	_	
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 h	Attorney fees and court costs for actions involving certain unlawful	-	
"	discrimination claims (see instructions)		
	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		
i	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:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	7,300.

### **SCHEDULE B** (Form 1040)

Department of the Treasury

Internal Revenue Service

Part I

**Interest and Ordinary Dividends** 

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

List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this OMB No. 1545-0074

Attachment Sequence No. **08** 

**Amount** 

847-43-0334

SONAL KUMARI & HARSH VARDHAN

Attach to Form 1040 or 1040-SR. Your social security number

Interest		interest first. Also, show that buyer's social security number and address:				
(See instructions		BANK OF AMERICA, N.A				75.
and the		GOLDMAN SACHS BANK USA				40.
Instructions for Form 1040,		GOLDMAN SACHS BANK USA				58.
line 2b.)		GOLDMAN SACHS BANK USA				09.
Note: If you		GOLDMAN SACHS BANK USA				67.
received a Form 1099-INT,						
Form 1099-N1,			1			
or substitute						
statement from a brokerage firm,						
list the firm's						
name as the payer and enter						
the total interest						
shown on that						
form.						
	2	Add the amounts on line 1	2		3,0	149.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4			149.
		If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Part II	5	List name of payer: Robinhood Securities LLC			1	.06.
Ordinary						
Dividends						
(See instructions						
and the						
Instructions for						
Form 1040, line 3b.)			5			
Note: If you						
received a						
Form 1099-DIV or substitute						
statement from						
a brokerage firm, list the firm's						
name as the						
payer and enter						
the ordinary dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		1	.06.
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.				
Part III	Vou m	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary div	/idend	le: ( <b>h</b> ) had	a fore	aian
		nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			a lore	oigii
Foreign						
Accounts					Yes	No
and Trusts	7a	At any time during 2022, did you have a financial interest in or signature authority of				
Caution: If required, failure to		account (such as a bank account, securities account, or brokerage account) locat				
file FinCEN Form	,	country? See instructions				×
114 may result in		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank				
substantial penalties.		Accounts (FBAR), to report that financial interest or signature authority? See Fin0 and its instructions for filing requirements and exceptions to those requirements.				
Additionally, you						
may be required to file Form 8938,	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-				
Statement of		financial account(s) are located:				
Specified Foreign	o	During 2022, did you receive a distribution from, or were you the grantor of, or t				
Financial Assets. See instructions.	8	foreign trust? If "Yes," you may have to file Form 3520. See instructions				×

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

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

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

OMB No. 1545-0074

Attachment

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

Sequence No. 12 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Your social security number 847-43-0334 SONAL KUMARI & HARSH VARDHAN Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with . . . . . . . . . . . . . . Box A checked 23,983. 22,787. 73. 1,269. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 1,269. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 3,099. 2,533. -566. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-566.

14

15

Schedule D (Form 1040) 2022 Page 2

## Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 703. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# 8949

# **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Internal Revenue Service

Department of the Treasury

Social security number or taxpayer identification number

847-43-0334

SONAL KUMARI & HARSH VARDHAN

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Robinhood Securities LLC | 01/01/22 | 12/31/22 23,983. 22,787. W 73. 1,269. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

23,983.

73.

1,269.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

22,787.

Form 8949 (2022) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SONAL KUMARI & HARSH VARDHAN

Social security number or taxpayer identification number 847-43-0334

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>X (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				9)
1  (a)  Description of property	(b) (c) Date sold or Date acquired	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/22	2,533.	3,099.			-566.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	2,533.	3,099.			-566.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

### **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

SONA	L KUMARI & H	ARSH	VARDHAN							847-4	3-0334	
Part			From Rental R									
	Note: If you a	re in th	ne business of renting s from <b>Form 4835</b> or	g personal proper	ty, use	Schedule	<b>C</b> . See	instruc	ctions. If you a	are an indi	vidual, rep	ort farm
Α [	Did you make any p				to file	Form(s) 1	0002 8	oo inc	tructions			s V No
	f "Yes," did you or											
							• •	•	· · · ·		10	.3 <u>  110</u>
1a	,		ach property (street			,						
Α	JAMSHEDPUR,	EAST	SINGHBHUM C	JHARKHAND J	THARK	CHAND I	N 831	L011				
В												
С												I
1b	Type of Property	2	For each rental re					Fai	ir Rental	Person		QJV
_	(from list below)	-	above, report the personal use days						Days	Da		
A	3	-	if you meet the re				Α		365		0	
B C		-	qualified joint ven				B C					
	of Duopouts:						C					
	<b>of Property:</b> Single Family Resid	donoc	2 Vacation/S	Short-Term Ren	tal	5 Land	ı	7	Self-Rental			
	Multi-Family Resid		4 Commerci		lai	6 Roya		-		ribo)		
	widiti-i airiliy Nesid	ence	4 Commerci	aı		U HOya	lities		Other (desc			
									Properti	es:		
Incon							Α		В			С
3					3		6	00.				
4		d			4							
Exper					_							
5					5							
6	•		tructions)		7		1,2	00				
7 8	-		nce		8		1,2	00.				
9					9							
10			sional fees		10							
11					11		1,1	00				
12			to banks, etc. (see		12			00.				
13				•	13							
14					14		2,8	00.				
15					15		2,5					
16					16							
17	Utilities				17		3,0	00.				
18	Depreciation expe	ense d	or depletion		18							
19	Other (list)				19							
20	Total expenses. A	dd lir	es 5 through 19		20		10,6	00.				
21	Subtract line 20 fr	rom li	ne 3 (rents) and/or	4 (royalties). If								
			structions to find c	•			10 0					
	file Form 6198 .				21	-	-10,0	υυ.				
22			estate loss after lim			,	10 00			,	,	,
00	•		ructions)		22	(	10,00			(00	(	
23a			orted on line 3 for					23a		600.		
b			orted on line 4 for		erties			23b				
c d			oorted on line 12 fo oorted on line 18 fo					23c 23d				
e e			orted on line 18 fo					23e	1 ∩	,600.		
24			amounts shown or			 Ide anv lo		200	10	. 24		
25	•		ses from line 21 and			-		nter to	tal losses he		(	10,000.
26	=	-	e and royalty inco									_0,000.
20			and line 40 on p									
			). line 5. Otherwise							26		-10.000

### **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

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

Name(s) shown on return Your social security number SONAL KUMARI & HARSH VARDHAN 847-43-0334

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	125,144.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
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	125,144.
4	Number of qualifying children under age 17 with the required social security number 4		
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		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident		
	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	2,000.
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	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.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the <b>Credit Limit Worksheet A</b>	13	13,064.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	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 <b>additional classification</b>	hild ta	ax credit
	an Earny 1040 1040 SD, or 1040 ND, line 29 Complete your Earny 1040 1040 SD, or 1040 ND, the		

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.

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, <b>stop here</b> ; 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.								
	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 . <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.								
	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							
Dout	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							

# **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 Attachment Sequence No. **52** 

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

SONAL KUMARI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

847-43-0334

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.				
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.						
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	elf-only	X 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		7,300.			
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			<u> </u>			
	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		0.			
12	Subtract line 11 from line 8. If zero or less, enter -0	12		7,300.			
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13		7,300.			
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.						
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate I	HSAs,	complete			
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a					
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess 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					
15	Qualified medical expenses paid using HSA distributions (see instructions)	15					
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					
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>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							
18	Last-month rule	18					
19	Qualified HSA funding distribution	19					
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20					
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form						
	1040), Part II, line 17d	21					

(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

SONAL KUMARI & HARSH VARDHAN		847-43-033	4							
		Preparer tax identification	ation numl	oer						
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703								
Part	·									
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V or the benefit(s) claimed (check all that apply).										
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 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.									
	<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>	•								
	• 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 " <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		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.	ment, you must 7, a copy of any o prepare Form provided by the								
	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?	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)?									
		<del></del>	$\perp$							

orm 8	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?			
	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
C	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?	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 qu		Yes	No
	tuition and related expenses for the claimed AOTC?		П	П
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	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
	<ul> <li>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;</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 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. 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
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica 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 tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to
	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	