IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taypayar'a nama

тахрауе	r s name	Social security number
SURI	ESH KUMAR GARLAPATI	634-37-3459
Spouse'	s name	Spouse's social security number
SAI	MANOGJNA VANAMA	714-36-3247
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 190,115.
2	Total tax	2 25,350.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 26,128.
4	Amount you want refunded to you	. 4 4,182.
5	Amount you owe	5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

				ERO firm name	-	E	ſ
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
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signature on the income tax return (original or amended) I am now authorizing.

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

Your signature 🕨

Spouse's PIN: check one box only

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

Date

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	er fiv n't er				

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

Spouse's signature ►	Date ►
Practitioner PIN Method Ret	urns Only—continue below
Part III Certification and Authentication – Practitioner	PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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

ERO's signature 🕨		Date 🕨	
	Retain This Form — See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax retu	urn instructions. DAA	REV 03/02/23 PRO	Form 8879 (Rev. 01-2021)

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Standard Deduction Someone can claim: You as a dependent You rspouse as a dependent Standard Deduction Someone can claim: You as a dependent You rspouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (i) First name (a) ratio (a) Reletions(ins) (b) Chick the box if qualifies for Gree instructions If more (i) First name Last name (i) Social security (a) Reletions(ins) (b) Chick the down of the dow	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 2	022		. 1545-0074	IRS Use Only	–Do not v	vrite or staple	in this space.
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4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a b Taxable amount 6b • C If you elect to use the lump-sum election method, check here (see instructions) 6b 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 1,445 • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 7 1,445 • Head of household, \$19,400 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 190,11 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 190,11 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900 15 Subtract line 14 from line 11 15 Subtract line 14 from line 11 164,21	Attach Sch. B	2a	Tax-exempt interest	2a		b	Taxable ir	iterest .		. 2t)	
Standard Deduction for- 5a 5a b 5b • Single or Married filing separately, \$12,950 6a b Taxable amount	if required.	3a	Qualified dividends	3a	15	5 . b	Ordinary o	dividends .		. 3t	>	155.
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointy or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 1,448 • Married filing jointy or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . . . 9 190,11 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income . . 11 190,11 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) . . 12 25,90 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . 13 • If you checked any box under Standard 14 25,900 		4a	IRA distributions	4a		b	Taxable a	mount.		. 4k)	
 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$10 Standard deduction or itemized deductions (from Schedule A) Head of household, \$11 Subtract line 12 and 13 Head of household, \$13 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income Inter the spectrum of the		5a	Pensions and annuities	5a		b	Taxable a	mount.		. 5t	>	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a		b	Taxable a	mount.		. 6k)	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required. In Not required, check here 1,42 • Married filing jointly or Qualifying surviving spouse, S25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 190,11 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 190,11 • If you checked any box under Standard 12 25,900 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900 • If you checked any box under Standard 13	Married filing	С	If you elect to use the lump-sum e	lection r	nethod, cheo	ck here (se	e instructi	ons)	[
jointy or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9190,1110Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)11190,11• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314• If you checked any box under Standard131425,900• If you checked any box under Standard131425,900• If you checked any box under Standard131425,900		7	Capital gain or (loss). Attach Schee	dule D if	required. If	not require	d, check h	nere	[7		1,487.
Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 190, 11 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 190,11 I 10 11 190,11 12 25,900 11 190,11 I 2 25,900 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900 I 3 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 I 4 25,900 14 25,900 14 25,900 I 4 25,900 12 164,21 14 25,900		8								. 8		-5,414.
\$25,900 10 Adjustments to income nom schedule 1, me 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 190,11 • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 25,90 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •	Qualifying				-	total incon	ne			. 9	1	90,115.
• Head of household, \$12 Subtract line 10 from line 9. This is your adjusted gross income 11 190,11 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,90 • If you checked any box under Standard Deduction, Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,90 • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •		10	Adjustments to income from Sche	dule 1, l	ine 26 .					. 10		
\$19,400 12 Standard deduction or itemized deductions (irom schedule A) 12 25,90 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,90 • Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 164 21	Head of			•						. 11		90,115.
any box under Standard 14 Add lines 12 and 13 14 25,90 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 164 21												25,900.
Standard 14 Add lines 12 and 13 14 25,90 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 164 21				on from	Form 8995	or Form 89	95-A .					
	Standard											25,900.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0	This is you	taxable i	ncome		. 15	5 10	64,215.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	27,350.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	27,350.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	25,350.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	25,350.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 26	<i>,</i> 128.		
	b	Form(s) 1099				25b	-	1	
	с	Other forms (see instruction				25c		1	
	d	Add lines 25a through 25c	,					25d	26,128.
	26	2022 estimated tax paymen						26	
If you have a qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	3. line 8		29		1	
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir					3,404.	1	
	32	Add lines 27, 28, 29, and 31						32	3,404.
	33	Add lines 25d, 26, and 32. T	,	-	-			33	29,532.
Defined	34	If line 33 is more than line 24						34	4,182.
Refund	35a	Amount of line 34 you want						35a	4,182.
Direct deposit?	b	Routing number 0 8 1					Savings		
See instructions.	d	Account number 0 0 2					0		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe		11			
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee			•				omplete b	elow.	X No
		signee's		Phone			onal identi	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		· · ·		Date	1	ised on an informati	1		nt you an Identity
	ŶŎ	ur signature		Dale	Your occupation				IN, enter it here
Joint return?					SOFTWARE E	ENGINEER		inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it here
,					HOME MAKEF		,		
		one no. (312) 956-498		Email address	SURESH.SUR(07@GMAIL.CO			Chaoly if:
Paid		parer's name	Preparer's signat			Date	PTIN	0700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/14/2023	P0208		Self-employed
Use Only		m's name GLOBAL TA		NOLITON	T 00016				678) 965-9522
			Y CT E BRU	INSWICK N			Firm	's EIN	84-3171965
Go to www.irc.a	ov/Form	1040 for instructions and the late	et information		DAA	DEV 02/02/22 DDC			Eorm 1040 (2022)

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

BAA REV 03/02/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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 20 2

Attachment Sequence No. **01**

Your social security number

634-37-3459

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SURESH KUMAR GARLAPATI & SAI MANOGJNA VANAMA

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		5	-5,414.
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	-	
-	Stock options	8k	-	
	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		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) Scholarship and fellowship grants not reported on Form W-2	8q 8r		
r	Nontaxable amount of Medicaid waiver payments included on Form	or	-	
S	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 ()		
Ľ	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-5,414.
	eruerk Beduetien Act Nation and user return instructions		-	0 / 11 10

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	rernment		
	officials. Attach Form 2106				12	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
16	Self-employed SEP, SIMPLE, and qualified plans				16	1
17	Self-employed health insurance deduction				17	1
18	Penalty on early withdrawal of savings				18	1
19a	Alimony paid				19a	1
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)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	24h			_	
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i			_	
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k			_	
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	e. Ent	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/02/23 F	PRO	Schedu	ıle 1 (Form 1040) 2022

Additional Credits and Payments

OMB No. 1545-0074 2022

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

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the lates	st information			Attachment Sequence No. 03
Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour soSURESH KUMAR GARLAPATI & SAI MANOGJNA VANAMA634-3						security number
Pa		fundable Credits			, .	
1	Foreign tax	credit. Attach Form 1116 if required			1	
2		child and dependent care expenses from Form 244	I, line 11.	Attach		
	Form 2441				2	
3		redits 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 nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative I	motor vehicle credit. Attach Form 8910	6e			
f	Qualified pl	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	iterest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6ј			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable 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	-SR, or 10	40-NR,		
	line 20 .			· · ·	8	
				(cc	ntin	ued on page 2)
For Pa	aperwork Reduct	ion Act Notice, see your tax return instructions.	REV 03/02/2	3 PRO	Schedu	ule 3 (Form 1040) 2022

Schedu	e 3 (Form 1040) 2022			Page 2
Par	t II 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	3,404.
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	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	3,404.
	BAA REV	/ 03/02/23 PRO	Schedule 3	3 (Form 1040) 2022

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12**

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SURESH KUMAR GARLAPATI & SAI MANOGJNA VANAMA

Your social security number 634-37-3459

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and		
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, column	Part I,	combine the result with column (g)		
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	17,899.	17,412.			487.		
2	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	6,252.	5,252.			1,000.		
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4			
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1							
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions							
7	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back							

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 lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	. ,	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	1,487.
	• 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 line 22.		
	• 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 amount, if any, from line 7 of that worksheet	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.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	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.

REV 03/02/23 PRO

Schedule D (Form 1040) 2022

Form	8949	
Form	0343	

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

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.

Sequence No. 12A Social security number or taxpayer identification number Name(s) shown on return 634-37-3459 SURESH KUMAR GARLAPATI & SAI MANOGJNA VANAMA

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep		
(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) (g) Code(s) from instructions Amount of adjustment		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	94.	192.			-98.
MORGAN STANLEY DOMESTIC HOLDINGS, INC.	01/01/22	12/31/22	17,805.	17,220.			585.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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).			17,899.	17,412.			487.

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.

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

Form	8949	
1 01111		

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

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.

Name(s) shown on returnSocial security number or taxpayer identification numberSURESH KUMAR GARLAPATI & SAI MANOGJNA VANAMA634-37-3459

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

(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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date sold or dimensional of		(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(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).
MORGAN STANLEY DOMESTIC HOLDINGS, INC.	01/01/22	12/31/22	6,252.	5,252.			1,000.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (al here and inc is checked), lir	lude on your ne 2 (if Box B	6,252.	5,252.			1,000.

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.

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

SCHE (Form	DULE E							OMB No	o. 1545-0074		
								20)22		
	ent of the Treasury Revenue Service		Go to www.irs.gov/ScheduleE for					formation.		Attachn Seguen	nent ce No. 13
Name(s)	shown on return								Your soci	al security	
SURE	SH KUMAR G	ARLAPA	ATI & SAI MANOGJNA VANAN	AM					634-3	7-3459	
Part			s From Rental Real Estate an					·			
	Note: If yo	ou are in t	he business of renting personal proper s from Form 4835 on page 2, line 40.	ty, use	Schedule	c . See	e instru	ctions. If you are	e an indi	vidual, rep	ort farm
Α			ents in 2022 that would require you	to file	Form(s) 1	0992 5	See ins	structions			s X No
			ou file required Form(s) 1099?		• • •						
1a	Physical addr	ess of e	ach property (street, city, state, ZIF	P code	e)						
Α	25-18-116	, 1ST	LANE SAMPATH NAGAR, GUN	ITUR	ANDHRA	A PRA	DESH	IN 52004			
В											
С								1			
1b	Type of Prope						Fa	ir Rental		nal Use	QJV
	(from list below	N)	above, report the number of fair personal use days. Check the Q.			-		Days	Da	ays	
	3		if you meet the requirements to f			A		365		0	
B C			qualified joint venture. See instru			B C					
	of Property:					C					
	Single Family R	asidanci	e 3 Vacation/Short-Term Ren	tal	5 Land	I	7	Self-Rental			
	Multi-Family Re		4 Commercial	LCII	6 Roya			Other (descril	he)		
						•		Propertie	S:		•
Incom 3		4		3		A	94.	В			С
3 4				4		C	94.				
Expen		ivea									
5				5							
6	•		structions)	6							
7		-	nce	7		1,4	43.				
8	Commissions			8							
9	Insurance			9							
10	•	•	sional fees	10							
11	-			11		1,2	19.				
12	0 0	•	to banks, etc. (see instructions)	12							
13	Other interest			13		1 0	<u> </u>				
14	1			14			64.				
15 16				15 16		⊥,∠	33.				
17				17		1 1	49.				
18			or depletion	18		, _	-J.				
19	Other (liet)			19							
20	· · ·		nes 5 through 19	20		6,1	.08.				
21			ne 3 (rents) and/or 4 (royalties). If								
	result is a (loss	s), see ir	structions to find out if you must								
				21		-5,4	14.				
22			estate loss after limitation, if any,	1		_					
			tructions)	22	(5,41	4.)	()	()
23a			ported on line 3 for all rental prope				23a		694.		
b			ported on line 4 for all royalty prop				23b				
c d			ported on line 12 for all properties ported on line 18 for all properties				23c 23d				
d e			ported on line 20 for all properties		· · ·		230 23e	6	108.		
24			amounts shown on line 21. Do no				200		24		
25		-	ses from line 21 and rental real estat		-		Enter to	otal losses here		(5,414.)
26			te and royalty income or (loss).								/
			, and line 40 on page 2 do not								
), line 5. Otherwise, include this ar					on page 2 .	26		-5,414.
For Pa	perwork Reduct	ion Act N	otice, see the separate instructions.		NF	PA		-5,414.	Sc	hedule E (F	orm 1040) 2022

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

20 2 Attachment Sequence No. 47

Internal	Revenue Service Go to www.irs.gov/Schedule8812 for Instructions and the lates	t information.		Sec	quence No. 41
Name(s) shown on return		Your se	ocial se	curity number
SURE	SH KUMAR GARLAPATI & SAI MANOGJNA VANAMA		634-	37-3	459
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	190,115.
2a	Enter income from Puerto Rico that you excluded	a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	b	0.		
с	Enter the amount from line 15 of your Form 4563	c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	190,115.
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	5	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national experimentation of the second	onal, or U.S. resi	dent		
	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 \int \dots $			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				
			· _	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 additi Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	onal child tax cr	edit.		
	Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the Credit Limit Worksheet A			13	27,350.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependence of the state of the stat			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 ta	ake the additio	nal chi	ld tax	credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040				
		, 01 10 10 1			/

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2022 REV 03/02/23 PRO BAA

Schedu	le 8812 (Form 1040) 2022		Page 2
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 lin	e 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 17 18a b 19	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 Enter -0 on line 27 . . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Is the amount on line 18a more than \$2,500? No. No. Leave line 19 blank and enter -0 on line 20.	16b 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	Puorto Pioo
Part		IS OT I	Juerto 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. 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .22		
23	Add lines 21 and 22		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 24		
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	
Dort	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	L
	BAA REV 03/02/23 PRO Sci	nedule 8	3812 (Form 1040) 2022

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

20 22
Attachment Sequence No. 52

Name(s		Social security nu If both spouses h			
SURE	ESH KUMAR GARLAPATI	634-37	-345	59	
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requ	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d See instructions		🗌 Se	elf-only	🗴 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those munextended due date of your tax return that were for 2022. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ontributions,	2		0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,650 family coverage). All others , see the instructions for the amount to enter	(\$7,300 for	3		7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	g 2022, also	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 coverage under an HDHP at any time during 2022, see the instructions for the amount to e		6		7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had fami under an HDHP at any time during 2022, enter your additional contribution amount. See ins		7		
8	Add lines 6 and 7	[8		7,300.
9	Employer contributions made to your HSAs for 2022	3,434.			
10	Qualified HSA funding distributions				
11	Add lines 9 and 10		11		3,434.
12	Subtract line 11 from line 8. If zero or less, enter -0		12		3,866.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13		0.
Part			rate 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 contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	146		
с	Subtract line 14b from line 14a	1	14b 14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)		140		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also,	-	15		
10	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 Exceptions to the Addition Tax (see instructions), check here	nal 20%			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu				

 1040), Part II, line 17c
 17b

 Part III
 Income and Additional Tax for Failure To Maintain HDHP Coverage. 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 III for each spouse.

East Da	and the second		-	0000 (0000)
	1040), Part II, line 17d	21		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
19	Qualified HSA funding distribution	19		
18	Last-month rule	18		

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

	8867	Paid Preparer's Due Diligence Checkli	st	OMB	No. 1545	5-0074				
	DOU / ovember 2022)	Earned Income Credit (EIC), American Opportunity Tax Credit (AOT Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filin	C), C) and g Status	For tax year 20						
Departn Internal	S. Attachment Sequence No. 70									
Тахрау	er name(s) shown or	return	Taxpayer identification	n number						
SUR	ESH KUMAR G	GARLAPATI & SAI MANOGJNA VANAMA	634-37-345	9						
Prepare	er's name		Preparer tax identification	ation num	ber					
SYA	M PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703							
Part	Due Dili	gence Requirements								
		propriate box for the credit(s) and/or HOH filing status claimed on the returned (check all that apply).		e the rel AOTC		arts I–V HOH				
1	Did vou comp	ete the return based on information for the applicable tax year provided	by the taxpaver	Yes	No	N/A				
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)									
2	worksheets fo 1040) instruct worksheet(s) t	claimed on the return, did you complete the applicable EIC and/or C und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched ions, and/or the AOTC worksheet found in the Form 8863 instructions hat provides the same information, and all related forms and schedules	ule 8812 (Form s, or your own	X						
3	the following.Interview the determine thReview infor	taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) and o figure the amount(s) of any credit(s)	's responses to d/or HOH filing	X						
4	information re-	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		X					
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .							
b	you asked, wh	mporaneously document your inquiries? (Documentation should include om you asked, when you asked, the information that was provided, and d on your preparation of the return.)	the impact the							
5	keep a copy of applicable wor 8867 and any taxpayer that the amount(s)	/ the record retention requirement? To meet the record retention required f your documentation referenced in question 4b, a copy of this Form 8867 ksheet(s), a record of how, when, and from whom the information used t applicable worksheet(s) was obtained, and a copy of any document(s) p you relied on to determine eligibility for the credit(s) and/or HOH filing sta of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	X						
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the red for audit?	return if his/her	X						
7		e taxpayer if any of these credits were disallowed or reduced in a previous		X						
1		e disallowed or reduced, go to question 7a; if not, go to question 8.)	year:							
~	-	ete the required recertification Form 8862?								
a o		is reporting self-employment income, did you ask questions to prepare								
8		ule C (Form 1040)?								

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	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	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOT)	, go to	Part \	/.)
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	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing state	is, go t	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
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:	l/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion 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 or (s) and/o	n the ret 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;	list for a	any 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.

-

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify	/ that	all	of t	he	ans۱	wers	or	n this	Fo	rm	886	7 a	re, t	o th	e b	est	of	you	r kı	now	ledg	ge, t	rue	, co	rrec	rt, an	nd	Yes	No
	complete?																												X	

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)