(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
SREENATH REDDY VUTUKURU	817-67-	7656
Spouse's name	Spouse's soci	al security number
ASWINI ANKI REDDY	276-79-	-6892
Part I Tax Return Information — Tax Year Ending December 31, 2022	(Enter 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		1 225,125.
2 Total tax		2 32,885.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 39,894.
4 Amount you want refunded to you		4 7,009.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an		
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to treasure, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellat business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related the personal identification number (PIN) below is my signature for the income tax return (original or amendation for the inc	ount indicated in the ta institution to debit the erminate the authorize ion requests must be d in the processing of to the payment. I furtle	x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or get	nerate my PIN	7 6 5 6 as my
ERO firm name	Ent	er five digits, but 't enter all zeros
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) if you are entering your own PIN and your return is filed using the Practitioner PII below.	N method. The ERO	ng. Check this box only must complete Part III
Your signature ► Da	ate >	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or get	nerate my PIN 9	6 8 9 2 as my
ERO firm name		er five digits, but 't enter all zeros
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)		
if you are entering your own PIN and your return is filed using the Practitioner PII below.	villetilog. The End	must complete Fart III
A .		
Spouse's signature > 1 ASWINI	nte ► 04 / (2/2073
Practitioner PIN Method Returns Only—continue		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 Don't enter	5 3 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 in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a	m submitting this retu	rn in accordance with the
requirements of the Practitioner PIN method and Pub. 1345. Handbook for Authorized IRS e-file Provided	ters of Individual Incom	ne Lax Returns.

ERO's signature ▶ Date ▶

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

|--|

OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	household (H	OH)		ifying sur	/iving	
Check only	If vo	u checked the MFS box, enter the	nome of w	our analisa If va	u obool	rad tha UOU ar	OSS how or	tor ti		ise (QSS)	an auglifuina	
one box.	-	son is a child but not your depender	-	our spouse. II yo	u checr	tea the HOH of	QSS box, er	iter ti	ie crilia s	name ii ti	ie qualifying	
Your first name			Last nar	me					Vour so	cial securit	ty number	
									Your social security number			
SREENATI		בטטו s first name and middle initial	VUTU Last nar							817-67-7656 Spouse's social security number		
•	pouse s	s ilist flame and filliddle lilitial							'		-	
								79-689:				
		, ,	e instructio	oris.			Арт. по.		1	ntial Election	on Campaign	
13154 TI		DRD DR ce. If you have a foreign address, also c	omplete e	nagaa halaw	Sta	240	ZIP code		1	, ,	itly, want \$3	
	J05t 0111	ce. II you have a loreigh address, also c	complete sp	paces below.					to go to this fund. Checking a			
FRISCO			1.				75035			ow will not or refund.	•	
Foreign countr	у патте			-oreign province/sta	ate/cour	ity	Foreign postal	code	your tax	You	Spouse	
			. ,					`	(1)	10u	opouse	
Digital		ny time during 2022, did you: (a) re-					-			Yes	⊠ No	
Assets		ange, gift, or otherwise dispose of					asset)? (See	IIISIII	actions.)	165	NO	
Standard		eone can claim: You as a d		•		a dependent						
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-stat	us aller	1						
Age/Blindnes:	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before Jan	uary	2, 1958	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check	the b	ox if qualif	ies for (see	instructions):	
If more		irst name Last name		number		to you	Child tax		redit	Credit for ot	her dependents	
than four	NYS	HIKA REDDY VUTUKURU		873-55-7800 Daugh		Daughter	er X					
dependents, see instruction												
and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .					. 1a	24	41,719.	
	b	Household employee wages not	reported	on Form(s) W-2.					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and	е								. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f			
If you did not	g	Wages from Form 8919, line 6						. 1g				
get a Form	h	Other earned income (see instruc	tions) .						. 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	combat pay election (see instructions)									
	z	Add lines 1a through 1h		,					. 1z	24	41,719.	
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest	:		. 2b			
if required.	3a_	Qualified dividends	3a		b (Ordinary divider	nds		. 3b			
	4a	IRA distributions	4a		bΤ	axable amoun	t		. 4b			
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. 5b			
Deduction for— Single or	6a	Social security benefits	6a		bΤ	axable amoun	t		. 6b			
Married filing	С	If you elect to use the lump-sum	election n	nethod, check he	ere (see	instructions)		. [
separately, \$12,950	7	Capital gain or (loss). Attach School	edule D if	required. If not r	equired	l, check here		. [7	-	-3 , 000.	
Married filing	8	Other income from Schedule 1, li	ne 10 .						. 8	-1	13,594.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	incom	е			. 9	22	25,125.	
surviving spouse, \$25,900	10	Adjustments to income from Sch	edule 1, li	ine 26					. 10			
Head of	11	Subtract line 10 from line 9. This	is your ac	djusted gross in	come				. 11	22	25,125.	
household, \$19,400	12	Standard deduction or itemized	d deducti	ions (from Sched	ule A)				. 12		25,900.	
If you checked	13	Qualified business income deduc	tion from	Form 8995 or Fo	orm 899	95-A			. 13			
any box under Standard	14	Add lines 12 and 13							. 14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This	is your	taxable incom	e		. 15	19	99,225.	
)											

Form 1040 (202:	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 881	4 2 4972	3 🗌		. 16	35,485.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	35,485.
	19	Child tax credit or credit for other dependent	ents from Sched	lule 8812			. 19	2,000.
	20	Amount from Schedule 3, line 8					. 20	600.
	21	Add lines 19 and 20					. 21	2,600.
	22	Subtract line 21 from line 18. If zero or les	s, enter -0				. 22	32,885.
	23	Other taxes, including self-employment ta	•	•				0.
	24	Add lines 22 and 23. This is your total tax					. 24	32,885.
Payments	25	Federal income tax withheld from:			1 1			
	а	Form(s) W-2			25a	39,8	94.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	39,894.
If you have a	26	2022 estimated tax payments and amount					. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27			
allacii Scii. Elc.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	*		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		•				
	33	Add lines 25d, 26, and 32. These are your						39,894.
Refund	34	If line 33 is more than line 24, subtract line						7,009.
	35a	Amount of line 34 you want refunded to y			ck here . Checking			7,009.
Direct deposit? See instructions.	b	Routing number 1 1 1 9 0 0	ngs					
oee manactions.	d	Account number 8 6 8 9 0 7						
	36	Amount of line 34 you want applied to you	ır 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the at For details on how to pay, go to www.irs.g					. 37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to destructions				es. Comp	lete below.	⊠ No
		signee's	Phone	;			dentification	
		me	no.			number (F		
Sign Here		der penalties of perjury, I declare that I have examief, they are true, correct, and complete. Declaration		, , ,		,		, ,
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
laint vatuus O				EMPLOYED			(see inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion		If the IRS se	nt your spouse an
Keep a copy for your records.	Op.	outo o orginataror ir a joint rotarri, 2011 maet orgin	Jaio					ection PIN, enter it here
		one no. (972) 975-9093	Email address	EMPLOYED	CDACMATT	COM		
		eparer's name Preparer's sign		SRINATH.K	Date	PTI	N	Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY.		СПРТА ТАТ.ТАМ			2082703	Self-employed
Preparer		m's name GLOBAL TAXES LLC	I IUII DIIOAI	COLIN INDIAN	1 0 1 / 1 2 / 2	023 10.		(678) 965-9522
Use Only		m's address 245 ROONEY CT E BI	RUNSWICK N	J 08816			Firm's EIN	84-3171965
0-1	014/Fa::::	a1040 for instructions and the latest information	.51,5,,101(1)				. IIII 3 LIIV	54-31/1903

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

SREENATH REDDY VUTUKURU & ASWINI ANKI REDDY

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

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

	Sequence No. 01
Your soc	ial security number
817-67	-7656

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-13,594.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f	_	
g	Alaska Permanent Fund dividends	8g	_	
h	Jury duty pay	8h	_	
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r		
r s	Nontaxable amount of Medicaid waiver payments included on Form	OI	-	
5	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (4	
·	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:	OU		
~		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-SE		$\overline{}$	-13.594

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, ,, ,, , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

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

SREENATH REDDY VUTUKURU & ASWINI ANKI REDDY

Your social security number 817-67-7656

Par	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	600.
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 1040-NR,	8	600.

(continued on page 2)

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

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
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	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	15		

SCHEDULE D (Form 1040)

Department of the Treasury

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 Sequence No. 12

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 817-67-7656 SREENATH REDDY VUTUKURU & ASWINI ANKI REDDY 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. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. 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 4,820. 11,265. -6,445. 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 17,241. 22,800. -5,559. 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 -12,004. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 Box D checked 14. 11. -3. 9 Totals for all transactions reported on Form(s) 8949 with

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)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

-3.

11

12

13

14

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -12,007.• 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.) • (\$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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

ocial security number or taxpayer identification number							
817-67-7656							
substitute statement(s) from your broker. A substitute asis (usually your cost) was reported to the IRS by your							
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, omplete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page or 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 ☐ (C) Short-term transactions not reported to you on Form 1099-B 							
e e e							

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	t or other basis the Note below enter a code in column (f). See the separate 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).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,368.	2,449.			-1,081.
APEX CLEARING	01/01/22	12/31/22	521.	3,554.			-3,033.
APEX CLEARING	01/01/22	12/31/22	1.	1.			0.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	2,930.	5,261.			-2,331.
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).			4,820.	11,265.			-6,445.

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.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SREENATH REDDY VUTUKURU & ASWINI ANKI REDDY

Social security number or taxpayer identification number 817-67-7656

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.

× (D)	Long-term transactions	reported on F	orm(s) 1099	-B showing basi	s was reported	to the IRS (see Note abo	ve)
☐ (E)	Long-term transactions	reported on F	orm(s) 1099	-B showing basi	s wasn't reporte	ed to the IRS	
☐ (F)	Long-term transactions	not reported	to you on Fo	rm 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	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate 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).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1.	1.			0.
APEX CLEARING	01/01/22	12/31/22	9.	10.			-1.
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1.	3.			-2.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	11.	14.			-3.		

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.

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. OMB No. 1545-0074 Attachment

Sequence No. 12A

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

Social security number or taxpayer identification number

SREENATH REDDY VUTUKURU & ASWINI ANKI REDDY

817-67-7656

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. (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 Adjustment, if any, to gain or loss

(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Mo., day, yr.)	disposed of (Mo., day, yr.)	isposed of (sales price) and (see instructions)				from column (d) and combine the result with column (g).
01/01/22	12/31/22	17,241.	22,800.			-5, 559.
al here and inc e is checked), lir	lude on your ne 2 (if Box B	17.241	22.800			-5 , 559.
	Date acquired (Mo., day, yr.) 01/01/22 s (d), (e), (g), and al here and ince is checked), line is checked), line is checked).	Date acquired disposed of	Date acquired (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) Proceeds (sales price) (see instructions) 17,241.	(b) Date acquired (Mo., day, yr.) (mo.,	(b) Date acquired (Mo., day, yr.) (c) Date sold or disposed of (Mo., day, yr.) (d) Proceeds (sales price) (sales price) (sales price) (sales price) (in the separate instructions. (f) Code(s) from instructions (g) (h) Code(s) from instructions (g) (h) Code(s) from instructions (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(b) Date acquired (Mo., day, yr.) Date sold or disposed of (Mo., day, yr.) Date acquired (Mo., day, yr.) Date sold or disposed of disposed of (Mo., day, yr.) Date sold or disposed or dispo

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.

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.

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

OMB No. 1545-0074

SREI	ENATH REDDY VUTUKURU & ASWINI ANKI REDDY	Y					817-6	7-7656	
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C. See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	4 - CI -		0000	\ !				- V
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	2)						
Α	DNO:1/95, KRISHNAMGARI PALL KADAPA AND	DHRA	PRADES	SH IN	516	421			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair real estate properabove.			Fair Rental Days			Person	QJV	
Α.				Α.			Da		
A B	personal use days. Check the Quite if you meet the requirements to f			A		365		0	
C	qualified joint venture. See instru			В					
	(5)			С					
	of Property:	4-1	5 L		7	Oalf Dantal			
	Single Family Residence 3 Vacation/Short-Term Rent	tai	5 Land		-	Self-Rental	!!\		
2	Multi-Family Residence 4 Commercial		6 Roya	uties	8	Other (descr	ibe)		
						Propertie	es:		
Incor	ne:			Α		В			С
3	Rents received	3		7	54.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,7	88.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,8	98.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,9	99.				
15	Supplies	15		2,7	45.				
16	Taxes	16							
17	Utilities	17		2,9	18.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,3	48.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must			10 -	0.4				
	file Form 6198	21	<u> </u>	-13 , 5	94.				
22	Deductible rental real estate loss after limitation, if any,	_	,			,		,	
	on Form 8582 (see instructions)	22		13,59		()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		754.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	14	,348.		
24	Income. Add positive amounts shown on line 21. Do no		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(13,594.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a						n _		_13 50/
	SCHEDING LIFORM HIVIN IND 5 LITIONWISE INCUIDE this or	mount	IN THE TO	iai on li	114 /11	OD D206 2	1 00		_ 1 < 5 0 /

Child and Dependent Care Expenses

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

OMB No. 1545-0074 Attachment Sequence No. 21

Your social security number

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

SREE	NATH RED	DY VU	JTUKURU	& ASWIN	I ANKI	REDDY				8	317-	67-765	6	
A You	can't claim	a credi	t for child a	nd depend	ent care e	xpenses if yo ons Filing Se								_
						ıring 2022 ar ns under <i>If Yo</i>								_
Part		ons or have	Organiza more than	tions Wh three car	o Provid e provide	led the Carers, see the	r e —You m instructio	nust co ns and	mplete th check thi	is part s box			[
1 (a) Care provider's name			(number, st		ddress city, state, a	and ZIP code) (c) Identifying number (SSN or EIN) (d) Was the car household emp For example, this quanties but not concern (see instr						22? cludes (e) Amount paid see instructions)	
KIDDIE	ACADEMY OF EAST	FRISCO	7361 CO FRISCO				83-090	6456	Yes		X No	0	9,430	
	01 2	1112000					-	0100	Yes		No	o	J , 130	<u> </u>
									Yes		N)		_
					7	— No —		amplete	e only Part	II bolov	,			—
			Did you re			_ NO		•	,					
		depe	endent care	e benefits?		— Yes ——	—— С	omplete	e Part III on	page 2	next	i.		
Sched	lule H (Form vided in 202	1040). 23, don	If you incu 't include t	irred care e hese exper	expenses nses in co		didn't pay ine 2 for 20	them u	ntil 2023, o	r if you			nstructions 1 022 for care	
2						ave more than		fvina per	sons, see th	ne instru	uction	s and che	eck this box	\neg
	First	(a)	Qualifying per		Last		(b) Qualifying social security	person's	(c) Chec qualifying p age 12 and	k here if erson wa	the s over abled.	(d) Qua you ind in 2022	lified expenses curred and paid ? for the person in column (a)	_
NYSH	IKA REDD	Y	V	UTUKURU			873-55-	-7800	,				9,430	_
													,	_
														_
3						more than \$3 ompleted Par					3		3,000	
4	Enter your	earned	l income. S	ee instruct	ions						4		138,269	
5	,					d income (if	you or you	spouse	e was a stu	ıdent			<u> </u>	_
	or was disa	bled, s	ee the instr	uctions); al	l others,	enter the am	ount from li	ne 4 .			5		103,450	
6	Enter the si	nalles	t of line 3, 4	or 5 .						.	6		3,000	
7						040-NR, line		. 7	225,	125.				
8	Enter on lin	e 8 the	decimal an			hat applies t	to the amou	ınt on lir	ne 7.					
	If line 7 is:	t not	Decimal	If line 7 is	s: But not	Decimal	If line 7 is:	But not	Decimal					
	Over ov		amount is	Over	over	amount is	Over	over	amount					
	\$0-15	,000	.35	\$25,000-	-27,000	.29	\$37,000—	39,000	.23					
	15,000-17	,000	.34	27,000-	-29,000	.28	39,000—	41,000	.22		8		X .20)
	17,000-19	,000	.33	29,000-	-	.27	41,000—	43,000	.21				Λ .20	_
	19,000-21		.32	31,000-	,	.26	43,000—	No limit	.20					
	21,000-23		.31		-35,000	.25								
_	23,000-25		.30	35,000-		.24								
9a	Multiply line	•						 Horr F			9a		600	<u>. </u>
b						rksheet A in er -0- on line					OF		^	
_	Add lines 9				. WISE, EIIL	or or our lift	ob and go	LO III IC			9b 9c		0	_
С 10					radit Limit \	 Worksheet in t	ha instruction	 ns 10		485.	90		600	•
	-					Enter the sn								
11	on Schedul				vhenses.	Litter the SI	ianei Oi IIII	- ac ot	mie io nere	anu	44		600	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47**

Your social security number

KEE.	NATH REDDY VUTUKURU & ASWINI ANKI REDDY 8	1/-6/-	-/656
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	225,125.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	225,125.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resider	-	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	1
8	Add lines 5 and 7		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)		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 cred	it.	
	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 Credit Limit Worksheet A		34,885.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additiona		
	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, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
_	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

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

Taxpayer identification number

SREI	ENATH REDDY VUTUKURU & ASWINI ANKI REDDY	817-67-765	6		
Preparer's name Preparer tax identific					
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put tax payer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	×		
	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	×		
7 a	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?		X		
8 8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	a complete and			

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

REV 03/22/23 PRO