Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
MAHESH GADDAM	500-65-4687
Spouse's name	Spouse's social security number
SHIVALAXMI GADDAM	972-94-2075
	ter 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	1 105,061.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans- to-send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for re- tor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in Dayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institu- Bauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin Dayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re- Dayments days prior to the payment (settlement) date. I also authorize the financial institutions involved in the Decreases to receive confidential information necessary to answer inquiries and resolve issues related to the Decrease of the income tax return (original or amended) is Electronic Funds Withdrawal Consent.	rejection of the transmission, (b) the reason U.S. Treasury and its designated Financia indicated in the tax preparation software foution to debit the entry to this account. This late the authorization. To revoke (cancel) are equests must be received no later than 2 the processing of the electronic payment of a payment. I further acknowledge that the
Taxpayer's PIN: check one box only	5 4 6 8 7
X I authorize GLOBAL TAXES LLC to enter or generate	te mv PIN 🗀 🔠 as mv
signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	
Your signature ▶ Date ▶	
Spouse's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter or generate	te my PIN 4 2 0 7 5 as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	
Spouse's signature ▶ Date ▶	
Practitioner PIN Method Returns Only—continue belo)W
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers or	bmitting this return in accordance with the

Date ►

ERO Must Retain This Form — See Instructions

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

ERO's signature ▶

REV 12/17/22 PRO

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.

	s 🗌 s	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	house	hold (HOF	l)		ifying surv ıse (QSS)	iving	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you	ı check	ed the HOH or	r QSS	box, ente	r the c	•	, ,	e qualifying	
		on is a child but not your dependent										. , ,	
Your first name	and mi	ddle initial	Last nar	me					Yo	ur so	cial securit	y number	
MAHESH			GADD	AM					50	00-6	55-4687	7	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Sp	ouse'	s social sec	urity number	
SHIVALAX	IMX		GADD	AM					9	72-9	94-2075	5	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pr	eside	ntial Election	n Campaign	
9451 LEE	E HIC	SHWAY						506		neck here if you, or your			
City, town, or p	ost offic	e. If you have a foreign address, also co	mplete sp	paces below.	Sta	ite	ZIP	ode			e if filing jointly, want \$3 to this fund. Checking a		
FAIRFAX					V	A	220)31		box below will not change			
Foreign country	/ name		F	oreign province/sta	te/coun	ty	Forei	gn postal co	de yo	ur tax	or refund.	Ü	
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financi	al inter	est in a digital	asset)? (See ins	structio	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spo	use as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stati	us alien	1							
Age/Blindness	. You:	☐ Were born before January 2, 1	958	Are blind	Spouse	. Was bor	rn hef	ore Janua	rv 2 1	958	☐ Is bli	nd	
Dependents				(2) Social secu		(3) Relationsh						instructions):	
If more	•	rst name Last name		number	ii ity	to you	"P	Child ta	x credi	t	Credit for oth	ner dependents	
than four	RAY			858-48-53	305	Son		>	<u> </u>			_ 	
dependents,				030 10 33	700	5011			-				
see instructions and check	s ——								-				
here]								-				
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	11	3,637.	
Income	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s)	С	Tip income not reported on line 1a								1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d			
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instructi								1h		0.	
W-2, see	i	Nontaxable combat pay election (s	see instr	ructions)		l 1i	i						
instructions.	z	Add lines 1a through 1h								1z	11	3,637.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds .			3b			
	4a	IRA distributions	4a		b T	axable amoun	ıt			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt			5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	ıt			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check he	re (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	equired	, check here				7			
Married filing	8	Other income from Schedule 1, lin	e 10 .							8	_	-8 , 576.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total	incom	e				9	10	5,061.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross ind	ome					11	10	5,061.	
household, \$19,400	12	Standard deduction or itemized	deducti	i ons (from Sched	ule A)					12	2	25,900.	
If you checked	13	Qualified business income deduct	on from	Form 8995 or Fo	rm 899	5-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 zer	o or less	s, enter -0 This i	s your t	taxable incom	ne .			15	7	79 , 161.	

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	9,090.	
Credits	17	Amount from Schedule 2, lir	ne 3					. 17		
	18	Add lines 16 and 17						. 18	9,090.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	2,000.	
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21	2,000.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,090.	
	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	7,090.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12,62	6.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25d	12,626.	
If you have a	26	2022 estimated tax paymen						. 26		
qualifying child, attach Sch. EIC. [27	Earned income credit (EIC)				27				
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	•	-	-					
	33	Add lines 25d, 26, and 32. T							12,626.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpai	d.	. 34	5,536.	
	35a	Amount of line 34 you want			3 is attached, che	ck here	[35a	5,536.	
Direct deposit? See instructions.	b	Routing number 0 2 1] Checking [Savin	gs		
See instructions.	d	Account number 3 8 1								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•		rn with the IRS?		Comple	ete below.	X No	
Designee		signee's		Phone			•	lentification		
		me		no.			umber (PI			
Sign Here		der penalties of perjury, I declare flief, they are true, correct, and com								
пеге	Yo	ur signature		Date Your occupation					nt you an Identity	
					 SOFTWARE :	DEMEI ODED		Protection P (see inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return	hath must sign	Date	Spouse's occupat			, ,	nt vour spouse an	
Keep a copy for your records.	Ор	Spouse's signature. If a joint return, both must sign.		HOMEMAKER				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (904) 878-869	9	Email address	MGADDAM62	GMAIL.CO	 М			
D-1-I	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	1	Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/04/202	3 P02	082703	Self-employed	
Preparer		m's name GLOBAL TA							(678) 965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487	

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

MAHESH & SHIVALAXMI GADDAM

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
500-65	-4687

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-8,576.
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		8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е		8e		
f	Income from Form 8889	8f		
g		8g		
h	, , , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	·	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	·	8m		
n	·	8n		
0	·	80		
р		8p		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	· · · · · · · · · · · · · · · · · · ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u	-	
Z	Other income. List type and amount:			
_		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	or 1040-NR line 8	10	-8.576

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

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basin		
	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	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
İ	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect tax law violations		
	zan		
j	Housing deduction from Form 2555	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)	-	
Z	Other adjustments. List type and amount:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 500-65-4687 MAHESH & SHIVALAXMI GADDAM Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 4-52-14/A MAQDUM NAGAR JAGATHGIRI GUTTA MEDCHAL, TELANGANA IN 500037 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 355 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 620. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 860. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,356. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,800. 14 14 Repairs 2,680. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,500. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 9,196. 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 file Form 6198 21 -8,576. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,576.) 620. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,196. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,576. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -8,576.

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

1AHE	SH & SHIVALAXMI GADDAM 5	00-65-	-468/
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	105,061.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555).	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	105,061.
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. residen	t	
	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	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 credit	t.	
	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		9,090.
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 additional		
	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.		
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 12/17/22 PRO	Schedule 8	8812 (Form 1040) 2022

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	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

	ESH & SHIVALAXMI GADDAM	500-65-468	7		
repare	r's name	Preparer tax identifica	ition numb	per	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?				
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	's responses to	X		
	status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	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 taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
_	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а 8	Did you complete the required recertification Form 8862?				
		·			

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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 '	
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?		×	