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



<u>1040</u>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	3	OMB No. 1545-	-0074	IRS Use Only	y—Do not w	rite or sta	ple in this space.
For the year Ja	n. 1–Deo	c. 31, 2023, or other tax year beginning		, 2023, end	ding			, 20	See se	oarate i	nstructions.
Your first name	e and m	iddle initial	Last nan	ne					Your so	cial sec	urity number
MALLA R	EDDY		GAJJ	ALA					724	52	3030
If joint return, s	spouse's	s first name and middle initial	Last nan	ne					Spouse'	s social	security number
THANMAI			KATT	A					987	90	7401
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Α	pt. no.	Preside	ntial Ele	ction Campaig
_6049 RO	PER :	RD							1	•	ou, or your
City, town, or	post offi	ice. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP co	ode			ointly, want \$3 nd. Checking a
MCKINNE	Y				TΣ	ζ	750	70	1 0		not change
Foreign countr	y name		F	oreign province/state/	count/	ty	Foreig	n postal code	your tax	or refu	nd
										∐ Yo	u Spous
Filing Status	s 🗆	Single				☐ Head of ho	ouseh	old (HOH)			
Check only	×	Married filing jointly (even if only or	ne had in	icome)							
one box.		Married filing separately (MFS)						ing spouse	. ,		
	lf y	you checked the MFS box, enter the	name of	f your spouse. If yo	u che	ecked the HOH	or QS	SS box, ente	er the chi	ld's nar	me if the
	qu	ualifying person is a child but not you	ır depend	dent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as a	reward, award, or	navr	ment for prope	rtv or s	services): or	r (b) sell.		
Assets		nange, or otherwise dispose of a digi					-			☐ Ye	s 🗵 No
Standard		neone can claim: You as a de		<u> </u>			, .				
Deduction	_	Spouse itemizes on a separate return	•								
				-							
		: Were born before January 2, 1	959 _	Are blind Sp	ouse	: U Was bor		re January	-		blind
Dependent				(2) Social security (3) Relationship		ip (4	•		,	see instructions)	
If more	<u> </u>	First name Last name		number		to you		Child tax o	realt	Credit to	r other dependent
than four dependents,		RVIL REDDY GAJJALA		174-98-6761 Son				X			_
see instruction	ıs <u>SHA</u>	ARVARI GAJJALA		343-63-622	6	Daughter		×			_
and check	, —										
here L		Tatal and a set from Farma(a) M/ O b	1 /	:					4-		00 004
Income	1a	Total amount from Form(s) W-2, be Household employee wages not re	•	,					. 1a		98,904.
Attach Form(s)	_	. , ,	•	` ,							
W-2 here. Also attach Forms		Tip income not reported on line 1a	•	,		· · · ·			. 1c		
W-2G and	d	Medicaid waiver payments not rep							. 1d		
1099-R if tax	e	Taxable dependent care benefits f							. 1e		
was withheld.	f	Employer-provided adoption bene	ents from	Form 8839, line 29					. 1f	_	
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 1g		0.
W-2, see	h ;	Other earned income (see instructing Nontaxable combat pay election (s	,				· ·		. 1h		0.
instructions.	i	Add lines 1a through 1h	3 55 1115111	ucuons)	• •	· · <u>III</u>			. 1z		98,904.
Attack C-L C	<u>z</u> 		2a	· · · · i	 ьт	axable interest			. 12		JU , JU 4 .
Attach Sch. B if required.			3a			axable interest Ordinary divider					
	<u>3a</u>	•				axable amount					
Standard	4a 5a		4a 5a			axable amount					
Deduction for—	6a		6a			axable amount					
Single or Married filing	C	If you elect to use the lump-sum e		nethod check hara				r	. 00		
separately, \$13,850	7	Capital gain or (loss). Attach Scher		·	•	,		[7		
Married filing	8	Additional income from Schedule							. 8		-20,952.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9		77,952.
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-					. 10		11,004.
Head of	11	Subtract line 10 from line 9. This is							. 11		77,952.
household, \$20,800	12	Standard deduction or itemized	-						. 12		27,700.
If you checked any box under	13	Qualified business income deducti							. 13		21 , 100.
Standard	14										27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer							15		50 252

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌			16	5,593.
Credits	17	Amount from Schedule 2, lir					 .		17	
	18	Add lines 16 and 17							18	5,593.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	4,000.
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	4,000.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. [22	1,593.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax					. [24	1,593.
Payments	25	Federal income tax withheld								·
•	а	Form(s) W-2				25a	8,6	20.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	8,620.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31				ndable cre	edits .		32	
	33	Add lines 25d, 26, and 32. T						.	33	8,620.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you over	paid .		34	7,027.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								35a	7,027.
Direct deposit?	b	Routing number 1 2 2				Checking	_	ings		
See instructions.	d	Account number 4 5 7		 .	5 8					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe.						
You Owe	For details on how to pay, go to www.irs.gov/Payments or see instructions								37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	instructions								elow.	× No
		signee's	Phone Personal identification							
Ciarra	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yο	ur signature		Date	Your occupation			If the I	RS ser	nt vou an Identity
	. 0	a. o.g.iata.o			Tour occupation					N, enter it here
Joint return?				SOFTWARE ENGINEER					st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on				nt your spouse an
your records.					HOME MAKER			(see in	-	ection PIN, enter it here
		one no. (717) 343-736	າ	Email address	GMALLAREDD		COM	(
		one no. (717) 343-736 eparer's name	Preparer's signat		GMALLAKEDD	Date		ΓIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM	1 .		מגד.ד.מיי בייסוד.	02/09/2		.)2082	702	Self-employed
Preparer		m's name GLOBAL TA		IVIII DUQUI	COLITY TABLIAM	102/03/2	027 110	1		678) 965-9522
Use Only			AES LLC Y CT E BRU	NSWICK N.	т 08816			Firm's		84-3171965
	1 11	m 3 addiess Z TO NOONE	- C1 F DKO	TANANT CIV IN	0 00010			1 111111 5	LIIN	04-2111302

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

MALLA REDDY GAJJALA & THANMAI KATTA

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

724-52-3030

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	ach Schedule E .	5	-20,952.
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		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (2	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter		3	
10	1040, 1040-SR, or 1040-NR, line 8	nele and on Form	10	-20 , 952.
	10.0, 10.0 011, 01.10.10.1111, 111100		10	

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		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 .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

MALI	A REDDY GAJJA	ALA	& THANMAI KATTA						724-	52-3030	ı
Part			From Rental Real Estate ar								
	Note: If you are	re in th	ne business of renting personal prope s from Form 4835 on page 2, line 40.	erty, use	Schedule	e C. See	instru	ctions. If you a	re an in	dividual, rep	ort farm
Α [nts in 2023 that would require you		Form(s)	10002 5	oo ing	structions			os 🗸 No
			ou file required Form(s) 1099?								
						• •	• •				-5 110
1a			ach property (street, city, state, ZI		•						
Α	PLOT NO 60	SRI	SAIKUTEER PEDDAAMBERP	ET HA	AYATHNA	AGAR,	rela	NGANA IN	5015	05	
В											
С							ı				1
1b	Type of Property	2	For each rental real estate property				Fa	ir Rental		onal Use	QJV
_	(from list below)		above, report the number of fair personal use days. Check the Q					Days	L	Days	
<u>A</u>	3		if you meet the requirements to			_ A		365		0	
B C		-	qualified joint venture. See instru			В					
	of Droporty					C					
	of Property: Single Family Resid	donoo	3 Vacation/Short-Term Rer	atal	5 Land	1	7	Self-Rental			
	Multi-Family Reside		4 Commercial	ııaı	6 Roya		-		riha)		
	Widiti-1 armiy Heside	CITCC	4 Commercial		- U HOye	aities		Other (descr			
								Properti	es:		
Incon						Α		В			С
3				3		7	18.				
_ 4		<u> t</u>		4							
Exper				_							
5				5							
6			structions)	7		2 0	<i>C</i> 0				
7			nce	8		2,9	00.				
8 9				9							
10			sional fees	10							
11				11		3,6	5.2				
12			to banks, etc. (see instructions)	12		3,0	JZ.				
13				13							
14				14		3.9	54.				
15				15			74.				
16				16							
17				17		3,8	96.				
18	Depreciation expe	ense c	or depletion	18		3,4	26.				
19	Other (list)			19							
20			es 5 through 19	20		21,6	70.				
21	Subtract line 20 fr	om lir	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
	file Form 6198 .			21		- 20 , 9	52.				
22			estate loss after limitation, if any,		,	00 ==		,			
00			ructions)	22	[(20,95		(710)()
23a		-	ported on line 3 for all rental property				23a		718.	-	
b			ported on line 4 for all royalty properties				23b				
C C			ported on line 12 for all properties			•	23c 23d	ာ	,426		
d			ported on line 18 for all properties ported on line 20 for all properties				23a 23e		,420.	_	
e 24			amounts shown on line 21. Do no		 de anvilo		200		. 24	_	
25	•		ses from line 21 and rental real esta		-		nter to	tal losses her	_		20,952.)
26		-	e and royalty income or (loss).								
20			l IV, and line 40 on page 2 do no								
			I line 5. Otherwise include this a								_20 052

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

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

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

Your social security number

MALI	A REDDY GAJJALA & THANMAI KATTA	724-5	52-3	030
Pa	·			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	77 , 952.
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	. 2	2d	0.
3	Add lines 1 and 2d		3	77 , 952.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
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. resid	ent		
	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	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
10	• 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		10	
11	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. Multiply line 10 by 5% (0.05)		10 11	0.
11 12	Is the amount on line 8 more than the amount on line 11?		12	0.
14			12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	eart.		
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	1	13	5,593.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			1,000.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal chil	d tax	credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N			
	(also complete Schedule 3, line 11) before completing Part II-A.		J	
	1 0			

BAA

Schedule 8812 (Form 1040) 2023

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	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	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	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 \$4,800 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.		
David	Otherwise, go to line 21.	f D	t. Dies
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S OT 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, or if you are a bona fide resident of Puerto Rico, 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 .		
23	Add lines 21 and 22	-	
24	1040 and	-	
24	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.		
Par <u>t</u>	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 2023)

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 23 Attachment

Sequence No. 70

Taxpayer identification number

MALI	LA REDDY GAJJALA & THANMAI KATTA	724-52-3030)		
repare	's name	Preparer tax identifica	ition numb	er	
SYAN	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?		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?	lule 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)		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.)	stent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	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:				
	Electricolo decemento provided by the taxpayor, il arry, 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	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,,541			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children 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	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		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		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:	or HO	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint 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 ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	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 applical obtained.	ble work	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxles of the credit o	cayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No