1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple in t	this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instru	ctions.
Your first name	and mi	iddle initial	Last n	ame						Your so	cial security	number
SRIKANTH	ł		PE D.	AVALLI						745	15 30	91
		s first name and middle initial	Last n								s social secu	
BALABHAF	RGAV	I	RAY	INI						972	94 79	76
		er and street). If you have a P.O. box, see						A	Apt. no.		ntial Election	
11020 HU	JEBNI	ER OAKS						2	2112	Check I	nere if you, or	r your
		ce. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	te	ZIP c	ode		if filing jointly	
SAN ANTO	ONIO					TY	Χ	782	30		this fund. Ch ow will not ch	0
Foreign country	/ name			Foreign pr	ovince/state/	count	ty	Foreig	n postal code		or refund.	lango
											You [Spouse
Filing Status	; [Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your sp	oouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the chi	ld's name if	the
	qu	alifying person is a child but not you	r depe	ndent:								
Divital		ny time during 2023, did you: (a) rece										
Digital Assets		ange, or otherwise dispose of a digi									Yes	X No
Standard		eone can claim: You as a de					a dependent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Deduction	_	Spouse itemizes on a separate return			-							
		· · · · · · · · · · · · · · · · · · ·		_			_	m h of		1050	Is blind	
		Were born before January 2, 1	909	Are bl	•	ouse		11	bre January 2		fies for (see in	
Dependent		irst name Last name		(2) 5	Social security number	'	(3) Relationsh to you	np ("	Child tax c	· · ·	Credit for other	,
lf more than four				700	-85-396	1	Daughter		X			
dependents,	SAF	ANVI PEDAVALLI		/90	-00-390	4	Daughter					
see instruction	s ——											
and check here												
	 1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions)					. 1a	102	2,566.
Income	b	Household employee wages not re	•		,							,
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		. ,					. 1c		
attach Forms	d	Medicaid waiver payments not rep	•		,					. 1d		
W-2G and	e	Taxable dependent care benefits f			, ,					. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	a	Wages from Form 8919, line 6 .								. 1g		
get a Form	h	Other earned income (see instructi								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i					
	z	Add lines 1a through 1h								. 1z	102	2,566.
Attach Sch. B	2a	•	2a			bТ	axable interes	t.		. 2b		
if required.	3a	Qualified dividends	3a			bС	ordinary divide	nds .		. 3b		
	4a	IRA distributions	4a				axable amoun			. 4b		
Standard Deduction for—	5a		5a			bТ	axable amoun	t		. 5b		
Single or	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum elect	ection	method,	check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Schee		-		•	,		[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8	-11	,772.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-							. 9		,794.
\$27,700	10	Adjustments to income from Sche		•						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne				. 11	90	,794.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		7,700.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		7,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	0 This is y	our	axable incom	ne .	<u> </u>	. 15		3,094.

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

Form **1040** (2023)

Form 1040 (2023	8)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	7,129.
Credits	17	Amount from Schedule 2, lin	e3				🗌	17	
	18	Add lines 16 and 17					[18	7,129.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,129.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is					🗆	24	5,129.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 9	,033.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>				2	25d	9,033.
If you have a	26	2023 estimated tax payment	s 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 from				28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Reserved for future use .		· 		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	9,033.
Refund	34	If line 33 is more than line 24						34	3,904.
lioiuliu	35a	Amount of line 34 you want	-				. 🗆 🗟	35a	3,904.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 5 8 6					J. J.		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24				1 1			
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		•	•				omplete bel	ow.	× No
	De	signee's		Phone		Perso	nal identifica	tion	
	nar			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the							
Here		· · · ·	piete. Deciaration	of preparer (other than taxpayer) is based on all informatic					, ,
	Yo	ur signature		Date	Your occupation				t you an Identity N, enter it here
Joint return?					οα αυτοματ	ION ENGINEE			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign		Date	Spouse's occupat			S sent	t your spouse an
Keep a copy for		, , , , , , , , , , , , , , , , , , ,					Identity	Protec	ction PIN, enter it here
your records.					HOME MAKER	२	(see ins)	
	Ph	one no. (361) 720-933	9	Email address	SRIKANTH.VI	RG07@GMAIL.CC	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/09/2024	P020827	03	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone r	10. (6	678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 12/21/23 PRO			Form 1040 (2023)

REV 12/21/23 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for in Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number				
SRIKANTH PEDAVALLI & BALABHARGAVI RAYINI	745-15-3091				
Part I Additional Income					

Fai	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-11,772.
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		
I	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		
ο	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 ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	<u>8u</u>	_	
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. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-11,772.
For Pa	Schedul	e 1 (Form 1040) 2023		

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governme	nent		
	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)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and	lon		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	
	BAA REV 12/21/23 PRO	s	chedule 1	1 (Form 1040) 2023

SCHEDULE E			Supplemen	tal Inc	ome a	nd Lo	SS			OMB No	. 1545-0074
(Form	1040)	(From	n rental real estate, royalties, partne	erships, S	6 corporat	tions, es	states,	trusts, REMI	ICs, etc.)	20	23
Department of the Treasury Attach to Form 1040, 1 Internal Revenue Service Go to www.irs.gov/ScheduleE for in								nformation.		Attachm Sequen	nent ce No. 13
Name(s)	shown on return		-						Your soci	al security	
SRIK	ANTH PEDAV	ALLI	& BALABHARGAVI RAYINI						745-1	5-3091	
Part	Income	or Lo	ss From Rental Real Estate	and Ro	valties						
	Note: If yo	u are in	n the business of renting personal pro oss from Form 4835 on page 2, line 4	perty, use		e C . See	e instru	ictions. If you	are an indi	vidual, rep	ort farm
A C)id you make an	y payn	nents in 2023 that would require y	ou to file	Form(s)	1099? \$	See in	structions .		. 🗌 Ye	s 🛛 No
B II	"Yes," did you	or will	you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1 a			each property (street, city, state,		,						
A	H.NO :3-1	55, G	ANAPAVARAM GUNTUR AND	IRAPRAI	DESH I	N 522	619				
B											
C							1		1		
1b	Type of Prope (from list below		2 For each rental real estate pro above, report the number of factors	air rental	and		Fa	air Rental Days		nal Use ays	QJV
Α	3		personal use days. Check the			Α		365		0	
В			if you meet the requirements qualified joint venture. See ins			В					
С			quained joint venture. See ins	Subcion	5.	С					
Туре	of Property:								•		
1 :	Single Family R	esiden	ce 3 Vacation/Short-Term F	Rental	5 Lano	d	7	Self-Rental			
2	Multi-Family Re	sidenc	e 4 Commercial		6 Roy	alties	8	Other (desc	cribe)		
								Propert			
Incom	0					Α		B	.163.		С
3		1		3			05.	B			0
4				4							
Expen		veu .	<u>· · · · · · · · · · · · · · · · · · · </u>								
5				5							
6	0		nstructions)	6							
7				7		2.5	640.				
8				8			10.				
9				9							
10				10							
11	•	•		11		1.0	63.				
12	-		id to banks, etc. (see instructions			-73					
13				13							
14	Repairs			14		2,8	50.				
15	-			15			90				
16	Taxes			16							
17				17		2,5	34.				
18			e or depletion	18							
19	Other (list)	•	·	19							
20	Total expenses		lines 5 through 19	20		12,5	77.				
21	Subtract line 2	0 from	line 3 (rents) and/or 4 (royalties).	If							
			instructions to find out if you mu								
	file Form 6198			21		-11,7	72.				
22			I estate loss after limitation, if an	у,							
	on Form 8582	(see in	structions)	22	(11,77	72.)	()	()
23a			eported on line 3 for all rental pro	•			23a		805.		
b			reported on line 4 for all royalty pr				23b				
С			eported on line 12 for all properti				23c				
d			eported on line 18 for all properti				23d				
е			reported on line 20 for all properti				23e	12	2,577.		
24			e amounts shown on line 21. Do i						. 24		
25			osses from line 21 and rental real es							(1	11,772.)
26			ate and royalty income or (loss								
			nd IV, and line 40 on page 2 do								11 770
			40), line 5. Otherwise, include this				ine 41		· 26		-11,772.
For Pa	perwork Reducti	on Act	Notice, see the separate instruction	ons.	N.	PA		-11,772	∠• Scl	hedule E (E	orm 1040) 2023

dule E (Form 104

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

20 E Attachment Sequence No. 47

Internal	Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.		Se	equence No. 41
Name(s)	shown on return	Your	social s	ecurity number
SRIKA	ANTH PEDAVALLI & BALABHARGAVI RAYINI	745	-15-3	3091
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	90,794.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	Ο.		
с	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	90,794.
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. res	sident		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	• •	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax	credit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	7,129.
14	Enter the smaller of line 12 or line 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 encount on 1 is 10 is more than the encount on 1 is 14 and more he also to the date the end 1 is		••••	

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** 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 Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 12/21/23 PRO BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,600. 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 17	
20	 Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	Puerto 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.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24 25 26	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. Subtract line 24 from line 23. If zero or less, enter -0- 24	25	
26	Enter the larger of line 20 or line 25	26	
Dout	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 12/21/23 PRO Sci	edule 8	812 (Form 1040) 2023

(Rev. No Departm Internal I Taxpaye SRIF Preparer SYAN Part	1 PRIYA RAM SAGAR GUPTA TALLAM	TC), TC) and the Status 0-PR, or 1040-SS. mation. Taxpayer identificati 745–15–309 Preparer tax identific P02082703	Attach Seque on number	perce No.	ear 70
	benefit(s) claimed (check all that apply).		AOTC		HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you?	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or (worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own			
•			X		
3	 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you the 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)	r's responses to nd/or HOH filing	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 inconsi answer questions 4a and 4b. If " No ," go to question 5.)	g the return, or stent? (If " Yes ,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
5	Did you contemporaneously document your inquiries? (Documentation should includ 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 ment, you must 7, a copy of any to prepare Form provided by the atus or to figure	×		c
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7 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?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			
For Pa	berwork Reduction Act Notice, see separate instructions. REV 12/21/23 PRO		Form 88	67 (Rev.	11-2023)

DO NOT FILE

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		is, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:		_	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit status and to figure the amount(s) of the credit(s);	nses or (s) and/c	the ret or HOH	urn 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
1	 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 taxpaye credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). 	r'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 wor	ksheet(s) was
	5. 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 unt(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 each related to a claim of an applicable credit or HOH filing status (see instructions for more information)	ch failur).	e to co	omply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes X	No
	REV 12/21/23 PRO	Form 88	67 (Rev.	11-2023)

DO NOT FILE