### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpayer's name Social security number MANOJ NAMASWAMY 673-85-8796 Spouse's name Spouse's social security number 971-95-6590 RESHMA KASHABOENA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 93,754. 1 1 2 2 3,489. 3 3 9,346. 4 4 5,857. 5 5

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

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

#### Taxpayer's PIN: check one box only

				FBO firm name		Ę	r
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
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Ent don	asiny				

5

5 6

Enter five digits, but don't enter all zeros

9 0

as mv

signature on the income tax return (original or amended) I am now authorizing.

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

Date

to enter or generate my PIN

Your signature 🕨

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature 🕨	Da	te 🕨	•						
	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	vyour five-digit self-selected PIN.	2	2		6 ( nter all		7	1	

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

ERO's signature 🕨		Date 🕨	
ERO Must R Don't Submit This Fo			
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 01/12/24 PRO	Form <b>8879</b> (Rev. 01-2021)

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning      2023, ending      202       See separate instructions.         MANOJ       Your first name and middle initial       Last name       G73       IS5       IS7 9 6         Ipont return, spouse's first name and middle initial       Last name       G73       IS5       IS7 9 6         Ipont return, spouse's first name and middle initial       Last name       G73       IS5       IS7 9 6         Ipont return, spouse's first name and middle initial       Last name       G73       IS5       IS7 9 6         Ipont return, spouse's first name and middle initial       Last name       G71       IS5       IS5 9 0         Processor       Ipont return, spouse's first ngbing Number       Ipont return, spouse's first ngbing Number       Onder Status       Onder Status       Ipone of first ngbing Num, want 33       Ip	<b>1040</b>			ury—Internal Revenue Ser Ial Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	rite or star	ple in this space.
Your first nume and middle initial       Last name       Your social security number         MANOU       (NAMASYAMY       673   35   6796         High in turn, spound's fieln name and middle initial       Last name       Spouse's social security number         RESHMA       CASI   55   6796       Spouse's social security number         MANOU       Home address fly out have a P.O. box, see instructions.       Apt. no.       Presidential Electron Campity         23060 HALGEDN       Foreign province/state/county       Foreign province/state/state/stat	For the year Jan.	1-Dec	. 31, 2023, or othe	er tax year beginning			, 2023, end	ing						
LMANCJ         FORMULT         FORMULT <th< td=""><td>Your first name</td><td>and mi</td><td>ddle initial</td><td></td><td>Lastr</td><td>ame</td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></th<>	Your first name	and mi	ddle initial		Lastr	ame							-	
If joint run, spozee's first name and middle initial         Last name XaSHABOENA         Spozee's social security number XaSHABOENA           RESEMA         Path no.         Presidential Election Campaign 23:06:0         HALSTED KO           CVI, twm, or post efficient you have a firstign address, also complete spaces below.         State         ZP Code         To bet here if you, or your as a firstign address, also complete spaces below.         State         ZP Code         To bet here if you, or your as a firstign address, also complete spaces below.         Mit         Z4 83:35         book below will not change your class of the tot. Cropking or your as a firstign address, also complete spaces below.         Mit         Z4 83:35         book below will not change your class of the tot. Cropking or your class of the tot. Cropking or your class of the tot. Cropking or refund.           Filing Status         Single         Head of household (HOH)         We book below will not change your class of the clas of the class of the class of the class of the clas							,							-
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Internet address function at street, If you have a P.O. box, see instructions.         Apt. m.         Presidential Election Campaign approximation of other at you have a foreign address, also complete spaces below.         Apt. m.         Presidential Election Campaign approximation of the provide space space below.         State         ZIP         Presidential Election Campaign approximation of the provide space space below.         MI         48.335         Presidential Election Campaign approximation of the provide space space below.         MI         48.335         Presidential Election Campaign approximation of the provide space space below.         MI         48.335         Presidential Election Campaign approximation of the provide space space below.         MI         48.335         Presidential Election Campaign approximation of the provide space spa							īλ							-
23060 HALSTED RD       117       Check here if you, or your         City, town, or post office, if you have a forsign address, also complete spaces below.       State       ZIP code       Top office, if you have a forsign address, also complete spaces below.       Market 2IP code       Top office, if you have a forsign address, also complete spaces below.       Market 2IP code       Top office, if you have a forsign address, also complete spaces below.       Market filling lointly, want 38       to go to this fund. Checking a top office, if you checket the forsign province/state/countly       Foreign powince/state/countly       Foreign powince/state/countly       Foreign country name       Foreign powince/state/countly       Foreign powince/state/countly       Foreign country name       Check here if you checked the HOH or City Shox, enter the child's name if the qualifying persons is a child but not your dependent         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Be instructions, inclusion)       Ves       No         Standard       Someone can eligen instructions)       Yes with a set dependent       Yes powie       Wes hor hefore January 2, 1959       Is blind         Dependents;       SAI AVTKUT       NAMASWAMY       312-63-782.3       Daught er       Maried filling instructions)       Ia       Ia       Ia       Ia       Ia       Ia       Ia		'numbe	er and street). If ve	ou have a P.O. box. se						A	vpt. no.			
City, town, or possibilities. If you have a foreign address, also complete spaces below.       Bate       21P code       spouse filling jointly, want 35         Preder INISTON       Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign country name       spouse filling jointly, want 35         Filling Status       Single       Initial difference of the spouse o				,							•			
FARMINGTON       MI       48 335       to go to this fund, Checking a province/state/county       Tordem province/state/county <td></td> <td></td> <td></td> <td>foreign address, also c</td> <td>omplete</td> <td>spaces be</td> <td>low.</td> <td>Sta</td> <td>ite</td> <td></td> <td></td> <td>spouse</td> <td>if filing j</td> <td>ointly, want \$3</td>				foreign address, also c	omplete	spaces be	low.	Sta	ite			spouse	if filing j	ointly, want \$3
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or returnd.         Filing Status       Single       Image: Single			,	0		•						1 0		0
Filing Status       Single       Head of household (HOH)         Filing Status       Married filing separately (MFS)       Cualifying surviving spouse (OSS)         Hyou checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the child's name if the qualifying person is a child but not your dependent:						Foreign p	rovince/state/							
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         Image: Check only       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	0 1					0.1			-		•			_
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         Image: Check only       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Filing Status		Single						Head of h	ouseh	old (HOH)			
Clinetotiny       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving spouse on a child but not your dependent:	-			iointly (even if only o	one had	l income)					0.0 ( 0 )			
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you; (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Comparison of the compari	,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				surviv	vina spouse	(QSS)		
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Comparison of the transment of transment of the transment of transment of transment of the transment of transment	one box.	lf v	-	• • • •	e name	of your s	pouse. If you						ild's nar	ne if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       义 No         Standard Deduction       Someone can claim:       ↓ You as a dependent       ↓ You rspouse as a dependent       ↓         Age/Blindness       You:       Were born before January 2, 1959       ↓ Are blind       Spouse:       ↓ Was born before January 2, 1959       ↓ Is blind         Dependents       (a) First name       Last name       number       (a) Social security       (b) First name       Last name       (c) First name       Last name       Credit for other dependent         If more       (1) First name       Last name       number       (a) Social security       (b) Polationship       (c) Check the box if qualifies for (see instructions)         Asset instructions:       MI HTRA       NAMASWAMY       312-63-7823       Daughter       Image: Check the box if qualifies for (see instructions)         Attach Formis       b       Total amount from Form(s) W-2, box 1 (see instructions)       1mage: Check the box if qualifies the polytop in the polytop wages not reported on Form(s) W-2 (see instructions)       1mage: Check the box if qualifies the polytop in the polytop in the polytop wages not reported on Form(s) W-2 (see instructions)       1mage: Check the polytop in the		-					, <b>,</b>				, .			
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       义 No         Standard Deduction       Someone can claim:       ↓ You as a dependent       ↓ You rspouse as a dependent       ↓         Age/Blindness       You:       Were born before January 2, 1959       ↓ Are blind       Spouse:       ↓ Was born before January 2, 1959       ↓ Is blind         Dependents       (a) First name       Last name       number       (a) Social security       (b) First name       Last name       (c) First name       Last name       Credit for other dependent         If more       (1) First name       Last name       number       (a) Social security       (b) Polationship       (c) Check the box if qualifies for (see instructions)         Asset instructions:       MI HTRA       NAMASWAMY       312-63-7823       Daughter       Image: Check the box if qualifies for (see instructions)         Attach Formis       b       Total amount from Form(s) W-2, box 1 (see instructions)       1mage: Check the box if qualifies the polytop in the polytop wages not reported on Form(s) W-2 (see instructions)       1mage: Check the box if qualifies the polytop in the polytop in the polytop wages not reported on Form(s) W-2 (see instructions)       1mage: Check the polytop in the					-						· · ·			
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       number       (a) Social security       (a) Relationship       (b) Child tax credit       Credit for other dependents         If more       IIII TIRA       NAMASWAMY       312-63-7823       Daughter       MI       Image: Comparison of the compar										-			<b>□v</b> a	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Exect the box if qualifies for Gee instructions)       (b) Exect the box if qualifies for Gee instructions)       Credit for other dependent         If more       (i) First name       Last name       number       (b) Exect the box if qualifies for Gee instructions)         Addendents       SAI       AVYKUT       NAMASWAMY       312–63–7823       Daughter       Image: Credit for other dependent         And breek       SAI       AVYKUT       NAMASWAMY       830–20–3863       Son       Image: Credit for other dependent         Income       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       112, 095.         Itach Form(s)       b       Household employee wages not reported on Form(s) W-2.       Ib         Mitach Form(s)       d       Top inome not reported on Form(s) W-2 (see instructions)       Ia       112, 095.         Attach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Ia       Ia         W 20 and na       guages from Form B919, line 6       Ima       Ia </td <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td>1) ? (36</td> <td></td> <td>ns.)</td> <td></td> <td></td>			-		-				-	1) ? (36		ns.)		
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents infancer       (i) First name       Last name       (ii) First name       Last name       (iii) First name       Credit for other dependent infancer         MTHIRA       NAMASWAMY       312-63-7823       Daughter       Iii)       Credit for other dependent infancer         SAIL       AVYKUT       NAMASWAMY       830-20-3863       Son       Iiii       Iiiiiii         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		_			•		•		•					
Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four than four than four dependents.       (1) First name       Last name       (1) First name       Last name       (1) First name       Child tax credit       Credit for other dependents.         See instructions       SAI AVYKUT NAMASWAMY       830-20-38.63       Son       Image: Construction of the constructions.       Image: Construction of the construction of the constructions.         and check       Image: Construction of the construction of the construction of the construction of the constructions.       Image: Construction of the co	Deduction			s on a separate retu	in or ye		uuai-status	alleri	I					
If more than four dependents, SAT AVYKUT NAMASWAMY       312-63-7823       Daughter       Child tax credit       Credit for other dependents, see instructions         SAT AVYKUT NAMASWAMY       312-63-7823       Daughter       Image: Comparison of the second s	Age/Blindness	You:	Were borr	n before January 2,	1959	Are bl	ind Spo	ouse	: 🗌 Was bor		,	,		
If more       MIHTRA       NAMASWAMY       312-63-7823       Daughter       Image: Construction of the second secon	Dependents	s (see	instructions):			(2) S				ip <b>(4</b>				
dependents, see instructions       SAI AVYKUT NAMASWAMY       830-20-3863       Son       Image: see instructions         Income here       Image: see instructions         Attach Form(s)       Image: see instructions	If more	<b>(1)</b> Fi	irst name	Last name			number		to you			credit	Credit for	other dependents
see instructions       SAT AVTROT       000-20-30000       Soft       Definition         here       Image: Constructions       Image: C		MIH	IIRA	NAMASWAMY					Daughter					
here       Image: structure in the ima		SAI	AI AVYKUT NAMASWAMY			830	-20-386	3	Son		<u> </u>			<u> </u>
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       112,095.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1d         W-26 and       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d       1d         Wages from Form 8919, line 6       .       1g       1f       1g         get a Form       Mothavable combat pay election (see instructions)       1i       1z       112,095.         Z       Add lines 1a through 1h       .       .       1z       112,095.         Z       Add lines 1a through 1h       .       .       .       .         Yue get aform       3a       Da Cualified dividends       .       .       .       .         Yue get aform       Nontaxable combat pay election (see instructions)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td></t<>														<u> </u>
Attach Forms()       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms()       c       Tip income not reported on line 1a (see instructions)       1c         W-28 ard. Attach Forms()       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-Ri ftax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form       gwages from Form 8919, line 6       1g       1d         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1h       0.         get a form       W-2, see       h       Other earned income (see instructions)       1h       0.         wz2, see       in Nontaxable combat pay election (see instructions)       1i       12       112, 095.         Ztach Sch. B       a       Qualified dividends       3a       b       Taxable amount       2b         standard Deduction for-       5a       a       b       Taxable amount       6b         Married filing separately, Si3,850       filing and required, check here       7       7         Standard deduction or (loss). Attach Schedule D if re	nere 🖂				. ,									
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2G and U99-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       1       1g       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1f         Instructions.       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       1i       1g       12, 095.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       3a       b       D Taxable amount       4b       5b       5b         Standard       Social security benefits       5a       b       Taxable amount       5b       5b         Standard       Social security benefits       5a       b       Taxable amount       5b       5b         Standard       Social security benefits       5a       b       Taxable amount       5b       5b         Social security benefits       6a       Social security cass.       ft	Income				•		,							112,095.
attach Forms W-2G and 1099-R if tax was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         W ages from Form 8919, line 6       .       1g         W-2, see instructions.       h       Other earned income (see instructions)       1i         W-2, see instructions.       a       1g       12       112,095.         Z       Add lines 1 a through 1h       .       1z       112,095.         Attach Sch. B       2a       a       b       Taxable interest       2b         Attach Sch. B       2a       a       b       Ordinary dividends       3b         Standard       5a       b       Taxable amount       4b       5b         Standard       5a       b       Taxable amount       6b       5b         Standard       5a       b       Taxable amount       7       6b       5b         Standard       5a       b       Taxable amount       7       6b       5b         Standard Biling separately, Standard Up	• • •				•		.,						_	
W-26 and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       11         If use as withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       11         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       11         If you did not get a Form W-2, see       m       Other earned income (see instructions)       11         If			•	•										
Index-initial       Imployer-provided adoption benefits from Form 8839, line 29       If         If you did not get a form       Wages from Form 8919, line 6       Ig         If you did not get a form       Wages from Form 8919, line 6       If         Wages from Form 8919, line 6       In       In         V-2, see       Nontaxable combat pay election (see instructions)       In         Add lines 1a through 1h       In       In         Attach Sch. B       In       Add lines 1a through 1h       In         Attach Sch. B       In       RA cavempt interest       In         Bandard       Qualified dividends       In       In         Standard       Aa       IRA distributions       In         Standard       Ga       Social security benefits       In         Ga       Social security benefits       In       In         Married filing jointy or       C       If you elect to use the lump-sum election method, check here (see instructions)       In         Standard       Add		u			•					• •			_	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   h Other earned income (see instructions) 1i   instructions. i Nontaxable combat pay election (see instructions) 1i   a Add lines 1a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a Qualified dividends 3a   a Qualified dividends 3a b   b Taxable amount 3b   b Taxable amount 4b   Standard Social security benefits 5a   Pensions and annuities 5a   single or Married fling separately, \$13.850   f f you elect to use the lump-sum election method, check here (see instructions)   ionity or Qualifying pouse, \$27.700   8 Additional income from Schedule 1, line 10   9 93.754.   \$27.700.   19 Additional income from Schedule 1, line 26   11 93.754.   \$20.800   11 93.754.   12 27.700.   13 Qualified business income deduction from Schedule A)   14 Add lines 12 and 13		f	•			,				• •			_	
get a Form       h       Other earned income (see instructions)       1       1       0.         W-2, see       istructions.       i       Nontaxable combat pay election (see instructions)       1i       1       0.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       2a       Tax-exempt interest       3a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       3a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       3a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Segearately,       51       Social security benefits       6a       b       Taxable amount       7         Married filing segarately,       s13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointy or       9       Additional income from Schedule 1, line 26       <										• •				
W-2, see       instructions.       i         instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1 a through 1h       112,095.         Attach Sch. B       2a       Tax-exempt interest       2b         a       Qualified dividends       3a       b       Dordinary dividends       2b         3a       Jaa       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard       Pensions and annuities       5a       b       Taxable amount       5b         Separately, separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       c       7         Married filing jointly or Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       93,754.         11       93,754.       10       Adjustments to income from Schedule 1, line 26       11       93,754.         12       27,700.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27,700.	get a Form	5	•					•••		• •				0.
z       Add lines 1a through 1h       112,095.         Attach Sch. B       2a       b       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a       b       0         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       6a       b       Taxable amount       5b       6b         Standard       6a       b       Taxable amount       6b       6b         Single or       Married filing separately, \$13,850       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Narried filing jointly or       Qualifying       Additional income from Schedule D if required. If not required, check here       7       7         8       -18,341.       9       93,754.       9       93,754.         \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       93,754.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         14       Add lines 12 and 13 <t< td=""><td></td><td></td><td></td><td></td><td>,</td><td></td><td></td><td>•••</td><td></td><td>· ·</td><td></td><td></td><td></td><td></td></t<>					,			•••		· ·				
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest        2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends        3b         Standard       4a       IRA distributions       4a       b       Taxable amount        4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount        5b         Standard       6a       Social security benefits       6a       b       Taxable amount           Married filing separately, \$13,850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here					(000 110							. 12		112,095.
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for- bingle or Married filing separately, \$13,850       4a       b       Taxable amount       4b         C       If you elect to use the lump-sum election method, check here (see instructions)       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       10         Married filing separately, \$13,850       Additional income from Schedule D if required. If not required, check here       7         Married filing surviving spouse, \$27,70       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       93,754.         1       Subtract line 10 from line 9. This is your adjusted gross income       11       93,754.         12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27,700.	Attach Sch B			-	2a			bТ	axable interest					
4a       IRA distributions       4a       b       Taxable amount       4b         5tandard       5a       Pensions and annuities       5a       b       Taxable amount       5b         9 Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       5       6b         Married filing jointly or Qualifying spouse, \$27,700       8       Additional income from Schedule 1, line 10       7       8       -18,341.         9       93,754.       9       93,754.       9       93,754.       10         Had of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       93,754.       12       27,700.         If you checked an you under Standard Deduction or itemized deductions (from Schedule A)       12       27,700.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27,700.			•	F										
Deduction for-       Sa       Pensions and annulutes									-					
Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       .       .       .       7         10       Adjustments to income from Schedule 1, line 26       .       .       .       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       .       .       11       93,754.         12       27,700.       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       .         14       Add lines 12 and 13       .       .       .       .       .       .	Standard													
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Single or	6a	Social securit	ty benefits	6a			bТ	axable amount	t		. 6b	,	
7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying souse, surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       8       -18,341.         9       93,754.       9       93,754.       9       93,754.         10       Adjustments to income from Schedule 1, line 26       10       11       93,754.         11       93,754.       10       11       93,754.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27,700.	Married filing	с			election	method,	check here	(see	instructions)					
Married filing jointly or Qualifying surving spouse, \$27,7008Additional income from Schedule 1, line 108-18,3419Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income993,754\$27,70010Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11993,75427,70012Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,70014	\$13,850	7	-									7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income993, 754.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1193, 754.12Standard deduction or itemized deductions (from Schedule A)1227, 700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314												. 8		-18,341.
10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       Subtract line 10 from line 9. This is your adjusted gross income       11       93,754.         12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       27,700.	Qualifying											. 9		
Index of household, household,11Subtract line 10 from line 9. This is your adjusted gross income1193,754.\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.	\$27,700	<b>10</b> Adjustments to income from Schedule 1, line 26						. 10	)					
\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313It Add lines 12 and 131427,700.1427,700.		11	-									. 11		93,754.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.	\$20,800				•	-	-					. 12	2	
Deduction, 14 Add lines 12 and 13	any box under	13							95-A			. 13	3	
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 66,054.	Deduction,	14	Add lines 12 a	and 13								. 14		27,700.
	see instructions.	15	Subtract line	14 from line 11. If ze	ero or le	ss, enter	-0 This is y	ourt	taxable incom	е.	<u> </u>	. 15	;	66,054.

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

Form **1040** (2023)

Form 1040 (2023	)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	7,489.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	7,489.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	4,000.
	20	Amount from Schedule 3, lin	e8				[	20	
	21	Add lines 19 and 20					[	21	4,000.
	22	Subtract line 21 from line 18	. If zero or less, e	enter -0			[	22	3,489.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is					[	24	3,489.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 9	,346.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	9,346.
If you have a	26	2023 estimated tax payment						26	•
qualifying child,	27	Earned income credit (EIC)				27		-	
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.				-		32	
	33	Add lines 25d, 26, and 32. T		-				33	9,346.
Refund	34	If line 33 is more than line 24						34	5,857.
neiuna	35a	Amount of line 34 you want	-			· ·	. n l	35a	5,857.
Direct deposit?	b	Routing number 0 2 1					Savings		•
See instructions.	ď	Account number 5 8 5					cavingo		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, ge		37					
	38	Estimated tax penalty (see in				38		01	
Third Party		you want to allow another							
Designee		structions	•				omplete be	low.	× No
Deelgiice	De	signee's		Phone			onal identifica		
	nar			no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare th							
Here	bei	ief, they are true, correct, and com	plete. Declaration o	of preparer (othe		ased on all informatio		•	, 0
	Yo	ur signature		Date	Your occupation				t you an Identity
Joint return?					SOFTWARE	DEVELOPER	(see ins		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sian.	Date	Spouse's occupat		If the IF	RS sen	t your spouse an
Keep a copy for	op	ouoo o olghataro. Ir a joint rotani, k		Duto					ection PIN, enter it here
your records.					HOME MAKE	R	(see ins	st.)	
	Ph	one no. (203) 892-473	3	Email address	NAMASWAMYMAN	)J1237@GMAIL.CO	M		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM <u>S</u> AGAR	GUPTA TALLAM	01/25/2024	P020827	03	Self-employed
Preparer	Fin	m's name GLOBAL TAX	Phone	no. (	678)965-9522				
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	v/Forn	1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form <b>1040</b> (2023)

Department of the Treasury

## 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

ion. Attachment Sequence No. 01 Your social security number

673-85-8796

Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR

MANOJ NAMASWAMY & RESHMA KASHABOENA

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-18,341.
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 $\ldots$ .	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 (		
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:			
•	Tatal athenin a sure. Add lines On the sureh On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-18,341.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

1	Educator expenses				1	1	
2	Certain business expenses of reservists, performing artists, and fee-						
2	officials. Attach Form 2106	Dasis	s you	ennie		2	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	· -	3	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					4	
5	Deductible part of self-employment tax. Attach Schedule SE					5	
6	Self-employed SEP, SIMPLE, and qualified plans					6	
						7	
7	Self-employed health insurance deduction						
8	Penalty on early withdrawal of savings					8	
9a						9a	
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				. 2	22	
23	Archer MSA deduction				. 2	23	
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
	rental of personal property engaged in for profit	24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
e	Repayment of supplemental unemployment benefits under the Trade						
Ŭ		24e					
f		24f					
g		24g					
•	Attorney fees and court costs for actions involving certain unlawful	279					
		24h					
		2411					
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						
		04:					
		24i					
j	0	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.						
	Form 1040, 1040-SR, or 1040-NR, line 10				. 2	26	

	DULE E		Supp	lemental	l Inc	ome an	d Los	SS			OMB No	. 1545-0074
(Form	1040)	(Fro	m rental real estate, royaltie	es, partnersh	nips, S	corporati	ons, es	tates,	trusts, REMIC	s, etc.)	D	23
	ent of the Treasury Revenue Service		Attach to Go to <i>www.irs.gov/S</i> o	Form 1040, cheduleE for					formation.		Attachm Sequen	nent ce No. <b>13</b>
Name(s)	shown on return									Your soci	al security	
MANC	J NAMASWAM	Y &	RESHMA KASHABOENA							673-8	5-8796	
Part			oss From Rental Real						·			
	Note: If yo	ou are	in the business of renting per	sonal propert	ty, use	Schedule	C. See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm
Λ Γ			loss from Form 4835 on pagements in 2023 that would		to filo	Form(c) 1	0002 0	loo inc	tructions			
			Il you file required Form(s)									
								• •			16	
1a			f each property (street, cit			,						
Α	3-5/2,CHI	NNA	VENKATAGIRI KHAMM	AM TELAN	IGANA	A IN 50	7003					
В												
С												
1b	Type of Prope		2 For each rental real e					Fa	ir Rental	Person		QJV
	(from list below	N)	above, report the nun personal use days. C						Days	Da	ys	
A	3		if you meet the requir				Α		365		0	
			qualified joint venture				B					
<u> </u>	( Duran and an						С					
•••	of Property:				hal .			7	Calf Dantal			
	Single Family R			t-Term Rem	lai	5 Land			Self-Rental	iha)		
2	Multi-Family Re	siden	ce 4 Commercial			6 Roya	ities	0	Other (descr	ibe)		
									Propertie	es:		
Incom	ne:						Α		В			С
3					3		8	71.				
4		ived.			4							
Exper	ises:											
5					5							
6			instructions)		6							
7			enance		7		2,6	32.				
8					8							
9					9							
10	•	•	fessional fees		10							
11					11		2,1	45.				
12			aid to banks, etc. (see inst		12							
13	Other interest	• •			13		2 0	- <u>-</u>				
14 15					14			52.				
15 16					15 16		3,1	/4.				
17					17		3,5	21				
18			se or depletion		18		4,0					
19	Other (list)	•	·		19		-1,0	00.				
20			d lines 5 through 19		20		19,2	12				
21	•		n line 3 (rents) and/or 4 (ro									
21			e instructions to find out if									
					21	-	-18,3	41.				
22	Deductible rer	tal rea	al estate loss after limitati	on, if any,								
			instructions)		22	(	18,34	1.)	(	)	(	)
23a	Total of all am	ounts	reported on line 3 for all r	ental prope	rties			23a		871.		
b			reported on line 4 for all r					23b				
с			reported on line 12 for all					23c				
d			reported on line 18 for all					23d		,088.		
е			reported on line 20 for all					23e	19	,212.		
24			ve amounts shown on line							. 24		
25			losses from line 21 and rent								(	18,341.)
26			state and royalty income									
			and IV, and line 40 on pa									10 0 11
	Schedule 1 (Fo	orm 1(	040), line 5. Otherwise, inc	riude this an	nount	in the tot	al on li	ne 41	on page 2	· 26	-	-18,341.

For Paperwork Reduction Act Notice, see the separate instructions.

	1 0
NPA	-18,341.

### SCHEDULE 8812 (Form 1040)

### Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or <sup>·</sup>	1040-NR.
Attaon to		10-10,	10-10 011,	<u>.</u>	10-10 1411

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

20**23** 

Allaonnen	
Sequence No.	47
Sequence No.	<b>T</b> .

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

N

Name(s	) shown on return	Your	social s	ecurity number
MANO	J NAMASWAMY & RESHMA KASHABOENA	673-	-85-	8796
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	93,754.
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	93,754.
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			
	• 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)	1	11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	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	7,489.
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.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ough l	ine 27

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

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/12/24 PRO Schedule 8812 (Form 1040) 2023

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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, <b>stop here</b> ; 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 the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.         Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.         Enter the on line 27       .         TIP: The number of children you use for this line is the same as the number of children you used for line 4.         Enter the smaller of line 16a or line 16b       .         Earned income (see instructions)       .         Nontaxable combat pay (see instructions).       18b         Is the amount on line 18a more than \$2,500?       .         No.       Leave line 19 blank and enter -0- on line 20.	16b 17	
20	<ul> <li>❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result</li></ul>	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	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.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	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-       .	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	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	
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**Paid Preparer's Due Diligence Checklist** OMB No. 1545-0074 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), For tax year Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status 20 23 (Rev. November 2023) To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Attachment Department of the Treasury Sequence No. 70Go to www.irs.gov/Form8867 for instructions and the latest information. Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number MANOJ NAMASWAMY & RESHMA KASHABOENA 673-85-8796 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Part I **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). AOTC X CTC/ACTC/ODC ☐ HOH Yes No N/A 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 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 X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 3 the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to 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/or HOH filing X Did any information provided by the taxpayer or a third party for use in preparing the return, or 4 information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . а Did you contemporaneously document your inquiries? (Documentation should include the questions h you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must 5 keep a copy of your documentation referenced in guestion 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X 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 eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?
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	Did you complete the required recertification Form 8862?

a Did you complete the required recertification Form 8862?
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

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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	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	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	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 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 quatuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o 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?	year	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	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl 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 886 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

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

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

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

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