1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or stap	le in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate in	structions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial secu	rity number
SATHISH	ким	AR	GAN	GADHAR	A					098	95	4631
		s first name and middle initial	Last r								· ·	ecurity number
										030	15	5145
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.			tion Campaigr
_1257 PUF	RPLE	MOUNTAIN CV										u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces belo	ow.	Sta	ite	ZIP c	ode			bintly, want \$3 d. Checking a
COLLIER	/ILL	E				TN	J	380	17	0		ot change
Foreign country	/ name			Foreign pro	ovince/state/o	count	ty	Foreig	n postal code	your tax	c or refun	_
											You	I Spouse
Filing Status	; [Single					Head of he	ouseh	old (HOH)			
Check only	L	Married filing jointly (even if only or	ne had	l income)			_					
one box.		Married filing separately (MFS)							ring spouse			
	-	ou checked the MFS box, enter the		•	•			l or Q	SS box, ente	er the ch	ild's nam	ie if the
	qu	alifying person is a child but not you	r depe	endent: S	HALINI	GU	DDETI					
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a digi	tal ass	set (or a fin	ancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	Ves	s 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌 `	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a c	dual-status a	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	🗌 Are bli	nd Spo	use	: 🗌 Was bor	n befo	ore January	2, 1959	Is	blind
Dependents	s (see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4) Check the b	ox if qual	fies for (se	ee instructions):
lf more	(1) F	(1) First name Last name			number to you		to you		Child tax credi		Credit for	other dependents
than four	ISH	ISHIKA ADHIRA GANGADHARA		782-	-08-300	8	Daughter		×			
dependents, see instructions	e											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	•		,							103,704.
Attach Form(s)	b	Household employee wages not re	•		. ,					. <u>1b</u>		
W-2 here. Also	c	Tip income not reported on line 1a	•							. 10	-	
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	•		,	• •		. 10		
1099-R if tax	e	Taxable dependent care benefits f		-				• •		. 1e	-	
was withheld.	f	Employer-provided adoption bene						• •		. 1f		
get a Form	y h	Wages from Form 8919, line 6 . Other earned income (see instruction				•		• •		. 1g . 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	· · ·		•	· · · · ·		• • •			
instructions.	z	Add lines 1a through 1h		in denonis)		•				. 1z		103,704.
Attach Sch. B	 2a		2a			b Т	axable interest	· ·		. 12	-	-,
if required.	3a		3a				Ordinary divider			. 3b	-	
	4a		4a				axable amount			. 4b	-	
Standard Deduction for —	5a		5a				axable amount			. 5b	-	
 Single or 	6a	Social security benefits	6a				axable amount			. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum e		method, o					[
\$13,850	7	Capital gain or (loss). Attach Sche							[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is yo	our total inc	omo	e			. 9		103,704.
\$27,700	10	Adjustments to income from Sche	dule 1	line 26						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	your	adjusted g	gross incon	ne				. 11	-	103,704.
\$20,800 If you checked T	12	Standard deduction or itemized	deduc	tions (fror	n Schedule	A)				. 12	:	16,880.
any box under Standard	13	Qualified business income deduction	on fro	m Form 89	95 or Form	899	5-A			. 13	;	
Deduction,	14	Add lines 12 and 13				•				. 14		16,880.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	0 This is y	ourt	taxable incom	e.		. 15		86,824.

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

Form 1040 (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	14,409.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	14,409.
	19	Child tax credit or credit for	other dependen	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	12,409.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	12,409.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 15	,789.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	15,789.
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				undable credits		32	
	33	Add lines 25d, 26, and 32. T		-	-			33	15,789.
Refund	34	If line 33 is more than line 24						34	3,380.
lioidiid	35a	Amount of line 34 you want				, .		35a	3,380.
Direct deposit?	b	Routing number 0 8 1	0 0 0 0	3 2			Savings		
See instructions.	d	Account number 3 5 5 0 0 7 2 3 6 8 0 7							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions	•				omplete be	low.	× No
U		signee's		Phone			onal identific	ation	
	nar			no.			per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			ploto. Boolaration (•	, 0
	YO	ur signature		Date					nt you an Identity IN, enter it here
Joint return?					APPLICATION DEVELOPER			st.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat			RS ser	nt your spouse an
Keep a copy for your records.								<i>,</i>	ection PIN, enter it here
your records.							(see ins	st.)	
		one no. (217) 862-450		Email address	SATHISH.GANG	ADHARA@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/09/2024	P020827	703	Self-employed
Use Only	Fin	m's name GLOBAL TAX					Phone	no. ((678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

3

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleA for instructions and the latest information. Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

						Your social security number			
SATHISH K	JMA	R GANGADHARA			098-	-95-4631			
Medical		Caution: Do not include expenses reimbursed or paid by others.							
and		Medical and dental expenses (see instructions)	1						
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2							
Expenses		Multiply line 2 by 7.5% (0.075)	3						
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4				
Taxes You	5	State and local taxes.							
Paid	a	State and local income taxes or general sales taxes. You may include							
		either income taxes or general sales taxes on line 5a, but not both. If							
		you elect to include general sales taxes instead of income taxes,							
		check this box	5a	1,609					
		State and local real estate taxes (see instructions)	5b	2,893					
		State and local personal property taxes	5c		_				
		Add lines 5a through 5c	5d	4,502	2.				
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing							
		separately)	5e	4,502	2.				
	6	Other taxes. List type and amount:							
	_		6						
		Add lines 5e and 6			7	4,502.			
Interest	8	Home mortgage interest and points. If you didn't use all of your home							
You Paid		mortgage loan(s) to buy, build, or improve your home, see							
Caution: Your mortgage interest		instructions and check this box							
deduction may be limited. See	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	0.0	10 000					
instructions.			8a	12,378	•				
	Ľ	Home mortgage interest not reported to you on Form 1098. See							
		instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no.,							
		and address	8b						
					-				
		Points not reported to you on Form 1098. See instructions for special							
			8c						
	c	Reserved for future use	8d						
		Add lines 8a through 8c	8e	12,378					
		Investment interest. Attach Form 4952 if required. See instructions	9		-				
	10	Add lines 8e and 9			10	12,378.			
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see							
Charity		instructions	11						
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,							
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12		_				
see instructions.		Carryover from prior year	13						
		Add lines 11 through 13			14	•			
	15	Casualty and theft loss(es) from a federally declared disaster (other							
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1							
	4.0				15				
Other	16	Other-from list in instructions. List type and amount:							
Itemized Deductions									
		Add the encounter in the few data actions for the few to the few	unt -		16				
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			ר ו 17	16 000			
Itemized Deductions	10	Form 1040 or 1040-SR, line 12				16,880.			
Deductions	10	check this box			,				
				· · · L					

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2023

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.					Attachment Sequence No. 47		
Name(s) shown on return				Your s	social s	ecurity number	
SATH	ISH KUMAR G	ANGADHARA			098-	-95-4	4631	
Par	rt I Child Ta	x Credit and Credit for Other Dependents						
1	Enter the amount	t from line 11 of your Form 1040, 1040-SR, or 1040-NR				1	103,704.	
2a	Enter income fro	m Puerto Rico that you excluded	2a					
b		ts from lines 45 and 50 of your Form 2555	2b		0.			
c	Enter the amount	t from line 15 of your Form 4563	2c					
d	Add lines 2a thro	bugh 2c				2d	0.	
3	Add lines 1 and 2	2d				3	103,704.	
4	Number of quality	fying children under age 17 with the required social security number	4		1			
5		y \$2,000				5	2,000.	
6		dependents, including any qualifying children who are not under age						
		have the required social security number	6		0			
		include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. n	national,	or U.S. resi	dent			
		ot include anyone you included on line 4.						
7		y \$500			-	7		
8		7	• •		••	8	2,000.	
9		t shown below for your filing status.						
		ointly—\$400,000 }						
	e	statuses—\$200,000 \$			••	9	200,000.	
10	Subtract line 9 fr							
	• If zero or less, o							
		ro and not a multiple of \$1,000, enter the next multiple of \$1,000. For	+			10		
	· ·	esult is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.				10	0.	
11		by 5% (0.05)			-	11	0.	
12		line 8 more than the amount on line 11?				12	2,000.	
		You cannot take the child tax credit, credit for other dependents, or ad- A and II-B. Enter -0- on lines 14 and 27.	ditional	child tax ci	redit.			
	X Yes. Subtrac	t line 11 from line 8. Enter the result.						
13		t from Credit Limit Worksheet A	• •			13	14,409.	
14	Enter the smaller	of line 12 or line 13. This is your child tax credit and credit for other	depend	ents		14	2,000.	
	Enter this amou	nt on Form 1040, 1040-SR, or 1040-NR, line 19.						

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional 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 03/07/24 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 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 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	 ❑ 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	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 larger 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	
	BAA REV 03/07/24 PRO Sch	edule 8	812 (Form 1040) 2023

Form 8867	Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
(Rev. November 2023)	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing S
Department of the Treasury	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PF Go to www.irs.gov/Form8867 for instructions and the latest informati
Internal Revenue Service	Go to www.irs.gov/rorm8867 for instructions and the latest informati

OMB No. 1545-0074

For t	ax year
20	23

Attachment	
Sequence No.	70

		50			
Form OOU	Earned Income Credit (EIC), American Opportunity Tax Credit (AOT	⁻ C).	For tax year		
(Rev. November 2023)	C) and	20 23			
Department of the Treasury Internal Revenue Service					
Taxpayer name(s) shown or	return	Taxpayer identification	n number		
SATHISH KUMAR GANGADHARA 098-95-		098-95-4631	5-4631		
Preparer's name		Preparer tax identifica	tion number		
SYAM PRIYA RAM	I SAGAR GUPTA	P02082703			

Part I	Due Diligence Requirements					
Please c	heck the appropriate box for the credit(s) and/or HOH filir	ng status c	laimed on	the return and	d complete the	e related Parts I-V
for the b	enefit(s) claimed (check all that apply).	E	IC X	CTC/ACTC/OD		ГС 🗌 НОН

or the	e benefit(s) claimed (check all that apply).	AOTC		HOH
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	Yes X	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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 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 the return, or 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	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions 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.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 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			
	the amount(s) of the credit(s)	X		
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?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
	(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?			
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.

REV 03/07/24 PRO

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 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?	×		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		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 Part	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? Eligibility Certification	k year 	Yes	No
	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 HOI	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(status and to figure the amount(s) of the credit(s);	nses on 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	iny 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?	×	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)