▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/15/2024**

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

1,585.

REV 02/23/24 PRO 1555

273-25-6469 SOMESWARA RAO KANUTRI JAYANTHI KUMARI KANUTRI 44310 BILLINGS DR NOVI MI 48377

INTERNAL REVENUE SERVICE PO BOX &02502 CINCINNATI OH 45280-2502

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/17/2024**

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

1,585.

REV 02/23/24 PRO 1555

273-25-6469 683-28-8341 SOMESWARA RAO KANUTRI JAYANTHI KUMARI KANUTRI 44310 BILLINGS DR NOVI MI 48377

INTERNAL REVENUE SERVICE PO BOX &D25D2 CINCINNATI OH 45280-25D2

Detach Here and Mail With Your Payment

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/16/2024**

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

1,585.

REV 02/23/24 PRO 1555

273-25-6469 SOMESWARA RAO KANUTRI JAYANTHI KUMARI KANUTRI 44310 BILLINGS DR NOVI MI 48377

INTERNAL REVENUE SERVICE PO BOX &02502 CINCINNATI OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/15/2025**

5 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

1,585.

REV 02/23/24 PRO 1555

273-25-6469 SOMESWARA RAO KANUTRI JAYANTHI KUMARI KANUTRI 44310 BILLINGS DR NOVI MI 48377

INTERNAL REVENUE SERVICE PO BOX &02502 CINCINNATI OH 45280-2502

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

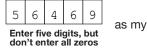
ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) Taxpayer's name Social security number SOMESWARA RAO KANUTRI 273-25-6469 Spouse's name Spouse's social security number 683-28-8341 JAYANTHI KUMARI KANUTRI 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 182,721. 1 1 2 2 22,220. 3 3 18,104. 4 4 5 5 503. 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	-	_ E	n
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		
-			-				



4 1

Enter five digits, but don't enter all zeros

as mv

8 8 3

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.

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 >	Date							 		
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		_	6 nter a		 2	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 🕨
	Retain This Form — See Instructions Form to the IRS Unless Requested To Do So
Experies of Bod offer Ast Netter and a star of	

Date

to enter or generate my PIN

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2023**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . 1555

503.

REV 02/23/24 PRO

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

SOMESWARA RAO KANUTRI JAYANTHI KUMARI KANUTRI 44310 BILLINGS DR NOVI MI 48377

1040		artment of the Treasury—Internal Revenue Servic S. Individual Income Tax		m 202	3	OMB No. 1545-0	0074	IRS Use Only	—Do not w	rite or sta	ple in this space.	
For the year Jan	. 1–Dec	e. 31, 2023, or other tax year beginning		, 2023, ending , 20				, 20	See separate instructions.			
Your first name	and m	ddle initial	Last nam	 1e					Your so	cial sec	urity number	
SOMESWAF	AR	0.4	KANUI	rrt					273	25	6469	
	s first name and middle initial	Last nam							· · ·	security number		
JAYANTHI	. KIII	MART	KANUI	rrt					683	28	8341	
		er and street). If you have a P.O. box, see					A	pt. no.			ction Campaign	
44310 BI		NGS DR									ou, or your	
		ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ate	ZIP co	ode			jointly, want \$3	
NOVI					M	I I	483	77			nd. Checking a not change	
Foreign country	name		Fo	oreign province/state/	coun	ty	Foreig	n postal code	your tax		•	
										🗌 Yo	ou 🗌 Spouse	
Filing Status		Single				Head of ho	useho	old (HOH)				
Check only		Married filing jointly (even if only or	ne had in	come)				· · ·				
one box.		Married filing separately (MFS)		,		Qualifying s	surviv	ing spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name of	your spouse. If yo	u che	ecked the HOH	or QS	SS box, ente	r the ch	ld's na	me if the	
		alifying person is a child but not you										
Distal		au time during 2022 did your (a) read		roward award or	n 01/r	mont for proport	hiori	onvioco): or	(b) coll			
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi					-			ΠYe	es 🛛 No	
Standard		eone can claim: You as a der		·). (00		10.)			
Deduction	_	Spouse itemizes on a separate return										
		Were born before January 2, 19			ouse	_	bofo	ore January 2	0 1050		s blind	
Dependents			555	(2) Social securit		(3) Relationship	14	•			see instructions):	
-		irst name Last name		number to you				Child tax cred		,	r other dependents	
lf more than four	<u>.,</u>	DEEPAK KANUTRI		948-98-029	6	Son					X	
dependents,	IVA			001-27-361		Son	×					
see instructions and check	3			001 2, 001	,							
here												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	instructions) .					. 1a		209,678.	
	b	Household employee wages not re	eported o	on Form(s) W-2 .					. 1b			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see inst	tructions)					. 10	:		
attach Forms	d	Medicaid waiver payments not rep	orted on Form(s) W-2 (see instructions)					. 1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi	rom Forn	n 2441, line 26					. 1e			
was withheld.	f	Employer-provided adoption bene	fits from	om Form 8839, line 29								
lf you did not	g	Wages from Form 8919, line 6 .							. 1g			
get a Form W-2, see	h	Other earned income (see instruction	ons) .						. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		1 i						
	z	Add lines 1a through 1h							. 1z		209,678.	
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest			. 2b			
if required.	3a	Qualified dividends	3a		b C	Ordinary dividen	ds .		. 3b			
Chanadana'	4a	IRA distributions	4a		bΤ	axable amount			. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a		bΤ	axable amount			. 5b			
Single or	6a	Social security benefits	6a		bΤ	axable amount			. 6b			
Married filing separately,	С	If you elect to use the lump-sum el	lection m	ethod, check here	(see	instructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo	dule D if r	required. If not req	uired	l, check here		[7			
jointly or	8	Additional income from Schedule 1	1, line 10						. 8		-26,957.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	com	е			. 9	_	182,721.	
\$27,700 • Head of	10	Adjustments to income from Schee	dule 1, lir	ne 26					. 10			
household,	11	Subtract line 10 from line 9. This is	•						. 11	-	182,721.	
\$20,800 • If you checked г	12	Standard deduction or itemized							. 12	-	27,700.	
any box under Standard	13	Qualified business income deduction	on from l	Form 8995 or Form	ı 899	95-A			. 13			
Deduction,	14	Add lines 12 and 13							. 14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero	o or less,	, enter -0 This is y	our	taxable income) .		. 15		155,021.	

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	24,720.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	24,720.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	2,500.
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	2,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	22,220.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is					[24	22,220.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 18	,104.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	6)			25c			
	d	Add lines 25a through 25c						25d	18,104.
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)			No	27			
attach Sch. EIC.	28	Additional child tax credit fror				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		· 		30			
	31	Amount from Schedule 3, lin					,613.		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits					32	3,613.	
	33	Add lines 25d, 26, and 32. These are your total payments					-	33	21,717.
Refund	34	If line 33 is more than line 24						34	
noruna	35a	Amount of line 34 you want				•	. n t	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•• •						
You Owe	07	For details on how to pay, ge						37	503.
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions					omplete be	elow.	🗙 No
	De	signee's		Phone		Perso	onal identific	ation	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration		1			•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	PROGRAMMING			in, entern here
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat			RS ser	nt your spouse an
Keep a copy for	-1-						Identity	y Prote	ection PIN, enter it here
your records.				HOME MAKER				st.)	
	Ph	one no. (248) 722-106	9	Email address	SOMESWAR. H	KK@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2024	P02082	703	Self-employed
Preparer Use Only	Fir						Phone	no. ((678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

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

Attachment Sequence No. 01 Your social security number 273-25-6469

Internal Revenue Service	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

SOMESWARA	RAO	&	JAYANTHI	KUMARI	KANUTRI

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-26,957.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	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 (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
~		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-26,957.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				+		
2	officials. Attach Form 2106	-Dasis	s go	vennn	ent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
/ 8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):						
20						20	
21	Student loan interest deduction					21	
22	Reserved for future use					22	
23	Archer MSA deduction	• •	• •	• •	·	23	
24	Other adjustments:						
а		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
		24h					
i	Attorney fees and court costs you paid in connection with an award						
•	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
i	Housing deduction from Form 2555	24i					
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	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income					23	
.0	Form 1040, 1040-SR, or 1040-NR, line 10					26	
		• •	• •	• •	•		1 (Form 10

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

Attach to	Form 1040	. 1040-SR. (or 1040-NR.	
Attuon to	1 01111 1040	, 1040 011, 1		

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

	(s) shown on Form 1040, 1040-SR, or 1040-NR ESWARA RAO & JAYANTHI KUMARI KANUTRI			ocial sec 25–646	urity number 9
Par	t I Nonrefundable Credits		-		
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11.	Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2		5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a		-	
b	Credit for prior year minimum tax. Attach Form 8801	6b		-	
С	Adoption credit. Attach Form 8839	6c		-	
d	Credit for the elderly or disabled. Attach Schedule R	6d		-	
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f		-	
g	Mortgage interest credit. Attach Form 8396	6g		-	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		-	
i	Qualified electric vehicle credit. Attach Form 8834	6i		_	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		_	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		-	
Ι	Amount on Form 8978, line 14. See instructions	61		-	
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		_	
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040, 1040	-SR, or	8	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,613.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	3,613.
	BAA REV	02/23/24 PRO	Schedu	le 3 (Form 1040) 2023

	DULE E			Supplementa							OMB No	o. 1545-0074
(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						20	23					
	ent of the Treasury Revenue Service			Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation		Attachm	nent ce No. 13
	shown on return									Your soci	al security	
()		ζ ΔΤ. Α	γΔΝ	THI KUMARI KANUTRI							5-6469	
Part				From Rental Real Estate ar	nd Ro	valties				275 2	0 0105	
i di t	Note: If yo	ou are ir	in the	business of renting personal prope from Form 4835 on page 2, line 40.	rty, use		e C . See	e instru	ctions. If you are	e an indiv	vidual, rep	ort farm
A D				ts in 2023 that would require you		Form(s)	1099? 5	See ins	structions		. 🗌 Ye	s 🛛 No
B If	f "Yes," did you	or will	ll you	u file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1 a	Physical addr	ress of	feac	h property (street, city, state, Zl	P code	e)						
A	KADAPERI,	TAM	BAR	AM CHENNAI TAMIL NADU	IN 6	500045						
B												
C								_		_		
1b	Type of Prope (from list below			For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	3			personal use days. Check the Q			Α		365		0	
В				if you meet the requirements to qualified joint venture. See instru			В					
С			,		uctions		С					
Туре	of Property:											
1 :	Single Family R	esiden	nce	3 Vacation/Short-Term Rer	ntal	5 Lanc	k		Self-Rental			
2	Multi-Family Re	sidenc	се	4 Commercial		6 Roya	alties	8	Other (descril	be)		
									Propertie			
Incom	ie:						Α		B			С
3	Rents received	1			3		8	57.				
4	Royalties rece	ived.			4							
Expen												
5	Advertising .				5							
6	Auto and trave	el (see	instr	ructions)	6							
7	Cleaning and r	mainte	enan	ce	7		2,9	24.				
8	Commissions				8							
9	Insurance				9							
10	-	-		onal fees	10							
11	-				11		2,2	30.				
12				b banks, etc. (see instructions)	12							
13	Other interest		•		13							
14					14			25.				
15					15			23.				
16					16			70.				
17					17			93.				
18	•	xpens	se or	depletion	18 19		6,2	49.				
19 20	Other (list)			s 5 through 19	20		07.0	1 /				
				•	20		27,8	14.				
21				e 3 (rents) and/or 4 (royalties). If ructions to find out if you must								
					21		-26,9	57				
22				tate loss after limitation, if any,	21		20,9	• • •				
~~					22	(26,95	57.)	()	()
23a				orted on line 3 for all rental prope				23a	١	857.		/
b				orted on line 4 for all royalty prop				23b				
C				orted on line 12 for all properties				23c				
d				orted on line 18 for all properties				23d	6,	249.		
е				orted on line 20 for all properties				23e		814.		
24				nounts shown on line 21. Do no						24		
25				s from line 21 and rental real estat				nter to	tal losses here	25	(26,957.)
26	Total rental re	eal est	tate	and royalty income or (loss).	Comb	ine lines	24 and	25. E	inter the result	t		
	here. If Parts I	I, III, a	and	IV, and line 40 on page 2 do no	ot appl	y to you,	also e	nter th	his amount on	n		
	Schedule 1 (Fo	orm 10	040),	line 5. Otherwise, include this a	mount			ine 41		26	-	-26,957.
For Pa	perwork Reduct	ion Act	t No	tice, see the separate instructions	i.	NI	PA		-26,957.	Scl	hedule E (F	orm 1040) 2023

80

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 6 Attachment Sequence No. 47

Internal I	Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.		Se	equence No. 47
Name(s)	shown on return	Your s	social s	ecurity number
SOMES	SWARA RAO & JAYANTHI KUMARI KANUTRI	273-	-25-6	5469
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	182,721.
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 2c			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	182,721.
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	1		
	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	500.
8	Add lines 5 and 7	•	8	2,500.
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.	· 1	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	2,500.
	○ 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.	edit.		
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	. 1	13	24,720.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. [14	2,500.
	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 addition	nal ch	ild tay	k 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 02/23/24 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 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	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18 a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
• •	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result \ldots \ldots \ldots \ldots \ldots	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	■ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		
Part		e of l	Puerto Rico
21		.3 01 1	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-	
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
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 02/23/24 PRO Sci	edule 8	8812 (Form 1040) 2023

Form **8889** Department of the Treasury Internal Revenue Service

I

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment Sequence No. 52

interna			
Name(s			of HSA beneficiary. SAs, see instructions.
SOME		25-646	
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	if requ	uired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. I and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023 See instructions		elf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions contributions through a cafeteria plan, or rollovers. See instructions		0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 fo family coverage). All others , see the instructions for the amount to enter		7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023	<u>. </u>	
10 11	Qualified HSA funding distributions 10 Add lines 9 and 10 .	11	7,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	-	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have se a separate Part II for each spouse.	oarate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	9 14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	3	
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	ו	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c.	117b	

	1040), Part II, line 17c	17b
Part		
	completing this part. If you are filing jointly and both you and your spouse each have sep	arate HSAs,
	complete a separate Part III for each spouse.	

		Farm 9990 (0000)	
	1040), Part II, line 17d	21	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
19	Qualified HSA funding distribution	19	
18	Last-month rule	18	

For Paperwork Reduction Act Notice, see your tax return instructions.

Rev. November 2023) Child Tax Credit (EC), Anderdar Opportunity as chean (ACOC), and Credit (ACTC)		B867	Paid Preparer's Due Diligence Checkl	ist	OMB	No. 1545	5-0074
Department of the Treasury To be completed by preparer and filed with Form 1040, 1040-SR,			Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (AC	TC), TC) and		or tax ye 20 _23	
Sequence Sequence Taxpayer name(s) shown on return Go to wink ifs.gov/Form8867 for instructions and the latest information. Sequence Taxpayer identification number 273-25-6469 Preparer tax identification number SOMESWARA RAO & JAYANTHI KUMARI KANUTRI 273-25-6469 Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM Po2082703 Peramer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM PO2082700 AOTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? EC ZCTC/ACTC/ODC AOTC 2 If credits are calimed on the return, did you complete the applicable EC and/or CTC/ACTC/ODC worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Image: applicable tax peaking structions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Image: applicable to claim the credit(s) and/or HOH filing status. 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Image: applicable to claim the credit(s) and/or HOH filing status. 4 Did any information provided by the taxpayer is eligible to claim the credit(s) and/or HOH filing status a		,					
Taxpayer name(s) shown on return Taxpayer identification number SOMESWARA RAO 5 JAYANTHI KUMARI KANUTRI 273-25-6469 Perparet sname Preparet is dentification number SYAM PRIYA RAM SAGAR GUPTA TALLAM Prozent sub identification number Paraff Due Diligence Requirements Prozent sub identification number Paraff Due Diligence Requirements Prozent sub identification number 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Image: Compare State St							70
Preparer's name Preparer tax identification number SYAM Due Diligence Requirements PO2082703 Please Check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the relate for the benefit(s) claimed (check all that apply). EIC EIC (ACTC/ACTC/ODC ACTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes N 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/DCC worksheets found in the Form 1040, 1040-SR, 1040-PR, 1040-PS, 1040, uask the taxpayer whether he/she could provide documentation ta			return	Taxpayer identification	on number		
SYAM PRIVA RAM SAGAR GUPTA TALLAM P02082703 Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the relate for the benefit(s) claimed (check all that apply) EIC X CTC/ACTC/ODC ACTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes N 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC advorts. Yes N 3 Did you complete the return based 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? 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? Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the credit(s) and/or HOH filing status. 4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Schedule 812 (Form 1040) instructions determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 4 Did you asked, when you asked, the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent information. Schedule 812 (Form 1040) (Jou usked, whon you asked, the information that was provided, and the impact the information preapreacting the return. Schedule 400 (Sche	SOM	ESWARA RAO	& JAYANTHI KUMARI KANUTRI	273-25-646	9		
Part Due Diligence Requirements Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the relate for the benefit(s) claimed (check all that apply). □ EIC SCT/ACTC/ODC AOTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes 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 ADTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer or a third party for use in preparing the return, or information reasonable inquiries to determine the correct, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.). a Did you contemporaneously document you must do both of the follow contemptoraneously document you apple to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.). • Did you contemporaneously document you nuglies? (Documentation should include the questions you asked, whon you asked, when you asked,	Prepare	r's name		Preparer tax identific	ation num	ber	
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the relate for the benefit(s) claimed (check all that apply). EIC EIC /// CC/ACTC/ODC AOTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes Yes Yes 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-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? Image: Complete the appayer is aligible to claim the form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Image: Complete the appayer is eligible to claim the credit(s) and/or HOH filing status. 4 Did any 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)				P02082703			
in the benefit(s) claimed (check all that apply). I EIC I CTC/ACTC/ODC AOTC 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? I fc redits 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-SR, 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? IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII							
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? Yes N 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/DDC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you 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 provided by the taxpayer or a third party for use in preparing the return, or 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. I"No," go to question 5.). • Did you make reasonable inquiries to determine the correct, complete, and consistent information? • Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the record retentinor requirement, you must k							
 or reasonably obtained by you? 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/DCC worksheets found in the Form 1040, 1040-SR, 1040-RR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you 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 or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer form answer questions 4a and 4b. If "No," go to question 5.) a Did you contemporaneously document your inquires? (Documentation should include the questions you asked, whom you asked, the information that was provided, and the impact the information used to prepare form 8867 and any applicable worksheet(s) and or HOH filing status or to figure the amount(s) of the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) and/or HOH filing status and t		.,			1	No	HOH N/A
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7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?					X		
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If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 8

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For Paperwork Reduction Act Notice, see separate instructions.

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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	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of 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 qu		Yes	No
	tuition and related expenses for the claimed AOTC?			
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	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
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 HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	n the re or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	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 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.
- 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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