Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	er's name	Social secur	rity numbe	r				
SHI	VA KUMAR MALLAPAREDDY	776-86	5-8393					
Spouse	's name	Spouse's so	cial securi	ity number				
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you	are auth	orizing.)				
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.							
1	Adjusted gross income		1	92,788.				
2	Total tax		2	6,369.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,447.				
4	Amount you want refunded to you		4	78.				
5	Amount you owe		5					
Part	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

	1 ddthonzo		111111111	ERO firm name		Er
X	l authorize	GLOBAL	TAXES	T.T.C	to enter or generate my PIN	6

Ent	er fiv I't er	/e dig	gits, all ze	but	as my
6	8	З	9	З	

Enter five digits, but don't enter all zeros

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.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨	Γ	ate									
Practitioner PIN Method Returns Only—continue below											
Part III Certification	and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter yo	ur six-digit EFIN followed by your five-digit self-selected PIN.	2	2			-	0 all ze	 	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 🕨	
	RO Must Retain This Form — See Instruction Denit This Form to the IRS Unless Reque		
			5 0070 (D. of 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 12/18/23 PRO

Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	/rite or sta	aple in this space.		
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	ame	ne				Your so	cial sec	curity number			
SHIVA KU	JMAR		MAL	LAPARE	DDY					776	86	8393		
-		s first name and middle initial	Last r									security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
521 WATE	ERFO	RD DR										ou, or your		
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	spouse if filing jointly, want \$3 to go to this fund. Checking a				
EDISON						NJ	J	088	17			not change		
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your tax	k or refu	ind.		
											Y	ou 🔄 Spouse		
Filing Status	; [] Single					Head of he	ouseh	old (HOH)					
Check only	\mathbf{X}	Married filing jointly (even if only or	ne had	l income)										
one box.] Married filing separately (MFS)							ring spouse	. ,				
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's na	me if the		
	qu	alifying person is a child but not you	r depe	endent:										
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,				
Assets		nange, or otherwise dispose of a digi						-			Y	es 🛛 No		
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı							
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	ind Spa	ouse	: 🗌 Was bor	n befo	ore January 2	2. 1959		s blind		
Dependents				<u> </u>	Social security		(3) Relationsh	14			ifies for	(see instructions):		
If more		First name Last name		(2)	number	, ,	to you		Child tax c	redit	Credit fo	or other dependents		
than four				958	-95-564	6						X		
dependents,					-95-854							X		
see instructions and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	92 , 788.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)			
W-2 here. Also	с	Tip income not reported on line 1a	(see i	nstruction	is)					. 10	;			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 1d				
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e	•			
was withheld.	f	Employer-provided adoption bene								. 1f				
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·							. 1g				
W-2, see	h	Other earned income (see instructi	,				· · · · ·	· ·		. 1h	<u>ا</u>	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		· ·	1 i							
		Add lines 1a through 1h			· · ·	· ·		• •		. 1z		92,788.		
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b				
	<u>3a</u>		3a				Ordinary divider			. 3b				
Standard	4a		4a				axable amount			. 4b				
Deduction for—	5a Ga		5a				axable amount			. 5b				
 Single or Married filing 	6a	, _	6a	mathad			axable amount	t	· · ·	. 6b				
separately, \$13,850	с 7	If you elect to use the lump-sum electron or (loss). Attach School						• •	L					
 Married filing 	7	Capital gain or (loss). Attach Scher						• •	L	7 . 8		0.		
jointly or Qualifying	8 9	Additional income from Schedule ⁻ Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. <u>8</u> . 9		92,788.		
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche						• •		. 9 . 10	-	J2,100.		
 Head of 	11	Subtract line 10 from line 9. This is						• •	• • •	. 11		92,788.		
household, [\$20,800	12	Standard deduction or itemized	-					•••		. 12		27,700.		
 If you checked any box under 	13	Qualified business income deducti								. 13		21,100.		
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	our l	taxable incom	e .				65,088.		
	-			-,										

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	7,369.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	7,369.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	1,000.
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	1,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗆	22	6,369.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	6,369.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 6	,447.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	6,447.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•		-		[33	6,447.
Refund	34	If line 33 is more than line 24						34	78.
	35a	Amount of line 34 you want				•	. 🗆 🗄	35a	78.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9			Savings		
See instructions.	d	Account number 3 8 1	0 5 9 6	2 5 3 9			-		
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee		structions	•				omplete bel	ow.	🗙 No
_		signee's		Phone			onal identifica	ition	
	nar			no.			per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·		Date				•	nt you an Identity
	10	ur signature		Dale	Your occupation				N, enter it here
Joint return?					PROJECT LI	EAD	(see ins	.t.)	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupation				nt your spouse an
Keep a copy for your records.							Identity (see ins		ection PIN, enter it here
,		(000) 000 5.00	•				,)	
		one no. (908) 333-760		Email address	SHIVAKUMAR.E	BSC58@GMAIL.CO			Chaolit
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/03/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX			- 00010		Phone		678)965-9522
			Y CT E BRU	NSWICK N			Firm's I	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 12/18/23 PRO			Form 1040 (2023)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form .	1040	1040-SR	or 1040-NR.
Allachilo	FUIII	1040,	1040-36,	01 10 4 0-Nn.

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

2023 Attachment Sequence No. 47

Name(s)) shown on return	Your so	cial se	curity number
SHIVA	A KUMAR MALLAPAREDDY	776-8	86-8	393
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	92,788.
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	92,788.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000	•	5	
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			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid			
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500 .		7	1 000
8	Add lines 5 and 7		8	1,000.
9	Enter the amount shown below for your filing status.	• –	0	1,000.
,	Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 {		9	400,000.
10	Subtract line 9 from line 3.	•	/	400,000.
10	• 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)		10	0.
12	Is the amount on line 8 more than the amount on line 11?	· –	12	1,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit			1,000.
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			С
13	Enter the amount from Credit Limit Worksheet A		13	7,369.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	1,000.
	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 addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R throu	ugh lir	ne 27

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

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 12/18/23 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023	Page 2
Part	II-A Additional Child Tax Credit for All Filers	
Cauti	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 li	ne 27
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A	
	and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.	
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.	
	Enter -0- on line 27	16b
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.	
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	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		ate of Puorto Pico
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	-
22	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	
21	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,	
- 1	and Schedule 3 (Form 1040), line 11.	
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	с
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 12/18/23 PRO S	chedule 8812 (Form 1040) 2023

_	8867	Paid Preparer's Due Diligence Checklist	L	OMB I	No. 154	5-0074	
		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and			For tax		
(Rev. No	ovember 2023)	Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status			20 23	<u> </u>	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040- Go to www.irs.gov/Form8867 for instructions and the latest information.	·SS.	Attachment Sequence No. 70			
Тахрауе	er name(s) shown on	return Taxpayer ident	ification r	number			
SHIV	VA KUMAR MA	ALLAPAREDDY 776-86-	8393				
Prepare	r's name	Preparer tax id	entificatio	on numt	ber		
SYAI	M PRIYA RAM	1 SAGAR GUPTA TALLAM P020827	03				
Part	Due Dil	gence Requirements					
		propriate box for the credit(s) and/or HOH filing status claimed on the return and com ned (check all that apply).	nplete t			arts I–V HOH	
1		lete the return based on information for the applicable tax year provided by the taxpa obtained by you?	iyer	Yes X	No	N/A	
2	If credits are worksheets for 1040) instructi	claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/O und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Fo ions, and/or the AOTC worksheet found in the Form 8863 instructions, or your o hat provides the same information, and all related forms and schedules for each cre	orm own				
•			•	X			
3	the following.Interview the	the knowledge requirement? To meet the knowledge requirement, you must do both taxpayer, ask questions, and contemporaneously document the taxpayer's response at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.					
		mation to determine that the taxpayer is eligible to claim the credit(s) and/or HOH fi o figure the amount(s) of any credit(s)	ling	X			
4	information rea	mation provided by the taxpayer or a third party for use in preparing the return, asonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Ye ons 4a and 4b. If "No," go to question 5.)			X		
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent information?	. Г				
b	Did you conte you asked, wh information ha	emporaneously document your inquiries? (Documentation should include the question from you asked, when you asked, the information that was provided, and the impact d on your preparation of the return.)	ons the				
5	keep a copy of applicable wor 8867 and any	y the record retention requirement? To meet the record retention requirement, you m f your documentation referenced in question 4b, a copy of this Form 8867, a copy of 'ksheet(s), a record of how, when, and from whom the information used to prepare For applicable worksheet(s) was obtained, and a copy of any document(s) provided by you relied on to determine eligibility for the credit(s) and/or HOH filing status or to fig of the credit(s)	any orm the	X		С	
	List those doct	uments provided by the taxpayer, if any, that you relied on:	_				
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate eligibility for or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/ red for audit?		×			
7	(If credits wer	e taxpayer if any of these credits were disallowed or reduced in a previous year?		×			
а		ete the required recertification Form 8862?	. L				
8		is reporting self-employment income, did you ask questions to prepare a complete a ule C (Form 1040)?					
For Pa	perwork Reduct	ion Act Notice, see separate instructions. REV 12/18/23 PRO	Fo	rm 886	67 (Rev	. 11-2023)	

Form 8	367 (Rev. 11-2023)			Page 꾿
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		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
Dout	statement to the return?			
Part	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC) Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	/.) No
13	tuition and related expenses for the claimed AOTC?			
Part			o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta		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:		-	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsible 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 or (s) and/c	i the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			С
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpaye credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's eligib	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ıble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's unt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each 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 complete?		Yes	No
	REV 12/18/23 PRO	Form 88		11-2023)