E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan.	1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate inst	tructions.	
Your first name	and m	iddle initial	Last na	ime					1	Your so	cial securit	y number	
FNU			DHEF	RAJ KUMAR							27 1	•	
	ouse's	s first name and middle initial	Last na									curity number	
FNU			ΣΜΤΠ	'A KUMARI						981 94 4676			
	numbe	er and street). If you have a P.O. box, see						Apt. no.				on Campaign	
		LL EVERETT HWY						625	- 1		here if you,		
City, town, or post office. If you have a foreign address, also c			mplete s	paces below.	Sta	ite	ZIP	code	:	spouse	if filing join	itly, want \$3	
BOTHELL			•		W.F	4	98	012		U		Checking a	
Foreign country name				Foreign province/state/o				ign postal c			low will not x or refund.		
,						,		0 1		,	You	Spouse	
Filing Status		Single				☐ Head of he	ouse	hold (HOF	1)				
Check only		Married filing jointly (even if only or	ne had i	income)									
one box.		Married filing separately (MFS)				☐ Qualifying	surv	iving spou	ıse (C	JSS)			
	If y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or (QSS box, e	enter	the chi	ild's name	if the	
	qu	alifying person is a child but not you	ır deper	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavr	ment for prope	rtv o	r services)	: or (l	o) sell.			
Assets		nange, or otherwise dispose of a digi					-				Yes	⊠ No	
Standard	Som	neone can claim: You as a de	penden	t	e as	a dependent	, ,						
Deduction		Spouse itemizes on a separate return		•		•							
Ago/Blindness	Vau	: Were born before January 2, 1	050 F	Are blind Sne		. Mac bor	n ho	foro Janua	nn/ 2	1050	☐ Is bli	ind	
	_		939 <u></u>		ouse			fore Janua					
Dependents		instructions): irst name Last name		(2) Social security number	'	(3) Relationsh to you	iip	Child ta			1	instructions): her dependents	
If more	· ·				^			Orma t		uit		X	
than four dependents,		NSHIKA SINGH				Daughter			<u> </u>		<u> </u>	<u> </u>	
see instructions	SAF	ANVI SINGH		327-19-593	Τ	Daughter		Ŀ	<u>~</u> _		L L	=	
and check								L	 		<u> </u>		
here \square	4.	Total amount from Form(a) W 2 h	ov 1 /oo	a instructions)				L			1 11		
Income	1a	Total amount from Form(s) W-2, be	,	,						1a		12,022.	
Attach Form(s)	b	Household employee wages not re	•	• • •						1b			
W-2 here. Also attach Forms	c C	Tip income not reported on line 1a	•	•			•			10			
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f		., .	IISIIL	ictions)	•			1d			
1099-R if tax was withheld.	e •	Employer-provided adoption bene		·			•			1e	_		
If you did not	f						•						
get a Form	g	Wages from Form 8919, line 6 .					•			1g		0.	
W-2, see	h :	Other earned income (see instruction	,				i			1h	1		
instructions.	i -	Nontaxable combat pay election (s Add lines 1a through 1h		ructions)		<u>1i</u>				- 4-	. 1:	32,822.	
AII 1 0 1 B		1	2a		 ьт	axable interest				1z 2b		72,022.	
Attach Sch. B if required.	2a 3a		3a			axable interesi Ordinary divider				3b			
	<u> </u>		4a			axable amoun				4b			
Standard	ч а 5а		т а 5а			axable amoun				5b			
Deduction for—	_		6a			axable amoun				6b			
Single or Married filing	6a	If you elect to use the lump-sum e		mothed shock here			ι.		· .	1 00	<u>'</u>		
separately, \$13,850	C 7	,		*	`	,	•			7			
Married filing	7	Capital gain or (loss). Attach Schel					•		. ∟		_	18 , 576.	
jointly or Qualifying	8	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7	•				•			8		14,246.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	omo	.	•			9		14,240.	
Head of	10	Adjustments to income from Sche					•			10		1 1 2 1 0	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-			•			11		14 , 246.	
If you checked _	12	Standard deduction or itemized		•	,		•			12		27,700.	
any box under Standard	13	Qualified business income deducti	on from	I FUITTI 8995 OF FORM	899	ю-A	•			13	_	27 700	
Deduction, see instructions.	14 15	Add lines 12 and 13		ontor O This is a		 tavahla inas				14		27 , 700. 86,546.	
,	11.7		บบเษร	a enner out time is v							4 1 (111-14()	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	9,943.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	9,943.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,500.
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	2,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,443.
	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	7,443.
Payments	25	Federal income tax withheld	l from:						
-	а	Form(s) W-2				25a 16	5,321.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	16,321.
If you have a	26	2023 estimated tax paymen	ts 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	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	B, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,321.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	8,878.
	35a	Amount of line 34 you want			3 is attached, chec	k here	🗆	35a	8,878.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 4 8 8	0 7 7 9	3 8 3 2	1 6				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No
		esignee's me		Phone no.			onal ident ber (PIN)	tification	
Ciana		ider penalties of perjury, I declare t	hat I have examined		accompanying sched		. ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If th	e IRS se	nt you an Identity
									IN, enter it here
Joint return?					IT PROFESS	IONAL	(see	e inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an ection PIN, enter it here
your records.					BANK EMPLO	YEE IN IND	/	inst.)	ection in the enter it here
	———Ph	one no. (281) 912-759	7	Email address	DHEERAJ.IT.J				
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM	02/14/2024	P0208	32703	Self-employed
Preparer		m's name GLOBAL TA				1 -2, -1, 2021			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
	. "	5 224.000 2 10 100111	- 01 1110				1		0-1 DI/IDOD

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

FNU DHEERAJ KUMAR & FNU AMITA KUMARI

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

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

Attachment Sequence No. 01 Your social security number

862-27-1324

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-18,576.
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		
ı	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 ()	
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	-18,576.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

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

Attachment Sequence No. 13

Your social security number

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

	DHEERAJ KUMAR & FNU AMITA KUMARI						862-	27-1324	<u> </u>		
Part											
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use S	Schedule	C. See	instru	ctions. If you ar	e an ind	dividual, rep	ort farm		
A [Did you make any payments in 2023 that would require you	to file F	orm(e) 1	naa2 S	Saa ins	etructions			e X No	_	
				• •	• •		• • •			_	
1a	Physical address of each property (street, city, state, ZIF										
Α	1313, SECTOR 4 PANCHKULA HARYANA IN 13	34112									
В											
С									1		
1b	Type of Property 2 For each rental real estate prope	erty liste	ed .	Fair Rental				onal Use	QJV		
_	(from list below) above, report the number of fair personal use days. Check the Q					Days	L	Days			
A_	if you meet the requirements to f			<u>A</u>		365		0			
B	qualified joint venture. See instru		-	B C						_	
	of Duomouthy			C							
	of Property: Single Family Residence 3 Vacation/Short-Term Ren	to!	5 Land		7	Self-Rental					
	Multi-Family Residence 4 Commercial	lai	6 Roya	tion			ha)				
	Width-Family Residence 4 Commercial		о поуа	ILIGS	0	Other (descri	De)				
						Propertie	es:				
Incon				Α		В			С		
3	Rents received	3		6	84.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6			0.0						
7	Cleaning and maintenance	7		3,9	20.						
8	Commissions	8									
9	Insurance	9								_	
10	Legal and other professional fees	10		2 4							
11 12	Management fees	12		3,4	55.					_	
13	Other interest	13								_	
14	Repairs	14		2,7	20					_	
15	Supplies	15		2,8						_	
16	Taxes	16		, _	•					_	
17	Utilities	17		3,2	81.					_	
18	Depreciation expense or depletion	18		2,9						_	
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		19,2	60.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must										
	file Form 6198	21		18,5	76.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22 (L8 , 57		()()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		684.				
b	Total of all amounts reported on line 4 for all royalty prop				23b						
C	Total of all amounts reported on line 12 for all properties				23c		000				
d	Total of all amounts reported on line 18 for all properties				23d		988.	_			
е	Total of all amounts reported on line 20 for all properties				23e	19,	,260.				
24	Income. Add positive amounts shown on line 21. Do not		•				24		10 576		
25	Losses. Add royalty losses from line 21 and rental real estate) (18,576.	_)	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no										
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-18.576		

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. **47**

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

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

Your social security number

NU	DHEERAJ KUMAR & FNU AMITA KUMARI 8	<u>62-27-</u>	-1324
Pai	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	114,246.
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	114,246.
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. resider	ıt	
_	alien. Also, do not include anyone you included on line 4.	_	
7	Multiply line 6 by \$500		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		400 000
10		. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?		0. 2,500.
14	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit		2,500.
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	l.	
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	13	9,943.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		2,500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	1.	2,500.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additiona	L child t	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR		
	(also complete Schedule 3, line 11) before completing Part II-A.	ough	27
	(with the provided		

BAA

Schedule 8812 (Form 1040) 2023

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	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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	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.		
David	Otherwise, go to line 21.	f D	t. Dies
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S OT P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions		
		-	
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 .		
23	Add lines 21 and 22	-	
24	1040 and	-	
24	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.		
Par <u>t</u>	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	

(Rev. November 2023)

Department of the Treasury

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074 For tax year **20** _ 23

Attachment Sequence No. 70 Go to www.irs.gov/Form8867 for instructions and the latest information. Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number FNU DHEERAJ KUMAR & FNU AMITA KUMARI 862-27-1324 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC ☐ AOTC ☐ HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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 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." X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . 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.) 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 List those documents provided by the taxpayer, if any, that you relied on: 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 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

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Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	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 statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint 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	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	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 taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble work	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxles of the credit o	cayer's int(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 eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
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