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.

626.

REV 01/27/24 PRO 1555

D97-94-3984 DOMINIC JOSEPH DEEPTHI JOSEPH 2421 SAFFIRE WAY LEWISVILLE TX 75056

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Calendar Year -Internal Revenue Service

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.

Amount of estimated tax you are paying by check or money order.....

656.

REV 01/27/24 PRO 1555

291-75-7752 INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

097-94-3984 DOMINIC **JOSEPH** DEEPTHI JOSEPH

2421 SAFFIRE WAY TX 75056 LEWISVILLE

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.

Amount of estimated tax you are paying by check or money order......

656.

REV 01/27/24 PRO 1555

D97-94-3984 DOMINIC JOSEPH DEEPTHI JOSEPH 2421 SAFFIRE WAY LEWISVILLE TX 75056

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year -Due 01/15/2025

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.

Amount of estimated tax you are paying by check or money order.....

656.

REV 01/27/24 PRO 1555

097-94-3984 291-75-7752 DOMINIC **JOSEPH** DEEPTHI JOSEPH 2421 SAFFIRE WAY TX 75056 LEWISVILLE

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury 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)

Taxpayer's name	Social security number
DOMINIC JOSEPH	097-94-3984
Spouse's name S	Spouse's social security number
DEEPTHI JOSEPH	291-75-7752
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter y	ear you are authorizing.)
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	1 195,019.
2 Total tax	2 23,425.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 23,267.
4 Amount you want refunded to you	4
5 Amount you owe	5 158.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	ep 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

	Louthorizo	GLOBAL TAXES	TTC	to optor or concrete my DIN	4
\frown	T authorize	GLOBAL TAXES		to enter or generate my PIN	Ent
			ERO firm name		dor

4	3	9	8	4	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as

my

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

► Ount	_

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

Date

5	7	7	5	2	as my
	er fiv n't er				

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 sign	nature Da	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III C	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter al	 _	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 🕨	
	RO Must Retain This Form — Semit This Form to the IRS Unless		
For Denomical's Deduction Act Nation and V	un tex seture instructions		Earm 8879 (Bay, 01 2021)

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

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

2421 SAFFIRE WAY

DOMINIC

DEEPTHI

LEWISVILLE

2023

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.

JOSEPH

JOSEPH

TX 75056

Enter the amount of your payment.

158.

REV 01/27/24 PRO 1555

INTERNAL REVENUE SERVICE

P.O. BOX 1214 CHARLOTTE, NC 28201-1214

1040		artment of the Treasury—Internal Revenue Ser 5. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec. 31, 2023, or other tax year beginning, 2023, ending, 20 See										parate	instructions.
Your first name	and m	ddle initial	Last n	ame						Your so	cial sec	curity number
DOMINIC		JOSEPH 09									94	3984
	oouse's	s first name and middle initial Last name Spouse's social security num										
DEEPTHI			JOS	EPH						291	75	7752
Home address ((numbe	r and street). If you have a P.O. box, see	e instruc	tions.				A	vpt. no.	Preside	ential Ele	ection Campaigr
	'FIRI	E WAY									,	ou, or your
City, town, or pe	ost offi	ce. If you have a foreign address, also c	omplete	spaces bel	ow.	Sta	ite	ZIP c	ode		0	jointly, want \$3 nd. Checking a
LEWISVIL	LE					ТΣ	ζ	750	56			not change
Foreign country	name			Foreign pr	ovince/state/o	count	ty	Foreig	n postal code	your ta	x or refu	_
											∐ Yo	ou Spouse
Filing Status		Single					Head of ho	buseh	old (HOH)			
Check only	X	Married filing jointly (even if only o	one had	income)			_					
one box.		Married filing separately (MFS)					Qualifying		- .	. ,		
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not yo	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) red	ceive (a	s a rewarc	l, award, or	payr	ment for prope	rty or	services); o	r (b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	gital ass	et (or a fir	ancial intere	əst ir	n a digital asse	t)? (Se	e instructio	ons.)	Y	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or yc	ou were a	dual-status	alien	1					
Age/Blindness	You	Were born before January 2,	1959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	_ I:	s blind
Dependents	s (see	instructions):		(2) S	ocial security		(3) Relationshi	ip (4) Check the b	box if qual	ifies for ((see instructions):
- If more		rst name Last name			number		to you		Child tax of	credit	Credit fo	or other dependents
than four	DIY	A ELSA JOSEPH		406	-69-522	6	Daughter		X			
dependents, see instructions	DHY	AN JOSEPH		785	-85-371	9	Son		X			
and check	, 											
here 🗌												
Income	1a	Total amount from Form(s) W-2, k	•		,							201,404.
Attach Form(s)	b	Household employee wages not r								. <u>1k</u>	-	
W-2 here. Also	c	Tip income not reported on line 1								. 10		
attach Forms W-2G and	d	Medicaid waiver payments not re	•	•	, ,		,	• •		. <u>1</u> c	_	
1099-R if tax	e	Taxable dependent care benefits						• •		. 16		
was withheld. If you did not	f	Employer-provided adoption ben			,			• •	• • •	. 11		
get a Form	g	Wages from Form 8919, line 6 .				• •		• •	• • •	. <u>1</u> ç		0.
W-2, see	h :	Other earned income (see instruc	,			• •	· · · · ·	· ·		. <u>1</u> ł	1	0.
instructions.	i z	Nontaxable combat pay election Add lines 1a through 1h	(566 1115	li uctions)		• •	11			. 1z	,	201,404.
Attach Sah D	2 2a	Tax-exempt interest	2a	• • •	· · · ·	т	axable interest	• •	• • •	· 12		1,990.
Attach Sch. B if required.	2a 3a	Qualified dividends	3a				Ordinary divider		• • •	. 21. . 31.		1,550.
	4a	IRA distributions	4a				axable amount			. 4k		
Standard	5a	Pensions and annuities	5a				axable amount			. 5k		
• Single or	6a	Social security benefits	6a				axable amount			. 6t		
Married filing	c	If you elect to use the lump-sum e		method	 check here							
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,			7		-3,000.
 Married filing jointly or 	8	Additional income from Schedule		•	•		-			. 8		-5,375.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		195,019.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	-	
 Head of household, 	11	Subtract line 10 from line 9. This i								. 11		195,019.
\$20,800	12	Standard deduction or itemized								. 12		27,700.
 If you checked any box under 	13	Qualified business income deduc					5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If ze		ss, enter -	0 This is y	our 1	taxable incom	е.	<u> </u>	. 15		167,319.

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

Form **1040** (2023)

Form 1040 (2023	5)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	27,425.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	27,425.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	4,000.
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	23,425.
	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	23,425.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 23	,267.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	23,267.
If you have a	26	2023 estimated tax payment	ts 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 from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, 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	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	23,267.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings		
See instructions.	d	Account number X X X	X X X X	X X X Z	x x x x x	XX			
	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 you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	158.
	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?				_
Designee	ins	structions				Yes. Co	omplete be	elow.	X No
	De: nar	signee's		Phone no.			onal identifi oer (PIN)	cation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche			e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
		C							IN, enter it here
Joint return?					SOFTWARE I		(see ir	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE I	NGINFFR	(see ir		scholl Fill, enter it here
	Ph	one no. (848)667-954	1	Email address	•	PH@GMAIL.CO	M		
		eparer's name	⊥ Preparer's signat		DULT . O O DEI	Date	PTIN	,	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		ITTU DAGAN	GOLIA INDAM	02/02/2021			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN			111118		Form 1040 (2023)
		in or to instructions and the late	scinomation.		BAA	REV 01/27/24 PRO			10111 10-10 (2023)

REV 01/27/24 PRO

SCHEDULE	1
(Form 1040)	

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 2023

Attachment Sequence No. **01**

Your social security number

Department of the T Internal Revenue Se			Go to w	www.irs.gov/Form1040 for instructions and the latest i
Name(s) shown	n on For	m 1(040, 1040-SR	R, or 1040-NR
DOMINIC J	JOSEPH	4 K	DEEPTHI	JOSEPH

DOMI	NIC JOSEPH & DEEPTHI JOSEPH		C	97-94-	-398	4
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received			. 2	a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C				3	-5,375.
4	Other gains or (losses). Attach Form 4797				1	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				5	
6	Farm income or (loss). Attach Schedule F.				3	
7	Unemployment compensation					
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling	8b	·			
c	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
e	Income from Form 8853	8e	v			
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
ĥ	Jury duty pay	8h				
i	Prizes and awards	8i				
i	Activity not engaged in for profit income	8j				
ķ	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				
ο	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	r here	and on F	orm		
	1040, 1040-SR, or 1040-NR, line 8			. 1	0	-5,375.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Sch	edule	1 (Form 1040) 2023

ar	Adjustments to Income						
1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	vernm	ent		
	officials. Attach Form 2106					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	Alimony paid					19a	
b	Recipient's SSN						
c	Date of original divorce or separation agreement (see instructions):				_		
<u>כ</u>	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction					23	
4	Other adjustments:	· ·	• •	• •	· •		
a		24a					
		24a			-		
D		24b					
-	Nontaxable amount of the value of Olympic and Paralympic medals	240			-		
С	and USOC prize money reported on line 8m	24c					
		24C 24d			-		
a		240			-		
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	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						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
	1041)	24k					
z	Other adjustments. List type and amount:						
		24z					
5	Total other adjustments. Add lines 24a through 24z				.	25	
6	Add lines 11 through 23 and 25. These are your adjustments to income						
	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHEDULE	В
(Form 1040)	

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service		Attach to Form 1040 or 1040-SR. Go to <i>www.irs.gov/ScheduleB</i> for instructions and the latest information.		Attachmen Sequence	t
Name(s) shown on re	eturn		Your	social security	y number
DOMINIC J	OSEPH	H & DEEPTHI JOSEPH	097	-94-3984	4
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	unt
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:			
(See instructions and the Instructions for		CAPITAL ONE N.A.			1,990.
Form 1040, line 2b.)					
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's			1		
name as the payer and enter the total interest shown on that					
form.	2	Add the amounts on line 1	2		1,990.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		1,990.
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	unt
Part II	5	List name of payer:			
Ordinary					
Dividends					
(See instructions					
and the					
Instructions for Form 1040, line 3b.)			5		
Note: If you received a Form 1099-DIV					
or substitute statement from					
a brokerage firm, list the firm's name as the					
payer and enter the ordinary	e	Add the amounte on line 5. Enter the total here and on Form 1040 or 1040 SP, line 2h			
dividends shown on that form.	6 Note:	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	6		
		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr			a foreign
Foreign	accou	nt, or (c) received a distribution from, or were a grantor or, or a transieror to, a foreign	rtrust		
Accounts					Yes No
and Trusts Caution: If		At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) located			
required, failure to file FinCEN Form	,	country? See instructions	· ·	· · ·	X
114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.			
Additionally, you may be required to file Form 8938, Statement of	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:			
Specified Foreign Financial Assets.	8	During 2023, did you receive a distribution from, or were you the grantor of, or t			

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foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

. Schedule B (Form 1040) 2023

. . . .

. . Х

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

	nent of the freasury					041; partnerships must generally fi		rm 10	65.	Attachme	nt _	_		
Internal Revenue Service Go to www.irs.gov/ScheduleC for instructions and the latest information.						_			Sequence					
	of proprietor							Social security number (SSN) 097-94-3984						
	INIC JOSEPH								-					
Α	·	-		uding product or service (se	e instri	uctions)	В			from instr		;		
	SOFTWARE CO									199				
С		•		ess name, leave blank.					-	D number (E	• •	,		
	SCALA INTEG			2421 075		ר ד.	8	4	4 6	516	4 4	<u> </u>		
E				room no.) 2421 SAF		TX 75056								
E	City, town or post													
F	Accounting metho					Other (specify)								
G H	Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on lo										es _			
n I	If you started or acquired this business during 2023, check here											< No		
												_		
Pari		n wiii you nie	requi			<u>· · · · · · · · · · · · · · · · · · · </u>	•	• •	<u>· ·</u>	<u> </u>				
		aalaa Caa ir		iona far line 1 and abaals the	hav if	this is some use reported to your								
1	•					this income was reported to you of	- I	1	1					
2								2						
3							. †	3						
4							. †	4						
5								5						
6						refund (see instructions)		6						
7	Gross income. A	dd lines 5 an	nd 6 .			<u></u>	. [7						
Part	II Expenses	s. Enter exp	pense	es for business use of yo	our ho	me only on line 30.								
8	Advertising		8		18	Office expense (see instructions)		18						
9	Car and truck	expenses			19	Pension and profit-sharing plans		19						
	(see instructions)		9		20	Rent or lease (see instructions):			1					
10	Commissions and	fees .	10		а	Vehicles, machinery, and equipme	nt	20a						
11	Contract labor (see i	instructions)	11		b	Other business property		20b						
12	Depletion		12		21	Repairs and maintenance		21						
13	Depreciation and s expense deduct				22	Supplies (not included in Part III)		22						
	included in Part				23	Taxes and licenses	·	23						
	instructions) .		13		24	Travel and meals:			I					
14	Employee benefit				а	Travel	•	24a						
	(other than on line		14		b	Deductible meals (see instruction	- í F	24b			1,2			
15	Insurance (other th	,	15		25	Utilities		25			/	20.		
16	Interest (see instru		10		26	Wages (less employment credits	· F	26			2.4	20		
a	Mortgage (paid to I	. ,	16a		27a	Other expenses (from line 48) .	F	27a			3,4	30.		
b	Other		16b		b	Energy efficient commercial bldg	- 1	071	1					
<u>17</u> 28	Legal and professio		17	r husiness use of home Add	lince	deduction (attach Form 7205). B through 27b	•	27b 28			5,3	75		
20 29	•	•		e 28 from line 7		0	·	20 29			-5,3			
		· · ·						25			5,5	/ 5 .		
30	unless using the s			•	e expe	nses elsewhere. Attach Form 882	19		1					
	0	•		r the total square footage of	(a) you	ır home:			1					
	and (b) the part of	vour home i	used fo	or business:		. Use the Simplified	-		1					
	() (5		s to figure the amount to ent	er on l			30	1					
31	Net profit or (los	s). Subtract I	line 30	from line 29.			Ī							
				1 (Form 1040), line 3, and o	n Sch	edule SE, line 2. (If you			1					
				ictions.) Estates and trusts, e				31			-5,3	75.		
	• If a loss, you mu	ust go to line	e 32.				-							
32	If you have a loss,	, check the b	oox tha	t describes your investment	in this	activity. See instructions.								
	• If you checked ?	32a, enter the	e loss	on both Schedule 1 (Form 1	040).	line 3. and on Schedule								
				line 1, see the line 31 instruc		· · · · · · · · · · · · · · · · · · ·		32a [× All	investmer	nt is at	risk.		
	Form 1041, line 3							32b [me invest	ment is	s not		
	If you checked ?	32h vou mu	et atta	ch Form 6198 Vour loss ma	w ha li	mited			at	risk.				

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

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REV 01/27/24 PRO

Schedule C (Form 1040) 2023

OMB No. 1545-0074 2023

	le C (Form 1040) 2023			Page 2
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ich ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	-	. 🗌 Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your v	vehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
⊳ Part	If "Yes," is the evidence written?	27b.	🗌 Yes or line 30.	No
		- ,		
GA	SOLINE EXP			0.
BA	CK OFFICE OPERATION EXPENSES			3,430.
48	Total other expenses. Enter here and on line 27a	48		3,430.

SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

DOMINIC JOSEPH & DEEPTHI JOSEPH

Your social security number 097-94-3984

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	7,603.	7,970.			-367.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	9,595.	21,373.			-11,778.
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	• •	11	
12	Net long-term gain or (loss) from partnerships, S corporat		12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-			15	-12,145.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -12,145.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	\square No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 01/27/24 PRO

Schedule D (Form 1040) 2023

Form 8949 (2023)		 		Attacl	hment Se	equenc	12A	Pa	ige 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DOMINIC JOSEPH & DEEPTHI JOSEPH

Social security number or taxpayer identification number 097-94-3984

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
MORGAN STANLEY	01/01/21	03/01/23	7,603.	7,970.			-367.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	7,603.	7,970.			-367.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 01/27/24 PRO

Form 8949 (2023)		 		Attacl	hment Se	equenc	e No.	12A	ige 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DOMINIC JOSEPH & DEEPTHI JOSEPH

Social security number or taxpayer identification number 097-94-3984

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
MORGAN STANLEY	01/01/21	03/01/23	9,595.	21,373.			-11,778.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	9,595.	21,373.			-11,778.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 01/27/24 PRO

SCHEDULE 8812 (Form 1040)

Department of the Treasury

DOMINIC JOSEPH & DEEPTHI JOSEPH

Part I Child Tax Credit and Credit for Other Dependents

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

Internal Revenue Service Name(s) shown on return

1

				2023		
Attach to Form 1040, 1040-SR, or 1040-NR. ent of the Treasury Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.				ttachment sequence No. 47		
shown on return		Your s	ocial	security number		
VIC JOSEPH & DEEPTHI JOSEPH 09				097-94-3984		
t I Child Ta	x Credit and Credit for Other Dependents					
Enter the amour	t from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	195,019.		
Enter income fro	om Puerto Rico that you excluded					
Enter the amour	ts from lines 45 and 50 of your Form 2555	0				

2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
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	195,019.
4	Number of qualifying children under age 17 with the required social security number 4 2		
5	Multiply line 4 by \$2,000	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age617 or who do not have the required social security number6		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident		
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \$	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	13	27,425.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	I	, - , - , - , - , - , - , - , - , - , -
-	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional ch	nild ta	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR thr		

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

For Paperwork Reduction Act Notice, see your tax return instructions. REV 01/27/24 PRO Schedule 8812 (Form 1040) 2023 BAA

Schedu	ıle 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	
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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	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		IS OT H	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		
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 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	
23 26	Enter the larger of line 20 or line 25	23	
_ U	Next, enter the smaller of line 17 or line 26 on line 27.	20	
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	
	•		812 (Form 1040) 2023

_	8867	Paid Preparer's Due Diligence Chec		OMB	No. 154	5-0074
	ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (Child Tax Credit (CTC) (including the Additional Child Tax Credit (Credit for Other Dependents (ODC)), and Head of Household (HOH)	AOTC), ACTC) and Filing Status		or tax ye 20 <u>23</u>	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, Go to www.irs.gov/Form8867 for instructions and the latest in	1040-PR, or 1040-SS.	Attac Sequ	hment ence No.	.70
Taxpay	er name(s) shown on re	turn	Taxpayer identificati	on number	r	
DOM	INIC JOSEPH	& DEEPTHI JOSEPH	097-94-398	84		
Prepare	er's name		Preparer tax identific	ation num	ber	
SYA	M PRIYA RAM	SAGAR GUPTA TALLAM	P02082703			
Par	Due Dilia	ence Requirements				
Please	e check the appro	priate box for the credit(s) and/or HOH filing status claimed on the		e the re AOTC		Parts I–V HOH
1	()	e the return based on information for the applicable tax year provid		Yes	No	N/A
•	or reasonably ob			X		
•						
2	worksheets foun 1040) instructior worksheet(s) tha	aimed on the return, did you complete the applicable EIC and/c id in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sc ns, and/or the AOTC worksheet found in the Form 8863 instruct t provides the same information, and all related forms and schedu	hedule 8812 (Form ions, or your own iles for each credit	×		
3	Did you satisfy the following.	he knowledge requirement? To meet the knowledge requirement, yo axpayer, ask questions, and contemporaneously document the taxpa	ou must do both of			
	determine that	the taxpayer is eligible to claim the credit(s) and/or HOH filing status	s.			
	status and to fi	ation to determine that the taxpayer is eligible to claim the credit(s) gure the amount(s) of any credit(s)		×		
4	information reas	tion provided by the taxpayer or a third party for use in prepa onably known to you, appear to be incorrect, incomplete, or inco s 4a and 4b. If " No ," go to question 5.)	nsistent? (If "Yes,"		X	
а	Did you make rea	asonable inquiries to determine the correct, complete, and consisten	t information? .			
b	you asked, whor	poraneously document your inquiries? (Documentation should inc m you asked, when you asked, the information that was provided, on your preparation of the return.)	and the impact the			
5	keep a copy of y applicable works 8867 and any ap taxpayer that yo	he record retention requirement? To meet the record retention requirement? To meet the record retention requirement documentation referenced in question 4b, a copy of this Form 8 sheet(s), a record of how, when, and from whom the information use oplicable worksheet(s) was obtained, and a copy of any document u relied on to determine eligibility for the credit(s) and/or HOH filing	8867, a copy of any ed to prepare Form (s) provided by the status or to figure	×		
	the amount(s) of					
	List those docum	nents provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/or	taxpayer whether he/she could provide documentation to substantia HOH filing status and the amount(s) of any credit(s) claimed on t d for audit?	he return if his/her	X		
7		axpayer if any of these credits were disallowed or reduced in a previ		×		
-		disallowed or reduced, go to question 7a; if not, go to question 8				
а		e the required recertification Form 8862?	-			
8		reporting self-employment income, did you ask questions to prepa				
0						×

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 and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
C	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	or ODC, go to Part IV.)		лс, а	UIC,
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		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	is, go te	o Part '	VI.)
14 Part	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification		Yes	No
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit status and to figure the amount(s) of the credit(s);	nses or 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 check credit(s) claimed and HOH filing status, if claimed;	list 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 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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Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE CONSULTING): Profit or Loss from Business

Line 25	Itemization Statement
Description	Amount
INTERNET	720.
Total	720.