Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)				
Taxpaye	er's name	Social secur	ity numb	er	
VIK	RAM VALISETTI	047-49	-9399	9	
Spouse	o's name	Spouse's so		-	r
	PTHI GANJI	697-91			
Part	,	23 (Enter year you a	are aut	thorizing.	.)
	whole dollars only on lines 1 through 5.				
_	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 . 1		
1	Adjusted gross income		1		,085.
2	Total tax		2		,405.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		334.
4 5	Amount you want refunded to you		5	11	,929.
Part		get and keen a cor		our retu	ırn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original				
to send for any Agent payme authori payme busine taxes t person	(original or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or revided in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution and for my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancers days prior to the payment (settlement) date. I also authorize the financial institutions into to receive confidential information necessary to answer inquiries and resolve issues related intermediate (PIN) below is my signature for the income tax return (original or applied funds).	ason for rejection of the thorize the U.S. Treasury a account indicated in the total institution to debit the tot terminate the authorizellation requests must bolived in the processing of ted to the payment. I further thorize the control of the treatment of the	ransmis and its of ax preperently the ation. The ereceiver the electric the ather ac	ssion, (b) the designated paration so to this according revoke (wed no late ectronic parknowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	ayer's PIN: check one box only				
×		r generate my PIN	9 3	9 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but r all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitione below.				
Yours	signature ▶	Date ►			
Cnau	oolo DINI, ahaak aya hay aylu				
. –	se's PIN: check one box only	r generate my PIN 1	5 8	3 1 4	
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	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitione below.				
Spous	se's signature ▶	Date ►			
	Practitioner PIN Method Returns Only—contin				
Part	Certification and Authentication — Practitioner PIN Method Onl	у			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't en	6 0 ter all ze	8 2 7 eros	7 1
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individu ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practice.	t I am submitting this ret	urn in a	accordance	
ERO's	s signature ▶	Date ►			
	ERO Must Retain This Form — See Instru				

Don't Submit This Form to the IRS Unless Requested To Do So

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

2023

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

Deduction for—Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Adjustments to income from Schedule 1, line 26 Peristons and armunities	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20		See ser	parate instructions.
International Content Inte	Your first name	and m	iddle initial	Last na	me					Your so	cial security number
International Content Inte	VIKRAM			VALI	SETTI					047	49 9399
Flore acideses (number and street), if you have a P.O. box, see instructions. Apt. no. 21.07 2		pouse's	s first name and middle initial							Spouse'	s social security number
Flore acideses (number and street), if you have a P.O. box, see instructions. Apt. no. 21.07 2	DEEPTHI			GANJ	I					697	91 5814
City, town, or post office, if you have a foreign address, also complete spaces below. IA 50.266 TA 50.26		(numbe	er and street). If you have a P.O. box, see					Apt. ne	0.		
Content of the cont	8302 WES	STOWI	N PKWY					210	7	Check h	nere if you, or your
Foreign country name				mplete s	paces below.	Sta	ite	ZIP code		•	• • • •
Foreign province/state/county	WEST DES	S MO	INES			IA	A	50266		•	•
Check only one box. Single Head of household (HOH)	Foreign country	/ name		F	oreign province/state/o	count	ty	Foreign pos	tal code		
Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital											You Spouse
Check only one box. Married filing piontty (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No No No No No No No N	Filing Status	, [Single				☐ Head of ho	ousehold (l	HOH)		
one box.	-		Married filing jointly (even if only or	ne had i	ncome)						
Digital Assets As any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Deduction Age/Blindness You: Were born before January 2, 1959 Are blind Spouse imizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions: (2) Social security (3) Relationship (5) First name Last name (7) First name Last name Last name (7) First name Last name (7)	•		Married filing separately (MFS)				☐ Qualifying	surviving s	spouse (QSS)	
Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No No No No No No No N		lf y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS b	ox, ente	r the chi	ld's name if the
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)		qu	alifying person is a child but not you	ır depen	dent:						
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Digital	Δt ar	ay time during 2023, did you: (a) rece	aiva (ac	a reward award or	navr	ment for prope	rty or servi	coe). or	(b) sell	
Standard Deduction											☐ Yes No
Spouse itemizes on a separate return or you were a dual-status alien								7. (,	
Age/Blindness You:		_			•		•				
Dependents (see instructions):			· · · · · · · · · · · · · · · · · · ·								
If more than four dependents 10 First name Last name Number 10 you Child tax credit Credit for other dependents Son Marie Market Marke		_		959 _	」Are blind Spo	use	: U Was bor				
If more If more ADVAITH VALISETTI 0.33-13-8407 Son X	Dependents	•	•				, · ,	ih I, ,			,
Dependents, see instructions and check here	If more						Cr			Credit for other dependents	
see instructions and check here		/ADV	AITH VALISETTI				Son				
Income Attach Form(s) W-2here. Also attach Forms W-2G and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. Inst	• .	$_{\rm s} \frac{\rm AAY}{\rm a}$	YANSH VALISETTI		489-61-614	9	Son		<u>×</u>		
Total amount from Form(s) W-2, box 1 (see instructions)											
Attach Form(s) W-2 here. Also attach Forms W-2 here. Also	nere L								Ш		
Attach Form(s) W-2 here. Also attach Forms W-2 here. Also dattach Forms W-2 here. Also dependent care benefits from Form 8995 or Form 8995	Income	_		•	,						
attach Forms W-2G and 1099-R if tax was withheld. If Employer-provided adoption benefits from Form 2441, line 26 1e	Attach Form(s)	b	• • •	•	, ,						
W-26 and 1099-R if tax was withheld. If you did not get a Form Wy-2, see instructions. Attach Sch. B if required. Attach Sch. B if required			·	•	•						
It was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. It was get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. It was get from Form 8919, line 6 It was get from Form 8919, line 29 It was get a form was get instructions. It was get from Form 8919, line 29 It was get a form was get instructions. It was get a form was get in the outer see instructions. It was get a form was get in the outer see instructions. It was get a form was get in the outer see instructions. It was get a form was get in the outer see instructions. It was get a			• •		. ,	nstru	ictions)				
gy Wages from Form 8919, line 6		_	•		•						
get a Form W-2, see instructions. I h Other earned income (see instructions) I h Other earned income (see instructions) I k Nontaxable combat pay election (see instructions) I z L26,104. Attach Sch. B if required. Attach											
W-Z, see instructions. i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 3a Qualified dividends . 3a b Ordinary dividends . 3b 0. Bandard Deduction for Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked any box under Standard Deduction for It you checked for	•	_									
Attach Sch. B if required. Attach Sch. Attach Schedule D if required. If not required, check here Attach Sch. B if required. Attach Sch. Attach Schedule D if required. If not required, check here Attach Sch. Attach Sch. At	,		•	,				· · ·		. 11	0.
Attach Sch. B if required. 2a	instructions.	=	Add lines to through th		uctions)	•					126 104
Standard Peduction for Standard Pensions and annuities Sa Boundard Standard Standar	A 1 0 1 D		1	1	· · · · · i	 L T	· · · ·				
Standard Deduction for—Single or Married filing separately, \$13,850 Married filing ionitrly or Qualifying surviving spouse, \$27,700 Head of household, \$220,800 If you checked any box under \$220,800 If you checked \$220,			· —								
Standard Deduction for—Single or Married filing separately, \$13,850 Married filing jointly or Qualifying spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$13 Add lines 12 and 13 Pensions and annuities . 5a											
Single or Married filing separately, \$13,850	Standard										
Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Deduction, \$20,800 If you elect to use the lump-sum election method, check here (see instructions) C apital gain or (loss). Attach Schedule D if required. If not required, check here 7		_	-								
The property of the property	Married filing			_							
Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$4dd lines 12 and 13			•			•	,			7	-3.000
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income993,085Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1193,085If you checked any box under Standard Deduction, \$20,40012Standard deduction or itemized deductions (from Schedule A)1227,70013Add lines 12 and 131427,700	Married filing		1 0 ()				•				
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700 13 Standard Deduction,	Qualifying			•							
Head of household, \$20,800 If you checked any box under Standard Deduction, 4d lines 12 and 13					· · · · · · · · · · · · · · · · · · ·						
\$20,800 If you checked any box under Standard Deduction, 14 Add lines 12 and 13	Head of		•							_	
any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A	\$20,800			-	-						
Standard Deduction, 14 Add lines 12 and 13 1.	any box under						5-A				
	Standard										
					s, enter -0 This is y	our t	taxable incom	e			

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	7,405.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	7,405.
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812			19	4,000.
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	4,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	3,405.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is ye	our total tax					24	3,405.
Payments	25	Federal income tax withheld f	rom:						
-	а	Form(s) W-2				25a 15	5,334.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	15,334.
If you have a	26	2023 estimated tax payments	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	Schedule 8812			28			
	29	American opportunity credit fr	rom Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31.	32						
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	15,334.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	11,929.
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	11,929.
Direct deposit?	b	Routing number 0 7 3	0 0 0 1	7 6	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 4 5	0 0 2 6	3 6 8 3	3 3				
	36	Amount of line 34 you want ar	oplied 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, go	to www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see ins	structions) .			38			
Third Party		you want to allow another p				_			
Designee		structions					•		⊠ No
		signee's me		Phone no.			sonal ident iber (PIN)	ification	
Sign		der penalties of perjury, I declare tha	at I have examined	d this return and	accompanying sched		, ,	the best	of my knowledge and
Here	be	lief, they are true, correct, and compl	lete. Declaration of	of preparer (other	r than taxpayer) is ba	sed on all informat	on of whic	h prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
								tection P inst.)	IN, enter it here
Joint return? See instructions.				5.	SOFTWARE E				
Keep a copy for		ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE E	NGINEER		inst.)	
	Ph	one no. (515)779-8011		Email address					
Daid	Pr		Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA S	SYAM PRIY	A RAM SAG	GAR GUPTA	04/13/2024	P0208	2703	Self-employed
Preparer									(678)965-9522
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							84-3171965
_ · ·	/_	40406 1 1 11 11 11 1					<u> </u>		- 1010

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 VIKRAM VALISETTI & DEEPTHI GANJI

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

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

	Sequence No. 01
Your soc	ial security number
047-49	-9399

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-30,019.
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			
	,	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 p8		
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	here and on Form	_	00.015
	1040, 1040-SR, or 1040-NR, line 8		10	-30,019.

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				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
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			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 047-49-9399 VIKRAM VALISETTI & DEEPTHI GANJI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 9,913. 17,651. 1,946. -5,792. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -5,792. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 32,463. 55,605. -23,142. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-23,142.

11

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -28,934. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? ☐ **Yes.** Go to line 18. 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

Before you check Box A, B, or C 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.

Name(s) shown on return 047-49-9399 VIKRAM VALISETTI & DEEPTHI GANJI Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 9,913. 17,651. W 1,946 -5,792.

Robinhood Securities LLC | 01/01/23 | 12/31/23 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 9,913. 17,651. 1,946. -5,792. above is checked), or line 3 (if Box C above is checked) .

Note: If you checked Box A 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.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ${\tt VIKRAM} \quad {\tt VALISETTI} \quad \& \quad {\tt DEEPTHI} \quad {\tt GANJI}$

Social security number or taxpayer identification number 047-49-9399

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☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•		•)
(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 co	(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).
Robinhood Securities LLC	01/01/22	12/31/23	32,463.	55,605.			-23,142.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) .

-23,142.

32,463.

55,605.

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

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

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

Attachment Sequence No. 13

Your social security number

VIKE	AM VALISETTI & DEEPTHI GANJI						047-49	9399	
Part									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	c . See	instru	ctions. If you are	e an indiv	idual, rep	ort farm
Α Γ	rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you	to file	Form(a)	10002 6	'oo ino	tructions			o 🔽 No
	f "Yes," did you or will you file required Form(s) 1099?								
				• •	• •		• • •		-3 <u> </u> 140
1a 	Physical address of each property (street, city, state, ZIF	coae	e) 						
A	2931 LUND ST NORWALK IA 50211								
B_	3009 PONDSIDE LN AUBREY TX 76227								
С					Ι				
1b	Type of Property 2 For each rental real estate prope				Fa	_	Persona		QJV
	(from list below) above, report the number of fair personal use days. Check the Qu					Days	Day		
<u>A</u>	gersonal use days. Check the QC if you meet the requirements to f			A B		365		0	
	qualified joint venture. See instru	ctions	S.	С		0		U	
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	4	7	Self-Rental			
	Multi-Family Residence 4 Commercial	lai	6 Roya			Other (describ	ne)		
	main rammy necession in commercial								
						Propertie	S:		
Incom				A 10 7	0.0	В			С
3	Rents received	3		18,7	80.				
4	Royalties received	4							
Exper 5		5					+		
6	Advertising	6							
7	Cleaning and maintenance	7					+		
8	Commissions	8							
9	Insurance	9		9	76.	1	793.		
10	Legal and other professional fees	10			70.		173.		
11	Management fees	11							
12	Mortgage interest paid to banks, etc. (see instructions)	12		11,9	10.	16,	473.		
13	Other interest	13							
14	Repairs	14		1,4	10.				
15	Supplies	15		2,1	55.				
16	Taxes	16				10,	178.		
17	Utilities	17		2,4					
18	Depreciation expense or depletion	18		1,4	69.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		20,3	55.	28,	444.		
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			1 -	7.	20	444		
00		21		-1,5	75.	-20,	444.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	,	1 57	,	(20 /	111		,
23a	Total of all amounts reported on line 3 for all rental prope		Į(1,57	23a		444.)(780.		
20a b	Total of all amounts reported on line 3 for all rental proper			•	23b	10,	700.		
C	Total of all amounts reported on line 4 for all properties	01 1100		•	23c	28	383.		
d	Total of all amounts reported on line 18 for all properties			•	23d		469.		
e	Total of all amounts reported on line 20 for all properties				23e		799.		
24	Income. Add positive amounts shown on line 21. Do not	inclu	de anv lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here			30,019.
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	t appl	ly to you,	also e	nter th	nis amount on			
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	nount	in the to	tal on li	na /11	on nage 2	06		20 010

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**

Your social security number

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

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

VALISETTI & DEEPTHI GANJI 047-49-9399 VIKRAM **Child Tax Credit and Credit for Other Dependents** Part I 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 93,085. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b b 0 c Enter the amount from line 15 of your Form 4563 Add lines 2a through 2c 2d0. 3 3 93,085. 2 4 Number of qualifying children under age 17 with the required social security number 5 5 4,000. 6 Number of other dependents, including any qualifying children who are not under age 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 7 8 8 Add lines 5 and 7 4,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 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 11 0. 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. **X** Yes. Subtract line 11 from line 8. Enter the result. 13 Enter the amount from Credit Limit Worksheet A 13 7,405. Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 4,000. 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 additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27

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

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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	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.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	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 . 22	-	
23	Add lines 21 and 22	_	
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dort	Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit		
		27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	21	

Investment Interest Expense Deduction

Identifying number

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

Attach to your tax return. Go to www.irs.gov/Form4952 for the latest information. Attachment Sequence No. **51**

OMB No. 1545-0191

VIKE	RAM VALISETTI & DEEPTHI GANJI	047-49	-9399
Par	Total Investment Interest Expense		
1	Investment interest expense paid or accrued in 2023 (see instructions)	. 1	1,226.
2	Disallowed investment interest expense from 2022 Form 4952, line 7	. 2	
3	Total investment interest expense. Add lines 1 and 2		1,226.
Part	Net Investment Income		
4a	and analysis in property management, and a second s	0.	
b	Qualified dividends included on line 4a		
С	Subtract line 4b from line 4a	. 4c	0.
d	Net gain from the disposition of property held for investment 4d		
е	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions		
f	Subtract line 4e from line 4d	. 4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructio	ns 4g	
h	Investment income. Add lines 4c, 4f, and 4g		0.
5	Investment expenses (see instructions)		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0		0.
Part	III Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from li	ne	
	3. If zero or less, enter -0	. 7	1,226.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions .	. 8	0.
For Pa	aperwork Reduction Act Notice, see page 4. BAA REV 03/07/24 PRO		Form 4952 (2023)

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

VIKE	RAM VALISETTI & DEEPTHI GANJI	047-49-939	9		
repare	's name	Preparer tax identifica	tion numb	oer	
SYAN	M PRIYA RAM SAGAR GUPTA	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you?		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer 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 status and to figure the amount(s) of any credit(s)			×	
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"	X		
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .	×		
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the	×		
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put tax payer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
	List those desaments provided by the taxpayor, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X	\dashv	
a	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			×
		<u> </u>			

orm 88	367 (Rev. 11-2023)			Page 2
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	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (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 qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s an t	Dert	\/ \ \/ \
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				
. a. c	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 respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/o	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 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 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 applica obtained.	ble wor	ksheet(s) was
	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 ınt(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 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?	t, and	Yes	No
	,	Form 88		11-2023