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

			_			
Submis	sion Identification Number (SID)					
Taxpayer	's name	Social securi	ty numb	er		
MOHA	MOHAN ANGAYAR KANNAN 005-33					
Spouse's	pouse's name Spouse's soc					
LEMI	NA MOHAN	995-94	1-3805			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re autl	norizing.)	,	
Enter w	hole dollars only on lines 1 through 5.					
	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 .	Adjusted gross income		1		, 997.	
	Total tax		2		<u>,613.</u>	
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,580.	
	Amount you want refunded to you		4	6,	<u>,967.</u>	
	Amount you owe		5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
to send for any of Agent to payment authorized payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejdelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Unitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the processor of the payment (PIN) below is my signature for the income tax return (original or amended) I as a contact of the process.	ection of the t I.S. Treasury a icated in the t on to debit the e the authoriz uests must be processing o payment. I fur	ransmiss and its de ax prepare entry to ation. To be received the electher ack	sion, (b) the esignated faration soft of this according to the revoke (cred no late ectronic payknowledge	e reason Financial tware for unt. This cancel) a from than 2 that the	
	ic Funds Withdrawal Consent.					
	ver's PIN: check one box only	3	6 8	6 0		
X	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	ř En		ligits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methoelow.					
Your sig	gnature ▶ Date ▶					
Spouse	e's PIN: check one box only					
X	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 4	3 8	0 5	as my	
	ERO firm name	,		ligits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Spouse	's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
Part II	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all zer	8 2 7	1	
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	nitting this reti	urn in ad	ccordance		
ERO's	signature ► Date ►					

REV 03/07/24 PRO

ERO Must Retain This Form - See Instructions

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



OMB No. 1545-0074

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

For the year Jan.	1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate ins	structions.
Your first name	and m	iddle initial	Last na	ame						Your so	cial secur	ity number
MOHAN			ANG	AYAR KANNAN						005	33 6	- 5860
	ouse's	s first name and middle initial	Last na									ecurity number
LEMINA			MOHA	ΔN						995	94 3	3805
	numbe	er and street). If you have a P.O. box, see						Apt. no.				ion Campaign
		LVD UNIT#1221									here if you	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP	code		•	٠,	ntly, want \$3
SAN ANTO	NTO				T	×	78:	240		•	o this fund. Iow will no	. Checking a
Foreign country				Foreign province/state/				ign postal c	ode		x or refund	
-											You	Spouse
Filing Status		Single				☐ Head of he	ousel	nold (HOI	— ⊣)			
Check only		Married filing jointly (even if only or	ne had	income)				,				
one box.		Married filing separately (MFS)				☐ Qualifying	surv	ving spo	use (QSS)		
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	ı che	ecked the HOH	or C	SS box,	ente	r the ch	ild's name	e if the
	qu	alifying person is a child but not you	ır depe	ndent:								
District	Λ+ o:	ny time during 2023, did you: (a) rece	oivo (oo									
Digital Assets		nange, or otherwise dispose of a digi					-				Yes	⊠ No
Standard		neone can claim: You as a de				<u>-</u>	,,, (C	,00 11101114	Otion	<u>.,</u>		
Deduction		Spouse itemizes on a separate return	•	-		•						
				_								
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bor	rn bet	ore Janua	ary 2	, 1959	ls b	olind
Dependents				(2) Social security	,	(3) Relationsh	ip (-				e instructions):
If more	(1) F	irst name Last name		number	to you		Child tax c		ax cr	edit ———	Credit for o	ther dependents
than four	SHAN	NVITHA SHREE MOHAN		995-94-385	3	Daughter	ì		<u> </u>			X
dependents, see instructions									<u> </u>			<u> </u>
and check									<u> </u>			<u> </u>
here \square											<u> </u>	
Income	1a	Total amount from Form(s) W-2, be	•	,						1a		73,997.
Attach Form(s)	b	Household employee wages not re		` '						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•	•			•			10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		, ,	nstru	uctions)				10		
1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene								1f	<u> </u>	
If you did not get a Form	g	Wages from Form 8919, line 6 .								19		
W-2, see	h	Other earned income (see instructi	,				i			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>						E0 00E
		<u> </u>					•			1z		73,997.
Attach Sch. B	2a		2a			axable interest				2b		
if required.	<u>3a</u>		3a			Ordinary divider				3b		
Standard	4a		4a			axable amount				4b		
Deduction for—	5a		5a			axable amount				5b		
Single or Married filing	6a	,	6a			axable amoun	t		٠ _	6b)	
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)						╣				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						J 7				
jointly or Qualifying	8	Additional income from Schedule	-							8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9		73,997.		
\$27,700 • Head of	10	Adjustments to income from Sche								10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•							11		73,997.
If you checked _	12	Standard deduction or itemized								12		27,700.
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	95-A				13		0.5.00
Deduction, see instructions.	14	Add lines 12 and 13	• •							14	_	27,700.
	15	Subtract line 14 from line 11. If zer	o or les	ss enter -U- This is v	Our :	taxable incom	16			15	. .	46.297.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5,113.	
Credits	17	Amount from Schedule 2, lin						17		
	18	Add lines 16 and 17						18	5,113.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.	
	20	Amount from Schedule 3, lin	•					20		
	21	Add lines 19 and 20						21	500.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,613.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is			•			24	4,613.	
Payments	25	Federal income tax withheld							,	
,	а	Form(s) W-2				25a 11	,580.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	11,580.	
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)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	-					33	11,580.	
Refund	34	If line 33 is more than line 24						34	6,967.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	6,967.	
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Checking :	Savings			
See instructions.	d	Account number 4 8 8	1 1 4 7	9 4 1 9	9 6					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	38	For details on how to pay, g Estimated tax penalty (see in	_	-		38		37		
Third Dorth										
Third Party Designee		you want to allow another	•				omplete b	elow.	⋈ No	
Designee		signee's		Phone			onal identif		<u></u> 110	
-		me		no.			er (PIN)			
Sign		der penalties of perjury, I declare the								
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							, ,		
	Yo	ur signature		Date	Your occupation				nt you an Identity PIN, enter it here	
Joint return?								see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation				the IRS sent your spouse an		
Keep a copy for your records.	.,							Identity Protection PIN, enter it here		
your records.					HOME MAKER		(see i	nst.)		
		one no. (210) 550-770		Email address	MOHAN7240@		DT11:		To	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/30/2024	P02082		Self-employed	
Use Only		m's name GLOBAL TAX					Phon	e no.	(678) 965-9522	
			Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN		
Go to www.irs.go	v/Forn	m1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

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

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

Your social security number

MOHA	N ANGAYAR KANNAN & LEMINA MOHAN	005-	33-6	860
Pai	· · · · · · · · · · · · · · · · · · ·			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	73 , 997.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	· -	2d	0.
3	Add lines 1 and 2d		3	73 , 997.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		5	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	500.
8	Add lines 5 and 7		8	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \int		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	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
12	Yes. Subtract line 11 from line 8. Enter the result.		12	- 110
13	Enter the amount from Credit Limit Worksheet A		13	5,113.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	1 . 1 *1	1.1.4.	124
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	K unro	ugn II	ne 27
	(also complete Schedule 3, line 11) before completing Part II-A.			

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	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	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.		
Dank	Otherwise, go to line 21.	f D	t. Dian
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	SOTP	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions		
		-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .		
23	Add lines 21 and 22	-	
24	1040 and	-	
24	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
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	

(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

MOH	AN ANGAYAR KANNAN & LEMINA MOHAN	005-33-686)		
repare	r's name	Preparer tax identifica	tion numb	oer	
SYAI	1 PRIYA RAM SAGAR GUPTA	P02082703			
Part	Due Diligence Requirements				
Please or the	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 by	y the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		X		
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 Schedu 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?	ule 8812 (Form , or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the knowledge requirement, you meet the knowledge requirement.	nust do both of			
	• 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.	s responses to			
	• 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)		X		
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.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .			
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) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	, a copy of any prepare Form rovided by the tus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate excedit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	×		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	complete and			

orm 88	867 (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 C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui	alified	Yes	No
D	tuition and related expenses for the claimed AOTC?			
Part	· · · · · · · · · · · · · · · · · · ·			
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?	x year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	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.			
	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 worl	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
	complete?	· · · Form 88 0		11-2023