1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	/—Do not w	vrite or sta	aple in this space.
For the year Jan.	1-Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing		Į	, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last n	ame								curity number
SATISH				SARAPU	r							7780
	ouse's	s first name and middle initial	Last n		,							security number
PAVANI			KIIN	APURED	УЛI							5849
	numbe	er and street). If you have a P.O. box, see						A	pt. no.			ection Campaigr
9301 N F												ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode	spouse	if filing	jointly, want \$3
COLLIERV						TN	J	380	17	0		nd. Checking a not change
Foreign country				Foreign p	rovince/state/c				n postal code	your tax		
											🗌 Yo	ou 🗌 Spouse
Filing Status] Single					Head of ho	useho	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)					()			
one box.		Married filing separately (MFS)		,			Qualifying s	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	oouse. If you	ı che	ecked the HOH	or QS	SS box, ente	er the chi	ild's na	me if the
		alifying person is a child but not you										
Divital	At 21	ny time during 2023, did you: (a) rec			h award or i	000/10	mont for proper	tuora	convisoos): or	(b) coll		
Digital Assets		ange, or otherwise dispose of a dig				-		-			ΠYe	es 🛛 No
Standard		eone can claim: You as a de					a dependent). (00				
Deduction	_	Spouse itemizes on a separate retur	•		•		•					
		: Were born before January 2, 1		Are bl		use	_	n befo	ore January	2, 1959		s blind
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationship	. (4) Check the b	ox if quali	fies for ((see instructions):
If more		irst name Last name		(-)	number		to you		Child tax c	redit	Credit fo	or other dependents
than four	SRI	I AARNA BHUSARAPU		360	-57-398	6	Daughter		X			
dependents,												
see instructions and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)					. 1a		109,676.
Attach Form(s)	b	Household employee wages not re	eported	d on Form	l(s) W-2					. 1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	nstruction	s)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26 .					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29	•				. 1f		
If you did not	g	Wages from Form 8919, line 6 .				•				. 1g		
get a Form W-2, see	h	Other earned income (see instruct	,					· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		•	1 i					
	Z	Add lines 1a through 1h	• •		· · · ·	•		· ·		. 1z		109,676.
Attach Sch. B	2a	•	2a				axable interest			. 2 b		
if required.	3a		3a				ordinary dividen			. 3 b	<u> </u>	
Standard	4a		4a				axable amount			. 4b	<u> </u>	
Deduction for –	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	, _	6a				axable amount	• •	· · · -	. 6b		
separately,	c	If you elect to use the lump-sum e						• •	<u> </u>	\exists		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche						• •	l		-	
jointly or Qualifying	8	Additional income from Schedule	-							. 8	_	-18,780.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	our total inc	ome	e	• •		. 9	-	90,896.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	-	90,896.
If you checked	12	Standard deduction or itemized						• •		. 12		27,700.
any box under Standard	13	Qualified business income deduct	ion froi	m Form 8	995 or Form	899	5-A	• •		. 13		
Deduction, see instructions.	14			· · ·	· · · ·	•	· · · ·	• •		. 14		27,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter ·	-U This is ye	ourt	taxable income	э.		. 15		63,196.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	7,141.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	7,141.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,141.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	5,141.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a	9,397		
	b	Form(s) 1099				25b		-	
	С	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	9,397.
	26	2023 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	9,397.
Defined	34	If line 33 is more than line 24						34	4,256.
Refund	34 35a	Amount of line 34 you want						35a	4,256.
Direct deposit?	b soa	Routing number $\begin{vmatrix} 1 \\ 2 \\ 1 \end{vmatrix}$		5 8			∟]Soving		4,250.
See instructions.		Account number 3 2 5				Checking	Saving	5	
	d								
	36	Amount of line 34 you want a				36		_	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				Complete	o bolow	× No
Designee							•		INO NO
	nai	signee's ne		Phone no.			rsonal ider mber (PIN)		
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and stateme	ents, and te	o the best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informa	tion of wh	ich prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		lft	he IRS se	nt you an Identity
									PIN, enter it here
Joint return?					SOFTWARE I			ee inst.)	-
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOMEMAKER			e inst.)	socion i na, encer ichere
	Ph	one no. (408) 901-952	2	Email address	SATISHPORT				
		eparer's name	∠ Preparer's signat	1	JATTOILORI	Date			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM						82703	Self-employed
Preparer		n's name GLOBAL TAX		ITTUI DUGUL	GOLIN INDAM	102/10/2029			
Use Only			Y CT E BRU	NOWICK N	J 08816			rm's EIN	(678) 965-9522
Co to unin im				NOWICK N					84-3171965 Form 1040 (2023)
GO IO WWW.IIS.go	wrom	n1040 for instructions and the late	st mornation.		BAA	REV 02/05/24 PRC)		Form IUHU (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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

Attachment Sequence No. **01**

Your social security number

899-74-7780

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

()			•	•
SATISH	BHUSARAPU	&	PAVANI	KUNAPUREDDY

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. Attach Schedule E	5	-18,780.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	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)		
n	Section 951(a) inclusion (see instructions)		
0	Section 951A(a) inclusion (see instructions) . . . 80		
р	Section 461(I) excess business loss adjustment		
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		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan 8t Wages earned while incarcerated	_	
u _		_	
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 Forn		
	1040, 1040-SR, or 1040-NR, line 8		-18,780.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ile 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s go	venin	lent	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 bealth insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					00	
20	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	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						
		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						
		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				don		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHE (Form	DULE E 1040)	(Fror	m rer	ntal real es	Supple state, royalties,						trusts, REMI	Cs, etc.)		3 No. 15	545-0	074
	ent of the Treasury Revenue Service			Go to wu	Attach to Fo ww.irs.gov/Sche						formation.		Δ#* α	chment uence N	No. 1	3
Name(s)	shown on return												cial secu		nber	
SATI	SH BHUSARA	PU &	PA	VANI K	UNAPUREDDY	<u>C</u>						899-	74-77	80		
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual rental income or loss from Form 4835 on page 2, line 40.						dividual,	report	farm								
A D)id you make an						to file	Form(s) 1	1099? 5	See ins	structions .		. 🗆	Yes	X I	No
	"Yes," did you													Yes		No
1a					y (street, city,											
				· ·				,								
	1-86-1 AG	RAHAI	RAM	,ATREY	APUR EAST	GODAVA	ARI	ANDHRA	A PRA	DESH	IN 5332	35				
<u> </u>																
C										1		1				
1b	Type of Prope (from list below				rental real esta port the numb					Fa	ir Rental Days		onal Us Days	e	QJ	V
Α	3	(*)			use days. Che				Α		365	-	0	_		1
	5				et the requirem				B		303		0			1
- C			0	qualified j	oint venture. S	See instru	ctions	3.	C							<u></u>
	f Droporty								C							<u> </u>
	of Property:	aaidar		2 1/2	cation/Short-T	orm Dani	tal	E Long	J	7	Self-Rental					
	Single Family R					erm Rem	lai	5 Lanc				uile e)				
2	Multi-Family Re	sidend	се	4 60	mmercial			6 Roya	aities	8	Other (desc	ribe)				
											Propert	ies:				
Incom	e:								Α		В			С		
3	Rents received	1					3		6	557.						
4	Royalties recei	ived.					4									
Expen																
5							5									
6	Auto and trave						6									
7	Cleaning and r			-			7		2,6	541.						
8	Commissions						8		,							
9	Insurance						9						_			
10	Legal and othe						10						_			
11	Management f						11		2.4	15.			_			
12	Mortgage inter						12		,_				_			
13	Other interest					,	13						_			
14	Repairs						14		3,9	966.						
15	Supplies						15			20.						
16	Taxes						16		,							
17	Utilities						17		3,8	369.						
18	Depreciation e						18			526.						
19	Other (list)	-		-			19									
20	Total expenses						20		19,4	37.						
21	Subtract line 2	0 from	n line	e 3 (rents)	and/or 4 (rova	alties). If			· · · ·							
	result is a (loss															
	file Form 6198						21		-18,7	80.						
22	Deductible ren	ital rea	al est	tate loss	after limitation	, if any,										
	on Form 8582						22	(18,78	30.)	()()
23a	Total of all amo			-						23a		657.	•			,
b	Total of all am		-							23b						
с	Total of all amo									23c						
d	Total of all am				•	•				23d		3,526.				
e	Total of all am				•	•				23e		, 9,437.				
24	Income. Add p				•	•				· · ·		. 24				
25	Losses. Add ro									inter to	tal losses hei			18	,78	.)
26	Total rental re															,
	here. If Parts I															
	Schedule 1 (Fo											. 26	6	-18	8,7	80.
For Pa	perwork Reduct							NE			-18,780		Schedule			

E (Form 1040)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

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

20 E Attachment Sequence No. 47

Internal	Revenue Service Go to www.Irs.gov/Schedule8812 for Instructions and the latest information.		Se	quence No. 41
Name(s)) shown on return	Your s	social se	ecurity number
SATIS	SH BHUSARAPU & PAVANI KUNAPUREDDY	899-	-74-7	780
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	90,896.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
с	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	90,896.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	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	
8	Add lines 5 and 7		8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		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	2,000.
	○ 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.	edit.		
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	7,141.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. [14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal ch	ild 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.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 02/05/24 PRO BAA

Schedu	le 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 17 18a b 19	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 Enter -0 on line 27 . . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Is the amount on line 18a more than \$2,500? No. No. Leave line 19 blank and enter -0 on line 20.	16b 17	
20 Part	 ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	Puerto Rico
		IS OT I	
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.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13		
23	Add lines 21 and 22		
24 25	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. Subtract line 24 from line 23. If zero or less, enter -0-	25	
25 26	Enter the larger of line 20 or line 25	25	
20	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	
			3812 (Form 1040) 2023

Paid Preparer's Due Diligence Checklist OMB No. 1545-0074 8867 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), For tax year Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status **20** 23 (Rev. November 2023) To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Attachment Department of the Treasury Sequence No. 70 Go to www.irs.gov/Form8867 for instructions and the latest information. Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number SATISH BHUSARAPU & PAVANI KUNAPUREDDY 899-74-7780 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Part I Due Diligence Requirements Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). 🗌 EIC X CTC/ACTC/ODC ☐ HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes No N/A 1 or reasonably obtained by you? × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 3 the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing X Did any information provided by the taxpayer or a third party for use in preparing the return, or 4 information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . а Did you contemporaneously document your inquiries? (Documentation should include the questions h you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must 5 keep a copy of your documentation referenced in guestion 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X the amount(s) of the credit(s) 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 eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her X × 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . .

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862?

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

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?			
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	III 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 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?			
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go to	o Part	VI.)
14 Part	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? 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 HOI/	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 on s) and/c	the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	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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