E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		'	, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
ESWAR A	NIL I	KUMAR	MOGI	LI							383	53	4959
		s first name and middle initial	Last na										security number
SARASWA'	ΓΗΙ		KUME	HA							988	97	3454
		er and street). If you have a P.O. box, see						A	Apt. no.			_	ection Campaign
5936 RAI	LEIG	H ST							5314		Check h	nere if y	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode			0	jointly, want \$3
ORLANDO						FI	ı	328	35		•		nd. Checking a not change
Foreign country name Foreign province/sta						count	У	Forei	gn postal c		your tax		ınd.
Filing Status	s [Single	-				Head of h	ouseh	old (HO	 ∃)			
Check only	_	Married filing jointly (even if only o	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ving spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır deper	ndent:									
Digital	Δt aı	ny time during 2023, did you: (a) rec	eive (as	a reward									
Assets		nange, or otherwise dispose of a digi										□ Yee □ Yee	es 🗵 No
Standard	Som	neone can claim:	penden	t 🔲 '	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959 F	Are bli	nd Spo	ouse	: Was bor	n bef	ore Janua	arv 2	. 1959		s blind
	ts (see instructions):				(3) Relationsh	(A) Chaal, the h			-	fies for ((see instructions):		
-		(1) First name Last name				to you				1		or other dependents	
If more than four	NAG	GA NAYANSH MOGILI		343-65-2697 Son		Son			×				
dependents,													
see instruction and check	s —												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		105,544.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see in:	structions	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s)) W-2 (see i	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)								1h		0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			1i						
	z	Add lines 1a through 1h									1z		105,544.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		115.
if required.	3a	· -	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun						
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun						
Single or	6a	Social security benefits	6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method, o	check here	(see	instructions)			. 🗆			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D i	f required	l. If not requ	uired,	, check here			. 🗆] 7		
 Married filing jointly or 	8	Additional income from Schedule									8		-18,180.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our total inc	ome	e				9		87,479.
\$27,700	10	Adjustments to income from Sche		•							10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne					11		87,479.
\$20,800	12	Standard deduction or itemized	•	-	-						12		27,700.
If you checked any box under	13	Qualified business income deducti					5-A				13		
Standard Deduction,	14										14		27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		59 779

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	6,733.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,733.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,733.
	23	Other taxes, including self-e	. ,		*			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	4,733.
Payments	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 1	7,476.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17,476.
If you have a	26	2023 estimated tax paymen						26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30		4	
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	•	-	-			32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	17,476.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	12,743.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗌	35a	12,743.
Direct deposit?	b	Routing number 0 3 1			c Type:	Checking	Savings		
See instructions.	d	Account number 3 8 3	0 1 4 0	1 6 1 !	5 0				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes. C	omplete	below.	⋉ No
		signee's me		Phone no.			sonal ident ber (PIN)	ification	
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche		(/	the best	of my knowledge and
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informati	ion of whic	h prepar	er has any knowledge.
Here	Yo	Your signature		Date	Your occupation		If the IRS sent you an Identity		
					00 EEE 13 DE		ection P	IN, enter it here	
Joint return? See instructions.		avec's signature. If a joint return	hadb mulat alam	Dete	SOFTWARE :		,		nt
Keep a copy for your records.	Sμ	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupate HOME MAKE:		Ider		nt your spouse an ection PIN, enter it here
	Ph	one no. (626) 417-149	0	Email address		2@GMAIL.COM			
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/06/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA				1 , ,			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		_	n's EIN	84-3171965
	. "		_ 01 11 11(0				1	. 5 -114	<u>04 01/1700</u>

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

ESWAR ANIL KUMAR MOGILI & SARASWATHI KUMBHA

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
383-53	-4959

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-18,180.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q 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			
	1040. 1040-SR. or 1040-NR. line 8		10	-18,180.

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

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

SCHEDULE E (Form 1040)

Name(s) shown on return

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.

Your social security number

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

ESWA	R ANIL KUMAR MOGILI & SARASWATHI KUMBHA	P					383	3-53-495	9		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro	yalties Schedule	c . See	instru	ctions. If you a	are an	individual, re	eport farm	ı	
	Did you make any payments in 2023 that would require you									No	
В	f "Yes," did you or will you file required Form(s) 1099? .							🗆 `	∕es 🗌 l	No	
1a	Physical address of each property (street, city, state, ZIF	od(e)								
Α	H.NO-2, SRINIVASA ANNAPURNA NARASARAOPE	ETA A	ANDHRA	PRADI	ESH	IN 522601	L				
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair real estate proper above.	rental	and	Fair Rental Days			Per	sonal Use Days	QJ	QJV	
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to f qualified joint venture. See instru			В]	
С		IOLIOII	J.	С]	
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Lanc 6 Roya			Self-Rental Other (desc					
						Properti	es:				
Incon				A	4.0	В			С		
3	Rents received	3		- 6	48.						
4 Exper	Royalties received	4									
⊑xpei 5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		3,9	64						
8	Commissions	8		J, J	01.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		3,3	21						
12	Mortgage interest paid to banks, etc. (see instructions)	12		3,3							
13	Other interest	13									
14	Repairs	14		3,9	78.						
15	Supplies	15		3,7							
16	Taxes	16		- ,							
17	Utilities	17		3,8	10.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		18,8	28.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-18,1	80.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		18,18		()()	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		648	8.			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	18	,828	8.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 2	24			
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es from lin	e 22. Er	nter to	tal losses her	e 2	25 (18,18	0.)	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar							26	-18,1	80.	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number ESWAR ANIL KUMAR MOGILI & SARASWATHI KUMBHA 383-53-4959 Part 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 87,479. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 2c Add lines 2a through 2c 2d3 3 87,479. 4 Number of qualifying children under age 17 with the required social security number 5 5 2,000. 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 Add lines 5 and 7 8 2,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. 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. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from Credit Limit Worksheet A 13 6,733. Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 2,000.

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.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	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.	()	. 5:
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S Of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 25 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	
_,	ind a jour manifold cand the credit. Differ this unionit on roth roth, not buy or 1040-144, fille 20.		

(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

ESWA	R ANIL KUMAR MOGILI & SARASWATHI KUMBHA	383-53-4959	9		
reparer	's name	Preparer tax identifica	ation numb	oer	
	I PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the returbenefit(s) claimed (check all that apply). $\hfill EIC \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided b	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 CT 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 f claimed?	ıle 8812 (Form , or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you m the following.	ust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's 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 inconsiste answer questions 4a and 4b. If " No ," go to question 5.)	ent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent info	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 to information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirem 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) pre 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 cus 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 electedit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the reterror is selected for audit?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous y (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X		
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	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble work	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxles of the credit o	cayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No