8879 **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

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
GOVARDHAN MEKALA	530-61-	-3290
Spouse's name	Spouse's soci	ial security number
BHARATHI PUNUKULA	530-81-	-1588
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you ar	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 117,252.
2 Total tax		2 7,251.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 13,474.
4 Amount you want refunded to you		4 6,223.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost of send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejuding for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lagent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	itter, or electro ection of the tra .S. Treasury ar icated in the ta on to debit the e the authoriza uests must be processing of payment. I furtl	anic return originator (ERO) ansmission, (b) the reason and its designated Financial at preparation software for entry to this account. This ation. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only	1	3 2 9 0
X I authorize GLOBAL TAXES LLC to enter or generate FRO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but 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 meth below.		
Your signature ▶ Date ▶		
Spouse's PIN: check one box only		
X I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Ent	1 5 8 8 as my er five digits, but o'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 meth below.		
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only—continue below	1	
Part III 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		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income t authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subn requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in accordance with the

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

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

20**23** OMB No. 1545-0074

						01112 1101 1010		O, DO	,	ne or otapie in time opace.
For the year Jan	. 1–Dec	:. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	Se	e sep	arate instructions.
Your first name	and mi	iddle initial	Last na	me				Yo	ur so	cial security number
GOVARDHA	.N		MEKA	LA				5	30	61 3290
If joint return, sp	oouse's	s first name and middle initial	Last na	me				Sp	ouse's	s social security number
BHARATHI			PUNU	IKULA				5	30	81 1588
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	Pro	esider	ntial Election Campaign
64 SAGAM	ORE	AVE S								ere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code			f filing jointly, want \$3 this fund. Checking a
EDISON					ΝJ		08820	bo	x belo	w will not change
Foreign country	name			Foreign province/state/o	count	ty	Foreign postal c	ode yo	ur tax	or refund.
		1								You Spouse
Filing Status		Single				☐ Head of h	ousehold (HOF	1)		
Check only	×	Married filing jointly (even if only or	ne had i	ncome)						
one box.		Married filing separately (MFS)					surviving spou			
	-	ou checked the MFS box, enter the alifying person is a child but not you			ı che	ecked the HOF	for QSS box, e	enter th	ie chil	d's name if the
	qu	allying person is a child but not you	ir deper	ident.						
Digital		ny time during 2023, did you: (a) rece					-			
Assets	exch	ange, or otherwise dispose of a digi	tal asse	et (or a financial intere	est ir	n a digital asse	t)? (See instruc	ctions.)		☐ Yes ☒ No
Standard	_	eone can claim: You as a de	•			a dependent				
Deduction		Spouse itemizes on a separate return	n or you	ı were a dual-status a	alien	<u> </u>				
Age/Blindness	You:	Were born before January 2, 19	959	Are blind Spo	ouse	: Was bor	n before Janua	ary 2, 19	959	☐ Is blind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check th	he box if	qualif	ies for (see instructions):
If more		irst name Last name		number		to you		ax credit	: ·	Credit for other dependents
than four	KIF	REETI MEKALA		614-21-217	1	Son	[X
dependents, see instructions										
and check	·									
here										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)					1a	132,617.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2					1b	
W-2 here. Also	С	Tip income not reported on line 1a							1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	nstru	ictions)			1d	
1099-R if tax	е	Taxable dependent care benefits f		•					1e	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29	•				1f	
If you did not get a Form	g	•							1g	
W-2, see	h	Other earned income (see instructi	,						1h	0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		<u>1i</u>				122 (17
	<u>z</u>	Add lines 1a through 1h	 . i						1z	132,617.
Attach Sch. B if required.	2a	'	2a			axable interest			2b	
	3a		3a			ordinary divider axable amoun			3b	
Standard	4a		4a 5a			axable amoun			4b 5b	
Deduction for—	5a 6a		6a			axable amoun			6b	
Single or Married filing	C	If you elect to use the lump-sum el							OD	
separately, \$13,850	7	Capital gain or (loss). Attach Sched			•	,		. 📙	7	-3,000.
Married filing jointly or	8	Additional income from Schedule							8	-12,365.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	117,252.
surviving spouse, \$27,700	10	Adjustments to income from Sche							10	
Head of household,	11	Subtract line 10 from line 9. This is							11	117,252.
\$20,800	12	Standard deduction or itemized	-	-					12	32,333.
If you checked any box under	13	Qualified business income deducti				5-A			13	52,000.
Standard Deduction,	14	Add lines 12 and 13							14	32,333.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ie		15	84,919.

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 \square 4972 3 \square		. 16	9,751.
Credits	17				 .	. 17	
	18	Add lines 16 and 17				. 18	9,751.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812		. 19	500.
	20	Amount from Schedule 3, line 8				. 20	2,000.
	21	Add lines 19 and 20				. 21	2,500.
	22	Subtract line 21 from line 18. If zero or less,	enter -0			. 22	7,251.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax				. 24	7,251.
Payments	25	Federal income tax withheld from:					
•	а	Form(s) W-2		25a	13,47	4.	
	b	Form(s) 1099					
	С	Other forms (see instructions)		25 c			
	d	Add lines 25a through 25c				. 25d	13,474.
f 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 from Form 8863	3, line 8	29			
	30	Reserved for future use		30			
	31	Amount from Schedule 3, line 15		31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refundable of	redits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			. 33	13,474.
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.	This is the amount you ov	erpaid .	. 34	6,223.
	35a	Amount of line 34 you want refunded to you	յ . If Form 8888	is attached, check here	[35a	6,223.
Direct deposit?	b	Routing number 0 2 1 2 0 0 3	 	c Type: X Checkin	g Savin	gs	
See instructions.	d	Account number 0 0 9 4 6 9 5	1 9 1 4	1 2			
	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. This is the amo For details on how to pay, go to <i>www.irs.gov</i>				. 37	
	38	Estimated tax penalty (see instructions) .		1 1		0,	
Third Party	Do	you want to allow another person to disc	cuss this retur	n with the IRS? See	Yes. Comple	to bolow	× No
Designee			Phone	<u> </u>	Personal id		<u> ∧</u> NO
		signee's me	no.		number (Pl		
Sign		der penalties of perjury, I declare that I have examined lief, they are true, correct, and complete. Declaration of					
Here		ur signature	Date	Your occupation	l I	f the IRS ser	nt you an Identity N, enter it here

your records.					HOME MAKER		(see inst.)		
	Phone no.	(732) 822-040	3	Email addres	s GMEKALA200	01@GMAIL.CO)M		
Paid	Preparer's name	е	Preparer's signat	ure		Date	PTIN	Check if:	
	SYAM PRIYA R	RAM SAGAR GUPTA	SYAM PRIY	A RAM SA	AGAR GUPTA	04/09/2024	P02082703	Self-employed	
Preparer Use Only	Firm's name	GLOBAL TAX	XES LLC				Phone no.	Phone no. (678) 965-9522	
Use Only	Firm's address	245 ROONE	Y CT E BRU	NSWICK :	NJ 08816		Firm's EIN	84-3171965	

Date

Spouse's signature. If a joint return, **both** must sign.

Joint return?

See instructions.

Keep a copy for your records.

Spouse's occupation

SENIOR DATA ANALYST

(see inst.)

(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GOVARDHAN MEKALA & BHARATHI PUNUKULA

Your social security number 530-61-3290

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	ach Schedule E .	5	-12,365.
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 ($\overline{)}$	
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		
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		
	1040, 1040-SR, or 1040-NR, line 8		10	-12,365.

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-basis govern	ment		
	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	-		
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 here are			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. 03

Your social security number

Department of the Treasury Internal Revenue Service

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

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

GOV.	ARDHAN MEKALA & BHARATHI PUNUKULA		530-6	51-32	90
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11.	Attach	2	
3	Education credits from Form 8863, line 19			3	2,000.
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2		5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m			
Z	Other nonrefundable credits. List type and amount:	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z	<u> </u>		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20		SR, or	8	2,000.

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld	11		
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31		15	

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on	Form	1040 or 1040-SR		Your s	ocial security number
GOVARDHAN	ME	KALA & BHARATHI PUNUKULA		530-	-61-3290
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions)	3	4	
Taxes You		State and local taxes.			
Paid	k c c	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 7,27 5b 11,04 5c 5d 18,31 5e 10,00	9.	
	Ū		6		
	7	Add lines 5e and 6		7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	6 k	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 22,33. 8b 8c 8d 8e 22,33.		22,333.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see			
Charity Caution: If you made a gift and got a benefit for it, see instructions.	13	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	11 12 13	14	ı
Casualty and					
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 18 instructions	3 of that form. Se	e 15	3
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			3
Total Itemized		Add the amounts in the far right column for lines 4 through 16. Also, et Form 1040 or 1040-SR, line 12		17	32,333.
Deductions	18	If you elect to itemize deductions even though they are less than your scheck this box		n,	

SCHEDULE D (Form 1040)

Capital Gains and Losses

900

2023

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

Attachment Sequence No. **12**

Name(s) shown on return Your social security number GOVARDHAN MEKALA & BHARATHI PUNUKULA 530-61-3290 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. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result 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 182,491. 199,135. 9,487. -7,157. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 **-7,157.** 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 195. 61. -134.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) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III -134.15

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

Part III Summary

					_
16	Combine lines 7 and 15 and enter the result	16		-7,291.	
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.				
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.				
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.				
17	Are lines 15 and 16 both gains? 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.				
	■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.				
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:				
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.				
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?				
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.				
	■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.				
		•			_

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

GOVARDHAN MEKALA & BHARATHI PUNUKULA

530-61-3290

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.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

★ (A) Short-term transactions★ (B) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) ((e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(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).
E*TRADE	01/01/23	12/31/23	182,491.	199,135.	W	9,487.	-7,157.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and ince is checked), lir	lude on your ne 2 (if Box B	182,491.	199,135.		9,487.	-7,157.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side GOVARDHAN MEKALA & BHARATHI PUNUKULA

Social security number or taxpayer identification number 530-61-3290

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.

(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, in If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
E*TRADE	01/01/22	12/31/23	61.	195.			-134.

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.

61.

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

Form **8949** (2023) REV 03/07/24 PRO BAA

195.

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

	ARDHAN MEKALA & BHARATHI PUNUKULA						530-6	1-3290	<u> </u>
Par				o 0		-4: If	!!!		t f
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use S	Schedule	C. See	ınstru	ctions. If you a	re an indi	vidual, rep	ort farm
Α	Did you make any payments in 2023 that would require you		orm(s) 10)997 S	ee ins	structions		□ Ye	es X No
	If "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZII								
Α	12-11-1595/25 PLOT #: 147 LALITHA NAGA			/DED7	ע ע ע	חיביד אאו	' אוא	IN 500	0.4.4
В	12-11-1393/23 FLO1 #. 14/ LALITHA NAGA	AK COI	TONI UI	LDEKA	ADAD	, IELANG	MINA	IN 300	044
C									
1b	Type of Property 2 For each rental real estate property	orty lieto	-d		Ea	ir Rental	Dorsor	nal Use	
110	(from list below) above, report the number of fair				Days			iai ose ivs	QJV
Α	personal use days. Check the Q	JV box	only [Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uctions.		С					
Туре	of Property:		'						'
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Royalt	ties	8	Other (descr	ribe)		
						Properti			
Incor	ne·			A		В	.		С
3	Rents received	3		-	46.				
4	Royalties received	4							
Ехре	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,6	41.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,9	54.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13			<i>-</i> 1				
14	Repairs	14		2,9					
15 16	Supplies	15 16		3,5	ZI.				
17	Utilities	17		2,0	31				
18	Depreciation expense or depletion	18		2,0	J.,				
19	Other (liet)	19							
20	Total expenses. Add lines 5 through 19	20		13,1	11.				
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		12,3	65.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (1	2,36		()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		746.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties			- 1	23c				
d	·			1	23d	1.0	111		
e 24	Total of all amounts reported on line 20 for all properties				23e	13	,111.		
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estat		-		 ator to	tal lacace her	. 24	1	10 265
25 26								(12,365.
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 al						. 26		-12,365.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

Attachment Sequence No. 47

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

Your social security number 530-61-3290

JVAI	RDHAN MERALA & BHARAIHI PUNUKULA	330-	0 T -	3290
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	117,252.
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	117,252.
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. residalien. Also, do not include anyone you included on line 4.	lent		
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.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	7,751.
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.			
	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	R thro	ugh l	ine 27
	(also complete Schedule 3, line 11) before completing Part II-A			

Schedule 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 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.		
Part	, ,	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		
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 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	
	and he jour manifold child that electric lines this discount on I vim 10 to just to the just the 20	-,	

CAUTION

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

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

Your social security number

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Attachment Sequence No. **50**

3290

GOVARI	DHAN MEKALA & BHARATHI PUNUKULA	530	61	3290
A	Complete a separate Part III on page 2 for each student for whom you're clain you complete Parts I and II.	ning eithe	er crec	lit before

Par	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6	6	
	at least three places)	0	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	
Part	Nonrefundable Education Credits	•	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	33,793.
11 12	Enter the smaller of line 10 or \$10,000	11 12	10,000. 2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		1 000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return

GOVARDHAN MEKALA & BHARATHI PUNUKULA

530 61 3290



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

		0 ' ' '	
Par		1	
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown on page 1 of
	KIREETI	your tax return)	
	MEKALA	614-21-2171	
	Educational institution information (see instructions)		
a	. Name of first educational institution	b. Name of second educational instituti	ion (if any)
	NEW YORK INSTITUTE OF TECH.		
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 	(1) Address. Number and street (or P.1 post office, state, and ZIP code. If instructions.	
	NORTHERN BOULEVARD		
	OLD WESTBURY NY 11568		
(2) Did the student receive Form 1098-T from this institution for 2023? ☐ Yes ☐ No	(2) Did the student receive Form 1098 from this institution for 2023?	-T Yes No
(1	j Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?	
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	portunity credit or if you
	11-1788788		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes — Stop! Go to line 31 for this student. No	— Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Stop! Go to line 31 this student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes − Stop! Go to line 31 for this student. No -	— Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?		Complete lines 27 ugh 30 for this student.
CAUT	You can't take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't don't don't		in the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). Dor	't enter more than \$4,000	27
28	• •		28
29	Multiply line 28 by 25% (0.25)		29
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f		30
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Parts	31 33 703

(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

GOV	ARDHAN MEKALA & BHARATHI PUNUKULA	530-61-329	0		
Prepare	r's name	Preparer tax identification	ation num	oer	
SYAI	M PRIYA RAM SAGAR GUPTA	P02082703			
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return the 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?	ule 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) an 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 in		H		
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 questions 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) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)	•	X		
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	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а	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)?				

orm 8	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			
Part		: ao to	 Part \	/\ /\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No
В.	tuition and related expenses for the claimed AOTC?		<u> </u>	
Part	- J			
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		• •		
	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/d	the retor HOH	turn 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; 	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 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.			
	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	ises, to edit(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