Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space. Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. Your first name and middle initial Your social security number Last name 449-21-0984 William A Scott If joint return, spouse's first name and middle initial Spouse's social security number Last name Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign** Check here if you, or your spouse if filing 106 Spotted Deer Trail jointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your tax or refund. You Spouse Boerne, TX 78006 Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see inst. and check here Someone can claim: Standard You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1955 Spouse: Was born before January 2, 1955 Are blind Is blind (2) Social security number (3) Relationship to you (4) check if qualifies for (see inst.): Dependents (see instructions): (1) First name Last name Child tax credit Credit for other dependents Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 2a **b** Taxable interest, Attach Sch.B if required 2b Standard Deduction for -За Qualified dividends . . За b Ordinary dividends. Attach Sch, B if required 3b Single or married IRA distributions . **b** Taxable amount 4b 4a 4a filing separately, \$12,200 С Pensions and annuities 4c d Taxable amount 4d Married filing 5a Social security benefits 5a **b** Taxable amount 5b jointly or Qualifying widow(er), 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here 6 \$24,400 7,235. 7a 7a Head of household, Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b 7,235. b

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

Adjustments to income from Schedule 1, line 22

Subtract line 8a from line 7b. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A) .

Qualified business income deduction. Attach Form 8995 or Form 8995-A .

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

\$18,350

Standard deduction.

 If you checked any box under

see instructions.

b

9

10

11a

h

12,200.

511.

6,724.

8b

11a

11b

| Form 1040 (20) | 19) W : | <u>illiam A Scott</u> | | | | | 44: | <u>9-21</u> | <u>-0984</u> | Page 2 | |
|--------------------------------------|---|--|-----------------------|-----------------------------|---------------------|-----------------|----------------------|--|-----------------------------------|---------------------|--|
| | 12a | Tax (see inst.) Check if any from | n Form(s): 1 8 | 8814 2 4972 3 | | 12a | 0 | • | | | |
| | b | Add Schedule 2, line 3, and line | 12a and enter the | total | | | | 12b | | | |
| | 13a | Child tax credit or credit for other | er dependents . | | | . 13a | | | | | |
| | b | Add Schedule 3, line 7, and line | 13a and enter the | total | | | | 13b | | 0. | |
| | 14 | Subtract line 13b from line 12b. I | f zero or less, ente | er -0 | | | | 14 | | 0. | |
| | 15 | Other taxes, including self-emplo | syment tax, from S | chedule 2, line 10 | | | | 15 | | 1,022. | |
| | 16 | Add lines 14 and 15. This is you | | | | | | 16 | | 1,022. | |
| | 17 | Federal income tax withheld from | n Forms W-2 and | 1099 | | | | 17 | | - | |
| If you have a | ⊺18 | Other payments and refundable | | | | | | | | | |
| qualifying child | | Earned income credit (EIC) | | | | . 18a | 514 | | | | |
| attach Sch. EIC If you have | ь | Additional child tax credit. Attach | | | | | | | | | |
| nontaxable | c | American opportunity credit from | Form 8863, line 8 | 3 | | . 18c | | | | | |
| combat pay, see instructions | d | Schedule 3, line 14 | | | | | | | | | |
| | e | Add lines 18a through 18d. Thes | | | | | | ▶ 18e | | 514. | |
| | 19 | Add lines 17 and 18e. These are | | | | | | 19 | | 514. | |
| | 20 | If line 19 is more than line 16, su | | | | | | 20 | | 0. | |
| Refund | 21a | Amount of line 20 you want refu | nded to you. If F | orm 8888 is attach | ed, check he | re | ▶ 🔲 | 21a | | 0. | |
| Direct deposit? | ▶ b | Routing number | | ▶ c Ty | pe: | Checking | Savings | | | | |
| Direct deposit? See instructions. | ▶d | Account number | | | | | | | | | |
| | 22 | Amount of line 20 you want app | lied to your 2020 | estimated tax . | 22 | | | | | | |
| Amount | 23 | Amount you owe. Subtract line | 19 from line 16. F | or details on how t | o pay, see in | structions | | 23 | | 508. | |
| you owe | 24 | Estimated tax penalty (see instru | ictions) | | . ▶ 24 | | | | | | |
| Third Party | Do | you want to allow another person | (other than your pa | aid preparer) to dis | cuss this retu | urn with the IR | S? See instruction | ns. | Yes. 0 | Complete below. | |
| Designee | Do | nignoo'n | | Phone | | | Personal identif | iontion [| X No | | |
| (Other than paid preparer) | | signee's ne ▶ | | no. | | | number (PIN) | ication | | | |
| paid preparer) | | | | | | | | | | | |
| Sign | Under p | enalties of perjury, I declare that I have | examined this return | and accompanying so | chedules and s | tatements, and | to the best of my kr | owledge a | and belief, th | ey are true, | |
| Here | correct, | and complete. Declaration of preparer | (other than taxpayer) | is based on all inform | ation of which | preparer has an | y knowledge. | | | | |
| | Yo | our signature | | Date | Your occup | ation | | | | Identity Protection | |
| Joint return? See instructions. | Spouse's signature. If a joint return, both must sign. is. | | | | | | | | PIN, enter it here (see inst.) | | |
| Keep a copy for your records. | | | | Date | Spouse's occupation | | PIN, ent | If the IRS sent you an Identity Protection PIN, enter it | | | |
| | | | | | | | | | here (see inst.) | | |
| | | one no. (423)482-9 | | Email address | | D-4- | PTIN | | | | |
| Paid | | eparer's name | Preparer's signat | ure | | Date | ' ' '' | - | 1 _ | heck if: | |
| Preparer | _ | avid W Collins | | | | | | 3013 | | 3rd Party Designee | |
| Use Only | _ | m's name ▶dc Tax, L | | | | | no. (423)4 | | | Self-employed | |
| | Fir | m's address ▶9301 Oco | ee St #6 | 4, Oolte | wah, | TN, 37 | 363 Fi | rm's EIN | ▶86-3 | 3654940 | |

Go to $\emph{www.irs.gov/Form1040}$ for instructions and the latest information.

Form **1040** (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Your social security number

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 1040 or 1040-SR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No.

William A Scott 449-21-0984 At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes 2a 2a b Date of original divorce or separation agreement (see instructions) 3 3 7,235. 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 6 7 7 8 Other income. List type and amount 8 9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a 9 Part II Adjustments to Income 10 10 11 Certain business expenses of reservists, performing artists, and fee-basis 11 12 12 13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 14 14 511 15 15 16 16 17 17 18a 18a b Recipient's SSN Date of original divorce or separation agreement (see instructions) C 19 19 20 20 21 Tuition and fees. Attach Form 8917 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and 511. on Form 1040 or 1040-SR. line 8a

SCHEDULE 2

(Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| ` ' | , shown off to the total of the | | 1 300iai 300ai ity ilaliiboi |
|-------------|--|-----|------------------------------|
| Wil] | liam A Scott | 449 | -21-0984 |
| Part | Tax | | |
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b | 3 | 0. |
| Part | Other Taxes | | |
| 4 | Self-employment tax. Attach Schedule SE | 4 | 1,022. |
| 5 | Unreported social security and Medicare tax from Form: a 4137 b 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach | | |
| | Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a Form 8959 b Form 8960 | | |
| | c Instructions; enter code(s) | 8 | |
| 9 | Section 965 net tax liability installment from Form 965-A 9 | | |
| 10 | Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or | | |
| | 1040-SR, line 15 | 10 | 1,022. |
| For Pa | | | n 1040 or 1040-SR) 2019 |

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. **09**

| | e of proprietor | | | | security number (SSN) | | |
|-----|---|----------|---|------------------|------------------------------------|--|--|
| Wi. | lliam A Scott | | | 4 | 49-21-0984 | | |
| Α | Principal business or profession, including product or service (see instructions) | | | | r code from instructions | | |
| С | Business name. If no separate business name, leave blank. | | | | loyer ID number (EIN) (see instr.) | | |
| | Business address (including suite | e or roc | m no.) ▶ 106 Spotted Deer Trail | | | | |
| | City, town or post office, state, an | | | | | | |
| F | | Casl | | | | | |
| G | | | ration of this business during 2019? If "No," see instructions for lim | t on losse | s X Yes No | | |
| Н | | | uring 2019, check here | | | | |
| ï | | | would require you to file Form(s) 1099? (see instructions) | | | | |
| J | | | forms 1099? | | | | |
| Pa | rt I Income | | | | | | |
| 1 | | uctions | for line 1 and check the box if this income was reported to you on | | | | |
| | | | box on that form was checked | $\neg \mid _{1}$ | 7,235. | | |
| 2 | | - | | | ., | | |
| 3 | | | | | 7,235. | | |
| 4 | | | | | ., | | |
| 5 | • , | | | | 7,235. | | |
| 6 | · · | | e gasoline or fuel tax credit or refund (see instructions). | | 7,255. | | |
| 7 | · | | | | 7,235. | | |
| Par | | | es for business use of your home only on line 30. | , | 1,255. | | |
| 8 | Advertising | 8 | 18 Office expense (see instructions | s). 18 | | | |
| 9 | Car and truck expenses (see | - | 19 Pension and profit-sharing plans | ′ | | | |
| 9 | instructions) | 9 | | | | | |
| 40 | , | | , , | | | | |
| 10 | Commissions and fees | 10 | a Vehicles, machinery, and equipment | | | | |
| 11 | Contract labor (see instructions) | 11 | b Other business property | | | | |
| 12 | Depletion | 12 | 21 Repairs and maintenance | | | | |
| 13 | Depreciation and section 179 | | 22 Supplies (not included in Part III) | | | | |
| | expense deduction (not included | | 23 Taxes and licenses | . 23 | | | |
| | in Part III) (see instructions) | 13 | 24 Travel and meals: | | | | |
| 14 | Employee benefit programs | l | a Travel | . 24a | | | |
| | (other than on line 19) | 14 | b Deductible meals (see | | | | |
| 15 | Insurance (other than health) | 15 | instructions) | | | | |
| 16 | Interest (see instructions): | | 25 Utilities | | | | |
| а | Mortgage (paid to banks, etc.) | 16a | 26 Wages (less employment credit | <i>'</i> — | | | |
| b | Other | 16b | 27a Other expenses (from line 48) | . 27a | | | |
| 17 | Legal and professional services | 17 | b Reserved for future use | | 0 | | |
| 28 | · | | siness use of home. Add lines 8 through 27a | | 0. | | |
| 29 | 1 | | from line 7 | . 29 | 7,235. | | |
| 30 | · | | Do not report these expenses elsewhere. Attach Form 8829 | | | | |
| | unless using the simplified metho | | • | | | | |
| | • | | ne total square footage of: (a) your home: | | | | |
| | | | usiness: Use the Simplified Method | | | | |
| 0.4 | | - | e amount to enter on line 30 | . 30 | | | |
| 31 | Net profit or (loss). Subtract line | | | | | | |
| | • | • | 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule | | E 035 | | |
| | | | , see instructions). Estates and trusts, enter on Form 1041, line 3. | 31 | 7,235. | | |
| | • If a loss, you must go to line 3 | | , | | | | |
| 32 | • | | scribes your investment in this activity (see instructions). | | | | |
| | | | chedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040NR, line 13 | 32a | All investment is at risk. | | |
| | • | - | ecked the box on line 1, see the line 31 instructions). | 32b | Some investment is not | | |
| | Estates and trusts, enter on Form 1041, line 3. at risk. | | | | | | |
| | If you checked 32b, you must | attach | Form 6198. Your loss may be limited. | | | | |

SCHEDULE SE (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (9 **Self-Employment Tax**

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

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

OMB No. 1545-0074

2019
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

William A Scott

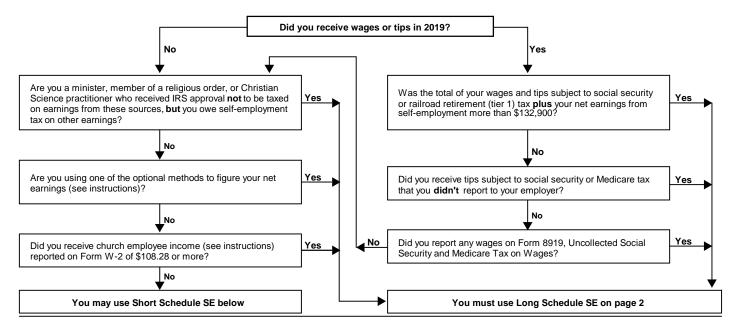
Social security number of person with **self-employment** income ▶

449-21-0984

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE

| | Not farm profit on (loss) form Oaks did 5. line 24 and farm profit on Oaks did 5. line 24 and farm profit on (loss) form of (loss) form | JL. | Τ |
|----|--|----------|--------|
| та | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 4. | |
| h | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve | 1a | |
| D | · | 4. | \ |
| | Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | 1b |) |
| 2 | Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other | | |
| _ | than farming). Ministers and members of religious orders, see instructions for types of income to | | |
| | report on this line. See instructions for other income to report | 2 | 7,235. |
| 3 | Combine lines 1a, 1b, and 2 | 3 | 7,235. |
| | , , | <u> </u> | 1,235. |
| 4 | Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; | ١. | |
| | don't file this schedule unless you have an amount on line 1b ▶ | 4 | 6,682. |
| | Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, | | |
| | see instructions. | | |
| 5 | Self-employment tax. If the amount on line 4 is: | | |
| | • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 | | |
| | (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. | | |
| | • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. | | |
| | Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 | 5 | 1,022. |
| 6 | Deduction for one-half of self-employment tax. | | |
| | Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 | | |
| | (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 6 511. | | |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

Form **8867**

Department of the Treasury Internal Revenue Service

UYA

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 Attachment Sequence No. 70

Taxpayer name(s) shown on return

Taxpayer identification number

William A Scott Enter preparer's name and PTIN

449-21-0984

| 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). Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? I for credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheet found in the Form 1040, 1040-SR, 1040-NR, 1040-PS, 1040-OSS, 1040-OSS 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 claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information provided by the taxpayer or a third party for use in preparing the return, or 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.) a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return, applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any a | Γ | a | vid W Collins P03013529 | | | |
|---|---|------|--|--------------|----------|--------|
| Total benefit(s) claimed (check all that apply). | | | <u> </u> | | | |
| 1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheet found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS 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 claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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 or a third party for use in preparing the return, or 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.). a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, the information that was provided, and the impact the information had on your preparation of the return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), arecord 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 and the amount(s) of any credit(s) and/or HOH filing status or to compute the amount(s) of the credits were disallowed or reduced in a previous year? (If credits wer | | | <u> </u> | the rela | | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-PR, or 1040-SS 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 claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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 aligible to claim the credit(s) and/or HOH filing status. • Review information provided by the taxpayer or a third party for use in preparing the return, or 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). a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, the information should include the questions you asked, when you asked, the information should include the questions you asked when you asked, the information should include the questions applicable worksheet(s), a record of thow, when, and from whom the information used to prepare Form 8867 and 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 and the amount(s) of any credit(s) and/or HOH filing status and the amount(s) of any credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her retu | | for | | OTC | <u> </u> | OH |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheet found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS 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 claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the oredit(s) and/or HOH filing status. • Review information to determine that the taxpayer or a third party for use in preparing the return, or 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.). a Did you ontemporaneously document your inquiries? (Documentation should include the questions you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 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 and the amount(s) of the credit(s). It those documents, if any, that you relied on. | | 1 | | - | No | N/A |
| worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS 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 claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 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 status and to compute the amount(s) of any credit(s). Did any information provided by the taxpayer or a third party for use in preparing the return, or 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.). Did you make reasonable inquiries to determine the correct, complete, and consistent information? Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whon 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 keep a copy of your documentation referenced in 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 compute the amount(s) of the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selecte | | | · | X | | |
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| | | 0 | | | | |
| | F | or F | aperwork Reduction Act Notice, see separate instructions. | | n 8867 | (2019) |

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|--|---|----------------|-----------|--------|--|
| Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.) | | | | | |
| 9 a | Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying | | No | N/A | |
| | children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpa | yer | | | |
| | is claiming the EIC and does not have a qualifying child.) | X | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpay | er | | | |
| | 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)? | 🔲 | | | |
| Par | Tt III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not cla | im CTC, AC | TC, or | ODC, | |
| | go to Part IV.) | | | | |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent | Yes | No | N/A | |
| | who is a citizen, national, or resident of the United States? | 🔲 | | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived | | | | |
| | with the child 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 sin | ıilar | | | |
| | statement to the return? | 🔲 | | | |
| Par | TELY Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, g | o to Part V.) | | | |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the c | ualified | Yes | No | |
| | tuition and related expenses for the claimed AOTC? | | | | |
| Par | rt V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, | | | | |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the | | Yes | No | |
| | and provided more than half of the cost of keeping up a home for the year for a qualifying person? . | <u> </u> | | | |
| Par | rt VI Eligibility Certification | | | | |
| | ▶ You will have complied with all due diligence requirements for claiming the applicable credit | (s) and/or F | IOH fili | ng | |
| | status on the return of the taxpayer identified above if you: | | | | |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's re- | | | | |
| | in your notes, review adequate information to determine if the taxpayer is eligible to claim the cre | edit(s) and/o | r HOH | filing | |
| | status and to compute the amount(s) of the credit(s); | | | | |
| | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this che | cklist for any | y applic | able | |
| | credit(s) claimed and HOH filing status, if claimed; | | | | |
| | 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 Forn | ı 8867 instru | ıctions | under | |
| | Document Retention. | | | | |
| | 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 taxp | ayer's eligib | ility for | the | |
| | credit(s) and/or HOH filing status and to compute 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 app | licable work | sheet(s |) was | |
| | obtained. | | | | |
| | 5. A record of any additional information you relied upon, including questions you asked and the | | - | | |
| | determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the | | | | |
| | ▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 pe | nalty for each | ch tailu | ire | |
| | to comply related to a claim of an applicable credit or HOH filing status. | | Lv | | |
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, corre | ect, and | Yes | No | |

UYA Form **8867** (2019)

complete?

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