

COURSE REVIEW

Use the information provided to complete an amended current year return for Clarence Bortelli.

- Clarence Bortelli (05-12-1981, 400-00-1902), single, programmer
- 66 East High Street, Your City, YS and ZIP Code

Two months after filing his current-year tax return, Clarence received a Form 1099-INT, *Interest Income*, that he did *not* include on his original return. He took the form to his tax preparer, who also discovered that he had received a Form 8332, *Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent*, for his daughter, Kimberly Velmo (03-24-2004, 401-00-1902), who lives with her mother.

Clarence's additional 1099-INT, Form 8332, and original Form 1040 are shown. He wants any overpayment on his Form 1040X refunded to him. Clarence maintained private policy health care coverage all year for himself and Kimberly.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Verity Bank and Trust 1045 Hyde Park Avenue Your City, YS ZIP Code		Payer's RTN (optional) 1 Interest income \$ 98.10	OMB No. 1545-0112 2017 Form 1099-INT	Interest Income	
PAYER'S federal identification number 00-1902000	RECIPIENT'S identification number 400-00-1902	2 Early withdrawal penalty \$ 3 Interest on U.S. Savings Bonds and Treas. obligations \$		Copy B For Recipient	
RECIPIENT'S name Clarence Bortelli Street address (including apt. no.) 66 E High Street City or town, state or province, country, and ZIP or foreign postal code Your City, YS ZIP Code		4 Federal income tax withheld \$	5 Investment expenses \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
6 Foreign tax paid \$		7 Foreign country or U.S. possession			
8 Tax-exempt interest \$		9 Specified private activity bond interest \$			
10 Market discount \$		11 Bond premium \$			
12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$			
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld \$

Form 1099-INT

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent

OMB No. 1545-0074

Attachment
Sequence No. **115**

► Attach a separate form for each child.

Name of noncustodial parent

Clarence Bortelli

Noncustodial parent's

social security number (SSN) ►

400 : 00 : 1902

Part I Release of Claim to Exemption for Current Year

I agree not to claim an exemption for Kimberly Velmo

Name of child

for the tax year 20 17.

Katherine Velmo

Signature of custodial parent releasing claim to exemption

410 : 00 : 1902

Custodial parent's SSN

12/28/2017

Date

Note. If you choose not to claim an exemption for this child for future tax years, also complete Part II.

Part II Release of Claim to Exemption for Future Years (If completed, see Noncustodial Parent on page 2.)

I agree not to claim an exemption for _____

Name of child

for the tax year(s) _____ .

(Specify. See instructions.)

Signature of custodial parent releasing claim to exemption

Custodial parent's SSN

Date

Part III Revocation of Release of Claim to Exemption for Future Year(s)

I revoke the release of claim to an exemption for _____

Name of child

for the tax year(s) _____ .

(Specify. See instructions.)

Signature of custodial parent revoking the release of claim to exemption

Custodial parent's SSN

Date

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning		2017, ending		20		See separate instructions.																										
Your first name and initial CLARENCE				Last name BORTELLI		Your social security number 400-00-1902																										
If a joint return, spouse's first name and initial				Last name		Spouse's social security number																										
Home address (number and street). If you have a P.O. box, see instructions. 66 E HIGH STREET						Apt. no.																										
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). YOUR CITY, NE 68116						Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse																										
Foreign country name		Foreign province/state/county		Foreign postal code																												
Filing Status 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instr.) Check only one box. 2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) (see instructions)																																
Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a b ☐ Spouse. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>(1) First name</td> <td>Last name</td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> </tbody> </table> If more than four dependents, see instructions and check here ☐								c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name			☐					☐					☐					☐
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)																												
(1) First name	Last name			☐																												
				☐																												
				☐																												
				☐																												
d Total number of exemptions claimed					Boxes checked on 6a and 6b 1																											
					No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)																											
					Dependents on 6c not entered above																											
					Add numbers on lines above 1																											
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 24,200 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes. 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 - 21. This is your total income 22 24,200																																
Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 NONE 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 24,200																																

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** **24,200**

39 a Check if: ☐ **You** were born before January 2, 1953, ☐ **Blind.** **Total boxes checked ▶ 39a** ☐

☐ **Spouse** was born before January 2, 1953, ☐ **Blind.** **39b** ☐

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b** ☐

Standard Deduction for -

- People who check any box on line 39a or 39b **OR** who can be claimed as a dependent, see instructions.
- All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

40 **Itemized deductions** (from Schedule A) **or your standard deduction** (see left margin) **40** **6,350**

41 Subtract line 40 from line 38 **41** **17,850**

42 **Exemptions.** If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions **42** **4,050**

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** **13,800**

44 **Tax** (see instr). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ **44** **1,608**

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45 and 46 **47** **1,608**

48 Foreign tax credit. Attach Form 1116 if required. **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ **54**

55 Add lines 48 through 54. These are your **total credits** **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** **1,608**

Other Taxes

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

60 a Household employment taxes from Schedule H **60a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Health care: individual responsibility (see instructions) Full-year coverage ☒ **61**

62 Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s) **62**

63 Add lines 56 through 62. This is your **total tax** **63** **1,608**

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 **64** **2,994**

65 2017 estimated tax payments and amount applied from 2016 return **65**

66 a **Earned income credit (EIC)** **66a**

b Nontaxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Net premium tax credit. Attach Form 8962 **69**

70 Amount paid with request for extension to file **70**

71 Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

73 Credits from Form: **a** ☐ 2439 **b** ☒ Reserved **c** ☐ 8885 **d** ☐ **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** **2,994**

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** **1,386**

76 a Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here **76a** **1,386**

Direct deposit? See instructions

b Routing number **c** Type: ☐ Checking ☐ Savings

d Account number

77 Amount of line 75 you want **applied to your 2018 estimated tax** ▶ **77**

Amount You Owe

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions **78**

79 Estimated tax penalty (see instructions) **79** **NONE**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		PROGRAMMER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection Pin, Enter it here

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Sharon Brucker				P01045028
Firm's name	Firm's EIN	Phone no.		
▶ Jackson Hewitt Tax Service	▶ 12-3456780	(800) 234-1040		
Firm's address				
▶ 501 N. CATTLEMEN RD				
SARASOTA FL 34232				

COURSE REVIEW ANSWER KEY

Review Clarence Bortelli's completed Form 1040X. He must send a copy of the Form 8332 he received to the IRS.

Form 1040X (Rev. January 2018)	Department of the Treasury - Internal Revenue Service Amended U.S. Individual Income Tax Return ▶ Go to www.irs.gov/Form1040X for instructions and the latest information	OMB No. 1545-0074		
This return is for calendar year ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014 Other year. Enter one: calendar year or fiscal year (month and year ended):				
Your first name and initial CLARENCE BORTELLI		Your social security number 400-00-1902		
If a joint return, spouse's first name and initial Last name		Spouse's social security number		
Current home address (number and street). If you have a P.O. box, see instructions. 66 EAST HIGH STREET		Apt. no. Your phone number		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). YOUR CITY, NE 68116				
Foreign country name	Foreign province/state/county	Foreign postal code		
Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date. ☒ Single ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.) ☐ Married filing jointly ☐ Qualifying widow(er) ☐ Married filing separately				
Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.) ☒ Yes ☐ No				
Use Part III on page 2 to explain any changes				
Income and Deductions	A. Original amount or as previously adjusted (see instructions)	B. Net Change - amount of increase or (decrease) - explain in Part III	C. Correct Amount	
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here. ▶ ☐	1	24,200	98	24,298
2 Itemized deductions or standard deduction	2	6,350		6,350
3 Subtract line 2 from line 1.	3	17,850	98	17,948
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29.	4	4,050	4,050	8,100
5 Taxable income. Subtract line 4 from line 3.	5	13,800	-3,952	9,848
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions): TABLES	6	1,608	-600	1,008
7 Credits. If general business credit carryback is included, check here. ▶ ☐	7	0	1,000	1,000
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	1,608	-1,600	8
9 Health care: individual responsibility (see instructions).	9			
10 Other taxes	10			
11 Total tax. Add lines 8, 9, and 10	11	1,608	-1,600	8
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)	12	2,994		2,994
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8801 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17 Total payments. Add lines 12 through 15, column C, and line 16.	17			2,994
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			1,386
19 Subtract line 18 from line 17 (If less than zero, see instructions)	19			1,608
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20			
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21			1,600
22 Amount of line 21 you want refunded to you	22			1,600
23 Amount of line 21 you want applied to your (enter year): estimated tax	23			

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions.

Form 1040X (Rev. 1-2018)

Form 1040X (Rev. 1-2018)

Page **2****Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending.
This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself.	24 1		1
25 Your dependent children who lived with you.	25		
26 Your dependent children who didn't live with you due to divorce or separation	26 0	1	1
27 Other dependents.	27		
28 Total number of exemptions. Add lines 24 through 27.	28 1	1	2
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050	4,050	8,100

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
KIMBERLY	VELMO	401-00-1902	DAUGHTER	☒
				☐
				☐
				☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want \$3 to go to the fund, but now do.☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

LINE 1 AGI RECEIVED 1099-INT AFTER FILING ORIGINAL RETURN
LINE 4 EXEMPTIONS RECEIVED FORM 8332 FROM FORMER SPOUSE
LINE 7 CREDITS CHILD TAX CREDIT FOR CHILD UNDER AGE 17

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶
Your signature _____ Date _____

PROGRAMMER
Your occupation _____

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

Spouse's occupation _____

Paid Preparer Use Only

▶
Preparer's signature _____ Date **02/15/2018**

Jackson Hewitt Tax Service
Firm's name (or yours if self-employed) _____

Print/type preparer's name _____

501 N. CATTLEMEN RD
SARASOTA FL 34232
Firm's address and ZIP code _____

PTIN _____

☐ Check if self-employed

(800) 234-1040 12-3456780
Phone number EIN

Form **8867****Paid Preparer's Due Diligence Checklist**Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC),
and Additional Child Tax Credit (ACTC)

OMB No. 1545-1629

2017Department of the Treasury
Internal Revenue Service**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS or 1040PR.**
Go to www.irs.gov/form8867 for instructions and the latest information.Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

CLARENCE BORTELLI

Taxpayer identification number

400-00-1902

Enter preparer's name and PTIN

Sharon Brucker**P01045028****Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I - IV for the credit(s) claimed (check all that apply).		EIC ☐	CTC/ACTC ☒	AOTC ☐
1	Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	☒ Yes ☐ No		
2	Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR 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?	☒ Yes ☐ No		
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 document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) - Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount	☒ Yes ☐ No		
4	Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "yes," answer questions 4a and 4b. If "no," go to question 5.)	☐ Yes ☒ No		
a	Did you make reasonable inquiries to determine the correct, complete and consistent information?	☐ Yes ☐ No		
b	Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐ Yes ☐ No		
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 the applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount of the credit(s)? List those documents, if any, that you relied on. FORM 8332 EXECUTED BY FORMER SPOUSE FOR DAUGHTER	☒ Yes ☐ No		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	☒ Yes ☐ No		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒ Yes ☐ No		
a	Did you complete the required recertification Form 8862?	☐ Yes ☐ No ☒ N/A		
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	☐ Yes ☐ No ☒ N/A		

For Paperwork Reduction Act Notice, see separate instructions.

F 12/21/17

Form **8867** (2017)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.)	☐ Yes ☐ No		
b Did you explain to the taxpayer that he/she may not claim EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	☐ Yes ☐ No		
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)?	☐ Yes ☐ No ☐ N/A		

Part III Due Diligence Questions for Returns Claiming CTC and/or additional CTC (If the return does not claim CTC or Additional CTC, go to Part IV.)

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; If "No," go to question 10b.)	☐ Yes ☒ No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	☒ Yes ☐ No ☐ N/A	
c Have you determined that the taxpayer has not released the claim to another person?	☐ Yes ☐ No ☒ N/A	

Part IV Due Diligence Questions for Returns Claiming AOTC (If return does not claim AOTC, go to Part V.)

11 Did the taxpayer provide substantiation such as Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? .	☐ Yes ☐ No
--	--

Part V Credit Eligibility Certification

You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest dates specified in the Form 8867 instructions under *Document Retention*
 - A copy of Form 8867,
 - The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 - Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 - A record of how, when and from whom the information used to prepare this form and worksheet(s) was obtained, and
 - A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct and complete?	☒ Yes ☐ No
--	---

Complete the *Child Tax Credit Worksheet* to calculate the amount of Child Tax Credit, but the worksheet is not filed with Form 1040X.

CLARENCE BORTELLI

400-00-1902

Form 1040 - Child Tax Credit

1.	Enter the number of qualifying children <u>1</u> . Multiply by \$1,000 and enter the result	1	1,000
2.	Adjusted gross income from Form 1040 or Form 1040A	2	24,298
3.	Enter the total of any, Form 1040 filers only: Exclusion of income from Puerto Rico, Foreign earned income exclusion, housing exclusion and housing deduction from Form 2555/2555-EZ, and Exclusion of income for bona fide residents of American Samoa from Form 4563	3	
4.	Add lines 2 and 3.	4	24,298
5.	Enter: \$110,000 if married filing jointly; \$75,000 if single, head of household, or qualifying widow(er); \$55,000 if married filing separately	5	75,000
6.	Is line 4 above more than line 5? ☒ No. Leave line 6 blank. Enter -0- on line 7. ☐ Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000 etc.	6	
7.	Multiply line 6 by 5% (.05)	7	0
8.	If line 7 is more than the amount on line 1, stop here. You cannot take this credit or the additional child tax credit, Form 8812. Otherwise, subtract line 7 from line 1	8	1,000
9.	Enter the amount from Form 1040, line 47 or Form 1040A, line 30	9	1,008
10.	Enter the amounts from Form 1040, Lines 48, 49, 50, and 51; Form 5695, line 30, Form 8910, line 15; Form 8936, line 23 and Schedule R, line 22.	10	
11.	Are you claiming the Form 8839 Adoption Credit, or Form 8396 mortgage interest credit, or Form 8859 District of Columbia first-time homebuyer credit or Form 5695, Part I residential energy efficient property credit? ☒ No. Enter the amount from line 10. ☐ Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here	11	
12.	Subtract line 11 above from line 9.	12	1,008
13.	Enter the smaller of line 8 or line 12 here and on Form 1040 or Form 1040A.	13	1,000

D 8/30/16

Note the following about Clarence's amended tax return:

The additional information Clarence located provides an increase of \$98 to his income and an extra exemption amount for his daughter combined with an additional \$1,000 Child Tax Credit resulting in a net additional tax refund.

Form 8867, *Paid Preparer's Due Diligence Checklist*, is required to be filed with the amended return because the Child Tax Credit was not included in the original return. A paid preparer must exercise due diligence for credits or items newly added in an amended return.