
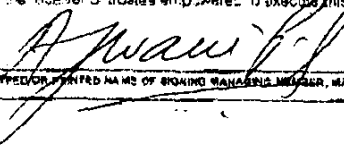


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90060 043 \*\*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L05000027501</b>			
1. Entity Name <b>SARINA ENTERPRISES LLC</b>			
Principal Place of Business <b>10340 SW 144 COURT MIAMI, FL 33186</b>		Mailing Address <b>10340 SW 144 COURT MIAMI, FL 33186</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-2757657</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AJWANI, PREM 10340 SW 144 COURT MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and the filer (if applicable) In CTE, Registered Agent signature is required when changing NAME			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AJWANI, PREM 10340 SW 144 COURT MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date: <b>4/27/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

00040544



04282006 Chg-LLC CR2EC83 (11/05)

ATTACHMENT  
20040547  
105000027501

**Schedule C  
(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2005**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
▶ Attach to Form 1040 or 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor <b>PREM S AJWANI</b>		Social security number (SSN) <b>580-06-5556</b>
A Principal business or profession, including product or service (see instructions) <b>OUTSIDE SALES</b>		B Enter code from instr. <b>99999</b>
C Business name. If no separate business name, leave blank. <b>SARINA ENTERPRISES LLC</b>		D Employer ID no. (EIN), if any <b>20-2757657</b>
E Business address (including suite or room no.) ▶ <b>10640 SW 144 CT</b> City, town or post office, state, and ZIP code <b>MIAMI FL 33186</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2005? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2005, check here ▶		

Part I Income	
1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here ▶ <input type="checkbox"/>	1 38,102.
2 Returns and allowances	2
3 Subtract line 2 from line 1	3 38,102.
4 Cost of goods sold (from line 42 on page 2)	4 11,097.
5 Gross profit. Subtract line 4 from line 3	5 27,005.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6
7 Gross income. Add lines 5 and 6	7 27,005.

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising	8
9 Car and truck expenses (see instructions)	9 1,633.
10 Commissions and fees	10
11 Contract labor (see instructions)	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15 2,173.
16 Interest:	
a Mortgage (paid to banks, etc.)	16a
b Other	16b
17 Legal and professional services	17
18 Office expense	18
19 Pension and profit-sharing plans	19
20 Rent or lease (see instructions):	
a Vehicles, machinery, and equipment	20a 2,590.
b Other business property	20b 331.
21 Repairs and maintenance	21 361.
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23
24 Travel, meals, and entertainment:	
a Travel	24a
b Deductible meals and entertainment (see instructions)	24b
25 Utilities	25
26 Wages (less employment credits)	26
27 Other expenses (from line 48 on page 2)	27 2,186.

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28 9,274.
29 Tentative profit (loss). Subtract line 28 from line 7	29 17,731.
30 Expenses for business use of your home. Attach Form 8829	30
31 Net profit or (loss). Subtract line 30 from line 29.	31 17,731.
<p>• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.</p> <p>• If a loss, you must go to line 32.</p>	
<p>32 If you have a loss, check the box that describes your investment in this activity (see instructions).</p> <p>• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.</p> <p>• If you checked 32b, you must attach Form 6198. Your loss may be limited.</p>	
32a <input type="checkbox"/> All investment is at risk.	
32b <input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2005

20040544  
ATTACHMENT  
LO50000021501**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to

value closing inventory:

a ☒ Costb ☐ Lower of cost or  
marketc ☐ Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? if  
"Yes," attach explanation☐ Yes ☒ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

11,097.

39 Other costs

39

40 Add lines 35 through 39

40

11,097.

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

42

11,097.

**Part IV****Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and  
are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 02/01/2005

44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business

120000

b Commuting  
(see instr.)

2500

c Other

500

45 Do you (or your spouse) have another vehicle available for personal use?

☐ Yes☒ No

46 Was your vehicle available for personal use during off-duty hours?

☒ Yes☐ No

47a Do you have evidence to support your deduction?

☒ Yes☐ No

b If "Yes," is the evidence written?

☒ Yes☐ No**Part V****Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES

245.

FREIGHT &amp; POSTAGE

1,941.

48 Total other expenses. Enter here and on page 1, line 27

48

2,186.

ATTACHMENT 20040594

**SCHEDULE EIC**  
(Form 1040A or 1040)**Earned Income Credit**  
**Qualifying Child Information**1040A  
1040

EIC

OMB No. 1545-0074

**2005**Department of the Treasury  
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.Attachment  
Sequence No. **43**Name(s) shown on return  
**PREM S & MINAL AJWANI**Your social security number  
**580-06-5556****Before you begin:**See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that  
(a) you can take the EIC and (b) you have a qualifying child.**CAUTION**

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**Qualifying Child Information****Child 1****Child 2**

	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	EKTA	AJWANI		
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions unless the child was born and died in 2005. If your child was born and died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	595-58-6323			
<b>3 Child's year of birth</b>	Year <u>1987</u> If born after 1986, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1986, skip lines 4a and 4b; go to line 5.	
<b>4 If the child was born before 1987-</b>				
a Was the child under age 24 at the end of 2005 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 2005?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER			
<b>6 Number of months child lived with you in the United States during 2005</b>				
• If the child lived with you for more than half of 2005 but less than 7 months, enter "7."				
• If the child was born or died in 2005 and your home was the child's home for the entire time he or she was alive during 2005, enter "12."	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

**TIP**

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2005, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 68 of Form 1040.

For Paperwork Reduction Act Notice, see Form 1040A  
or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2005

# US Schedule EIC

# Earned Income Credit Worksheet

2005

Name: PREM S & MINAL AJWANI

SSN: 580-06-5556

## Questions to see if you can claim the earned income credit

- 1 Is your filing status married filing separately or head of household claiming a nonresident alien spouse?  
☐ Yes - STOP. You cannot take the credit ☒ No - Go to question 2.
- 2 Were you or your spouse a qualifying EIC child of another person in 2005?  
☐ Yes - STOP. You cannot take the credit ☒ No - Go to question 3.
- 3 Was your home in the United States for more than half of the year 2005?  
☐ No - STOP. You cannot take the credit ☒ Yes - Go to question 4.
- 4 Is your disqualified income (taxable and tax-exempt interest, dividends, net rent, and royalty income, capital gains, and passive income = \_\_\_\_\_) over \$2,700?  
☐ Yes - STOP. You cannot take the credit ☒ No - Go to question 5.
- 5 Do you have at least one qualifying child?  
☒ Yes - Go to question 5a ☐ No - Go to question 8.

Qualifying children listed on Schedule EIC

EKTA

- 5a If the child is not married, check "Yes". If the child is married, is the taxpayer claiming the child as a dependent?  
☒ Yes ☐ No ☐ Yes ☐ No  
 If "Yes", go to question 5b.
  - b Could any other person claim this child for EIC? If "Yes", continue. ☐ Yes ☒ No ☐ Yes ☐ No
  - c Enter the child's relationship to the other person(s) ☐ Yes ☐ No ☐ Yes ☐ No
  - d Is the other person(s) claiming the EIC based on the child? ☐ Yes ☐ No ☐ Yes ☐ No
  - e If the tie-breaker rules applied, would the child be treated as the taxpayer's qualifying child? ☐ Yes ☒ No
- If you took EIC on your 2004 income tax return, was the EIC reduced or disallowed for any reason other than a math or clerical error? If you did not take EIC on your 2004 tax return, check "No" ☐ Yes ☒ No
- If "Yes", Form 8862 needs to be filed with the tax return.

## Questions 6 and 7 apply to taxpayers having qualifying children.

- 6 Is the total of your taxable earned income less than \$31,030 (\$33,030 if married filing jointly) if you have one qualifying child; \$35,263 (\$37,263 if married filing jointly) if you have two or more qualifying children.  
☐ No - STOP. You cannot take the credit ☒ Yes - Go to question 7.
- 7 Is your adjusted gross income less than the limits listed in question 6?  
☐ No - STOP. You cannot take the credit ☒ Yes - Figure credit.

## Questions 8 through 11 apply to taxpayers having no qualifying children.

- 8 Were you (or your spouse if married filing jointly) at least 25 years of age but under age 65 at the end of 2004?  
☐ No - STOP. You cannot take the credit. ☐ Yes - Go to question 9.
- 9 Can someone else claim you (or your spouse if married filing jointly) as a dependent?  
☐ Yes - STOP. You cannot take the credit ☐ No - Go to question 10.
- 10 Is the total of your taxable earned income less than \$11,750 (\$13,750 if married filing jointly)?  
☐ No - STOP. You cannot take the credit. ☐ Yes - Go to question 11.
- 11 Is your adjusted gross income less than \$11,750 (\$13,750 if married filing jointly)?  
☐ No - STOP. You cannot take the credit. ☐ Yes - Figure credit.

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 Inc. All rights reserved.  
 USWEIC\$2

## Figure Your Credit

- 1 Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1.  
 Enter the amount included in line 1 that was received  
 a by penal institution inmates for their work  
 b as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan.  
 This amount should be shown in box 11 of Form W2 and should be included in line 1 above
- 2 Taxable scholarship or fellowship grant not reported on Form(s) W2
- 3 Line 1 minus line 1a, line 1b, and line 2
- 4a If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check ☐ 16,478.

	KETRA Use 1040 Wkt 4	Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
Nontaxable combat pay						
5 Earned income					16478.	16,478.
6 Credit from EIC table on line 5 income					2645.	
7 Adjusted gross income					16478.	
8 Credit from EIC table on line 7 income, if line 7 greater than • \$6,549 (\$8,549 if married filing jointly) and no qualifying children • \$14,399 (\$16,399 if married filing jointly) and 1 or more qualifying children					2645.	
9 Earned inc. credit. If line 7 is less than \$6,550 (\$8,550, \$14,400, \$16,400), line 6. Otherwise the smaller of line 6 or line 8					2645.	2,645.

ATTACHMENT

2004-10-24

LB50000 27501

Schedule SE (Form 1040) 2005

Name of person with self-employment income (as shown on Form 1040)

PREM S AJWANI

Attachment Sequence No. 17

Page 2

Social security number of person  
with self-employment income ▶

580-06-5556

## Section B - Long Schedule SE

## Part I Self-Employment Tax

**Note.** If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See instructions.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip this line if you use the farm optional method (see instructions)	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions)	2	17,731.
3	Combine lines 1 and 2	3	17,731.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	16,375.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had church employee income, enter -0- and continue	4c	16,375.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	16,375.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2005	7	90,000.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$90,000 or more, skip lines 8b through 10, and go to line 11	8a	
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	90,000.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	2,031.
11	Multiply line 6 by 2.9% (.029)	11	475.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	2,506.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	1,253.

## Part II Optional Methods To Figure Net Earnings (see instructions)

<b>Farm Optional Method.</b> You may use this method only if (a) your gross farm income <sup>1</sup> was not more than \$2,400 or (b) your net farm profits <sup>2</sup> were less than \$1,733.			
14	Maximum income for optional methods	14	1,600.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income (not less than zero) or \$1,600. Also include this amount on line 4b above	15	
<b>Nonfarm Optional Method.</b> You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income <sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.			
<b>Caution.</b> You may use this method no more than five times.			
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

<sup>1</sup> From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9.

<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.

Form **8867**  
(Rev. November 2002)

Department of the Treasury  
Internal Revenue Service

**Paid Preparer's Earned Income Credit Checklist**

OMB No. 1545-1629

▶ Do not send to the IRS. Keep for your records.

For the definitions of the following terms, see Pub. 596 for the year for which you are completing this form.

• Investment income • Qualifying child • Earned income

**Caution.** Taxpayers who file Form 2555 or Form 2555-EZ cannot take the earned income credit (EIC). Taxpayers who were nonresident aliens for any part of the year cannot take the EIC unless their filing status is married filing jointly.

**Part I All Taxpayers**

580-06-5556

- 1 Taxpayer's name ▶ **PREM S & MINAL AJWANI** Year after 2001 for which you're completing this form ▶ **2005**
- 2 Is the taxpayer's filing status married filing jointly, head of household, qualifying widow(er), or single? ☒ Yes ☐ No
- 3 Does the taxpayer, and the taxpayer's spouse if filing jointly, have a social security number (SSN) that allows him or her to work or is valid for EIC purposes (see the instructions before answering)? ☒ Yes ☐ No
- Next, if you checked "No" on line 2 or line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.**
- 4 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit ☐ Yes ☒ No
- 5 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person in the year on line 1? ☐ Yes ☒ No
- Next, if you checked "Yes" on line 4 or line 5, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.**

**Part II Taxpayers With a Qualifying Child**

Child 1

Child 2

**Caution.** If there are two children, complete lines 6-11 for one child before going to the next column.

- 6 Is the child-
- The taxpayer's son, daughter, adopted child, or stepchild, or
  - A descendant of the taxpayer's son, daughter, adopted child or stepchild, or
  - The taxpayer's brother, sister, stepbrother, or stepsister, or
  - A descendant of the taxpayer's brother, sister, stepbrother, or stepsister, or
  - The taxpayer's foster child?
- 7 If the child is married, is the taxpayer claiming the child as a dependent? (If the child is not married, check "Yes") ☒ Yes ☐ No ☐ Yes ☐ No
- 8 Did the child live with the taxpayer in the United States for over half of the year? ☒ Yes ☐ No ☐ Yes ☐ No
- 9 Was the child (at the end of the year on line 1) -
- Under age 19, or
  - Under age 24 and a full-time student, or
  - Any age and permanently and totally disabled?
- Next, if you checked "Yes" on lines 6 through 9, the child is the taxpayer's qualifying child; go to line 10a. If you checked "No" on line 6, 7, 8, or 9, the child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to Part III on page 2 to see if the taxpayer can take the EIC for taxpayers who do not have a qualifying child.**
- 10a Could any other person check "Yes" on lines 6 through 9 for the child? ☐ Yes ☒ No ☐ Yes ☐ No
- Next, if you checked "No" on line 10a, go to line 11. Otherwise, continue.**
- b Enter the child's relationship to the other person(s)
- c Is the other person(s) taking the EIC based on the child? ☐ Yes ☐ No ☐ Yes ☐ No
- d If the tie-breaker rules applied, would the child be treated as the taxpayer's qualifying child (see the instructions before answering)? ☐ Yes ☐ No ☐ Yes ☐ No
- 11 Does the qualifying child have a valid SSN (see the instructions before answering)? ☒ Yes ☐ No ☐ Yes ☐ No

Did you check "Yes" on line 11?

- ☒ **Yes.** The taxpayer can take the EIC if the taxpayer's earned income and adjusted gross income are each less than the limit that applies to the taxpayer's filing status for the year on line 1. See Pub. 596 for the limit. Complete Schedule EIC and attach it to the taxpayer's return. If there are two qualifying children with SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must also be filed.

☐ **No.** The taxpayer cannot take the EIC, not even the credit for taxpayers who do not have a qualifying child.

For Paperwork Reduction Act Notice, see Instructions.

Form **8867** (Rev. 11-2002)