**PERSONAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARTICULARS** | **PRIMARY TAXPAYER** | **SPOUSE** | **DEPENDENT 1 (CHILD1)** | **DEPENDENT 2****(CHILD -2)** | **DEPENDENT 3****(OTHER DEPENDENT PERSON)** |
| **FIRST NAME (PER SSN/ITIN)** | **PRANAVED** |  |  |  |  |
| **MIDDLE NAME (PER SSN/ITIN)** |  |  |  |  |  |
| **LAST NAME (PER SSN/ITIN)** | **CHILAKAPATI** |  |  |  |  |
| **SSN/ITIN NUMBER** | **062-99-9084** |  |  |  |  |
| **DATE OF BIRTH (MM/DD/YY)** | **05/30/1993** |  |  |  |  |
| **RELATIONSHIP WITH PRIMARY TAXPAYER** | **N/A** |  |  |  |  |
| **OCCUPATION** | **IT JOB (SYSTEM ENGINEER)** |  |  |  |  |
| **CURRENT ADDRESS** | **1028 THORNBOROUGH DRIVE, ALPHARETTA, GA 30004** |  |  |  |  |
| **CELL NUMBER** | **+1 214-675-7155** |  |  |  |  |
| **ALTERNATIVE NUMBER (HOME)** | **N/A** |  |  |  |  |
| **WORK NUMBER (WITH EXTENSION)** | **N/A** |  |  |  |  |
| **EMAIL ADDRESS** | **PRANAVED.CHILAKAPATI@GMAIL.COM** |  |  |  |  |
| **FIRST PORT OF ENTRY DATE (MM/DD/YY)** | **12/25/2015** |  |  |  |  |
| **VISA STATUS ON 31ST DEC 2020** | **H1B** |  |  |  |  |
| **ANY CHANGE IN VISA STATUS DURING THE YEAR 2020 (IF YES PLS. SPECIFY)** | **NO** |  |  |  |  |
| **MARITAL STATUS AS ON** **DEC 31,2020** | **SINGLE** |  |  |  |  |
| **DATE OF MARRIAGE (IF APPLICABLE)** | **N/A** |  |  |  |  |
| **FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)** | **SINGLE** |  |  |  |  |
| **NO.OF MONTHS STAYED IN US DURING 2020** | **12 MONTHS** |  |  |  |  |
| **WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2021 – (YES OR NO)** | **YES** |  |  |  |  |
| **IF ANY OTHER INFORMATION** |  |  |  |  |  |

**CHILD AND DEPENDENT CARE EXPENSES PROVIDER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPENDENT NAME** | **NAME OF THE ORGANIZATION** | **ADDRESS WITH PHONE NUMBER** | **FEDERAL ID NUMBER (EIN / SSN) OF THE ORGANIZATION / PERSON WHO PROVIDED THE CARE.** | **AMOUNT PAID** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**BANK ACCOUNT DETAILS**

|  |
| --- |
| **BANK DETAILS FOR DIRECT DEPOSIT OF REFUND AMOUNT/AUTO WITHDRAWAL OF OWE AMOUNT(OPTIONAL)** |
| BANK NAME | BANK OF AMERICA |
| BANK ROUTING NUMBER (PAPER OR ELECTRONIC) | 111000025 |
| BANK ACCOUNT NUMBER | 488059736293 |
| CHECKING / SAVING ACCOUNT | PRANAVED.CHILAKAPATI@GMAIL.COM |
| ACCOUNT HOLDER NAME | PRANAVED CHILAKAPATI |

 **RESIDENCY DETAILS:**

|  |  |
| --- | --- |
| **STATES RESIDENCY DETAILS** | **STATES RESIDENCY DETAILS** |
| **TAXPAYER** | **SPOUSE** |
| **YEAR** | **STATE(S)** | **FROM****(MM/DD/YY)** | **TO****(MM/DD/YY)** | **YEAR** | **STATE(S)** | **FROM****(MM/DD/YY)** | **TO****(MM/DD/YY)** |
| **2020** |  |  |  | **2020** |  |  |  |
| **2019** |  |  |  | **2019** |  |  |  |
| **2018** |  |  |  | **2018** |  |  |  |

**HAVE U RECEIVED ANY STIMULUS PAYMENT IN TY 2020-IF YES, PLEASE MENTION THE AMOUNT OF PAYMENT RECEIVED IN TY 2020-$**

1. **$1200**
2. **$600**

**TOTAL OF $1800**

**HOME MORTGAGE INTEREST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOME MORTGAGE INTEREST PAID IN US -\*FORM 1098MANDATORY** | **POINTS, IF ANY** | **HOME MORTGAGE INTEREST PAID IN INDIA – \*BELOW DETAILS REQUIRED** | **MORTGAGE INSURANCE PREMIUMS PAID, IF ANY** | **INVESTMENT INTEREST. ATTACH FORM 4952** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **BANK NAME (FOREIGN)** | **BANK ADDRESS (FOREIGN)** |  |
|  |  |  |  |  |

**Note**: Are you planning to purchase any House Property in Tax Year 2021 In United States Of America

Please Mention Yes Or No Yes  No 

Please Mention Yes Or No Yes No