<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		<sup>(99)</sup> 20	020	OMB No. 1545	5-0074	IRS Use (	Only-	–Do not w	rite or staple	in this space.	
Filing Status Check only one box.	s □ s If yo		] Marrie	ed filing separa				nold (HOF	l)	🗌 Qua	lifying wid	low(er) (QW)	
Your first name	and mi	iddle initial	Last na	ime						Your so	cial securi	ty number	
MAHESH			EGA							120-	71-659	8	
If joint return, s	pouse's	s first name and middle initial	Last na	ime						Spouse'	s social se	curity number	
ALEKHYA			PARE	PALLY						APPL	IED FO	R	
	(numbe	er and street). If you have a P.O. box, see					A	pt. no.			-	on Campaign	
27 E CEI	NTRA	LAVE					1	.7			nere if you		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	St	ate	ZIP co	de				ntly, want \$3	
PAOLI			·		F	ΡA	193	01		0		Checking a	
Foreign countr	v name			Foreign province	/state/cou	nty	Foreig	n postal co	de		oox below will not change our tax or refund.		
0	,			0 1		5				-	You	Spouse	
At any time du	iring 20	020, did you receive, sell, send, exch	nange, d	or otherwise ac	quire any	/ financial intere	est in a	ny virtual	cui	rrency?	 Yes	X No	
Standard Deduction Age/Blindness		eone can claim:  You as a de Spouse itemizes on a separate retur :  Were born before January 2, 1	n or you		•		rn befo	ore Janua	ry 2	, 1956	🗌 ls b	lind	
Dependent	s (see	instructions):		(2) Social s	ecurity	(3) Relationsh	nip	(4) 🖌	if qu	ualifies fo	r (see instru	uctions):	
If more	•	irst name Last name		numb	er	to you		Child ta	x cr	edit	Credit for ot	her dependents	
than four													
dependents, see instruction	~												
and check	5 —												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						. 1		87,057.	
Attach	2a	Tax-exempt interest	2a		b	Taxable interes	t.			2b	)		
Sch. B if required.	3a	Qualified dividends	3a	1	• b	Ordinary divide	nds .			3b	)	1.	
	4a	IRA distributions	4a		b	Taxable amour	ıt			. 4b	)		
	5a	Pensions and annuities	5a		b	Taxable amour	nt			. 5b	)		
Standard	6a	Social security benefits	6a		b	Taxable amour	nt			6b	)		
Deduction for –	7	Capital gain or (loss). Attach Schee	dule D i	f required. If no	ot require	d, check here		Þ		7		1,085.	
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e9.							8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	This is your <b>tot</b>	al incom	e			. )	▶ 9		88,143.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	a						
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deduction	n. See ins	tructions 10	b						
• Head of	с	Add lines 10a and 10b. These are	your <b>to</b> f	tal adjustment	ts to inco	ome			. )	► 10e	5		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gros	s income				. 1	▶ 11		88,143.	
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	-							12		24,800.	
any box under Standard	13	Qualified business income deducti	ion. Atta	ach Form 8995	or Form	8995-A				. 13			
Deduction, see instructions.	14	Add lines 12 and 13								. 14		24,800.	
	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or	less, ent	er-0		<u> </u>		15		63,343.	
												10.10	

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

Form **1040** (2020)

Form 1040 (2020	))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	7,204.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	7,204.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	7,204.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	7,204.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	9,3	337.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	9,337.
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return .				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	3812		28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .	·		30	1,2	258.		
	31	Amount from Schedule 3, lin				31	,			
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund		ts	. 🕨	32	1,258.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	10,595.
Defined	34	If line 33 is more than line 24							34	3,391.
Refund	35a	Amount of line 34 you want					-		35a	3,391.
Direct deposit?	►b	Routing number 1 1 1				Checking		vinas		· ·
See instructions.	►d	Account number 4 8 8					,	0		
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24							37	
You Owe	•.	Note: Schedule H and Sch								
For details on		2020. See Schedule 3, line 1								
how to pay, see instructions.	38	Estimated tax penalty (see ir				38				
Third Party	Do	you want to allow another								
Designee		structions					Yes. Com	plete b	elow.	× No
-		signee's		Phone				al identifie	cation	
		me 🕨		no. 🕨			number	. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·		Date	,		Tormation			nt you an Identity
	. 10	ur signature		Dale	Four occupation					N, enter it here
Joint return?					SOFTWARE :	DEVELOI	PER		nst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.	*					_			ty Prote nst.) ▶ [	ection PIN, enter it here
,					HOME MAKE	ĸ		(566 1	51.)	
		one no.	Drenever's start	Email address		Det-		TIN		Checkift
Paid		eparer's name	Preparer's signat			Date				Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/14/	ZUZI   P	02082		Self-employed
Use Only		m's name ► GLOBAL TAX								678)965-9522
		m's address ► 2530 Pebb.		n Cummın	2			Firm's	SEIN 🕨	+
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/0	)6/21 PRO			Form <b>1040</b> (2020

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## SCHEDULE D

(Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

MAHESH EGA & ALEKHYA PARPALLY

b

Your social security number 120-71-6598

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) (e)		<b>(g)</b> Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	3,379.	2,305.	15.		1,089.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	25.	27.			-2.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	iy, from line 8 of y	our Capital Loss	Carryover	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	1,087.		

#### Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to le dollars.	Part II, n (g)	combine the result with column (g)			
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	29.	31.			-2.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat			. ,	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any		•	-		
	Worksheet in the instructions				14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back	15	-2.			

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 1,085.
	• If line 16 is a <b>gain,</b> enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/06/21 PRO

Schedule D (Form 1040) 2020

### **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpaver identification number

MAHESH EGA & ALEKHYA PARPALLY	120-71-6598

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) (c) Date acquired		(d) Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	01/01/20	12/30/20	3,379.	2,305.	W	15.	1,089.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	3,379.	2,305.		15.	1,089.			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020)		Attachm	ent Seq	uence	No. '	12A		Page <b>2</b>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MAHESH EGA & ALEKHYA PARPALLY

Social security number or taxpayer identification number 120-71-6598

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed o (Mo., day, yr)		(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	01/01/19	12/30/20	29.	31.			-2.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	29.	31.			-2.			

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form	8949	

### **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

Name(3) shown on return	Social security number of taxpayer identification number
MAHESH EGA & ALEKHYA PARPALLY	120-71-6598

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	If you enter an enter a c <b>See the sep</b>	f <b>any, to gain or loss</b> . amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Co.)			(Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions	<b>(f)</b> Code(s) from instructions		<b>(g)</b> Amount of adjustment
ROBINHOOD SECURIT	TIES LLC	01/01/20	12/30/20	18.	27.			-9.
ROBINHOOD SECURIT	TIES LLC	01/01/20	12/30/20	7.	0.			7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►		25.	27.			-2.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

# Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			arate instruc		permaner	it reside	ents.				
An IRS individua	I taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	ourposes	only.			e (check one box):		
<b>Before you begin:</b> • <b>Don't submit</b> this form if you have, or are eligible to get, a U.S. social security number (SSN).						Apply for a new ITIN					
Reason you're si must file a U.S. f	ubmitting Form W-7. Read the ederal tax return with Form V	e instructions fo V-7 unless you	or the box y meet one	ou che	ck. Cauti	on: If yo	ou check b	ox <b>b, c</b>			
	t alien required to get an ITIN to cla		efit								
_	t alien filing a U.S. federal tax retur nt alien <b>(based on days present in</b>		<b>s)</b> filing a LL	S fodor	al tax rotur	n					
_	of U.S. citizen/resident alien		-				tructions) 🕨				
	J_N	d or e, enter name IAHESH							ns)► 0-71-6598		
	t alien student, professor, or resear	-	federal tax re	eturn or	claiming a	n except	ion				
h Other (see in	spouse of a nonresident alien hold	-									
,	on for <b>a</b> and <b>f</b> : Enter treaty country	▶			d treaty ar	ticle num	nber 🕨				
Name	1a First name		dle name				name				
(see instructions)	ALEKHYA						RPALLY				
Name at birth if different ►						name					
Applicant's Mailing	2 Street address, apartment nu 27 E CENTRAL AVE		te number. If	you ha	ve a P.O.	box, see	e separate i	nstructi	ons.		
Address	City or town, state or provinc	e, and country. In	clude ZIP co	de or po	stal code	where ap	opropriate.				
	PAOLI				PA	USA		19	301		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / year)			City ar	nd state or	province	e (optional)		Male		
Information	03/07/1996	INDIA	D a sele s (')		0. T		·		Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.			H4	_	P83235	524	and expiration date 08/31/2022		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	Issued by: INDIA N	<b>Jo.</b> : R5949480	) Fx	n. date:	02/04/	2028	the United (MM/DD/\				
	Issued by: INDIA No.: R5949480 Exp. date: 02/04/2028 (MM/DD/YYYY): 05/23/2020 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f.										
	<b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	6fEnter ITIN and/or IRSN ►ITINIRSNand										
	name under which it was issued ► First name Middle name Last name							st name			
	6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ►										
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompany documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sh information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								orize the IRS to share		
Keep a copy for your records.	Signature of applicant (if del	egate, see instruc	tions)	Date (m	nonth / day	/ year)	Phone num	nber			
you 1000105.	Name of delegate, if applica	ble (type or print)	int) Delegate's relationship to applicant			iship	Parent	Parent Court-appointed guardian			
Acceptance	Signature		Date (month / day /			/ year)	Phone	Phone			
Agent's	Name and title (type or print	)	Name of c	omnany		EIN	Fax	דת	INI		
Use ONLY		1				EIN PTIN Office code					

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