

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including names (CHAITANYA KRISHNA, NADIPALLY, NIKHILA, BALGURI), social security numbers, home address (1000 STATION DR, AVENEL, NJ), and ZIP code (07001).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Main tax calculation table with rows 1 through 15, including wages, tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, total income, adjustments to income, adjusted gross income, standard deduction, and taxable income.

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

|           |   |            |         |
|-----------|---|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b>  | 13,091. |
| <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17   | <b>18</b>  | 13,091. |
| <b>19</b> | Child tax credit or credit for other dependents   | <b>19</b>  |         |
| <b>20</b> | Amount from Schedule 3, line 7  | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20   | <b>21</b>  |         |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b>  | 13,091. |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10  | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b>  | 13,091. |
| <b>25</b> | Federal income tax withheld from:   |            |         |
| <b>a</b>  | Form(s) W-2   | <b>25a</b> | 20,408. |
| <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 20,408. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return   | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812   | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions  | <b>30</b>  | 973.    |
| <b>31</b> | Amount from Schedule 3, line 13   | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | <b>32</b>  | 973.    |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | <b>33</b>  | 21,381. |

**Refund**

|            |   |            |   |
|------------|---|------------|---|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 8,290.  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 8,290.  |
| <b>b</b>   | Routing number <u>1 1 1 0 0 0 6 1 4</u>   | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number <u>5 5 2 8 9 3 9 2 2</u>   |            |   |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | <b>36</b>  |   |

**Amount You Owe**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | <b>37</b> |  |
| <b>38</b> | Estimated tax penalty (see instructions)                             | <b>38</b> |  |

**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**

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     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| Phone no.   | Email address |                     |  |

**Paid Preparer Use Only**

|                                   |                                       |            |                |  |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name                   | Preparer's signature                  | Date       | PTIN           | Check if: <input type="checkbox"/> Self-employed |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM     | 02/27/2021 | P02082703      |  |
| Firm's name                       | Firm's address                        |            | Phone no.      | Firm's EIN                                       |
| GLOBAL TAXES LLC                  | 2530 Pebble Creek Ln Cumming GA 30041 |            | (678) 965-9522 | 30-1017196                                       |

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.  
 ► See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ► \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►  
 CHAITANYA KRISHNA NADIPALLY 065-61-8743
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ► \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ► \_\_\_\_\_ and treaty article number ► \_\_\_\_\_

|   |                                 |             |                      |
|---|---------------------------------|-------------|----------------------|
| <b>Name</b><br>(see instructions)<br>Name at birth if different . . . ► | <b>1a</b> First name<br>NIKHILA | Middle name | Last name<br>BALGURI |
|   | <b>1b</b> First name            | Middle name | Last name            |

|                                    |   |
|------------------------------------|---|
| <b>Applicant's Mailing Address</b> | <b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b><br>1000 STATION DR Apt 1026 |
|                                    | City or town, state or province, and country. Include ZIP code or postal code where appropriate.<br>AVENEL NJ USA 07001                                 |

|   |   |
|---|---|
| <b>Foreign (non-U.S.) Address</b><br>(see instructions) | <b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b> |
|   | City or town, state or province, and country. Include postal code where appropriate.                  |

|                          |   |                           |                                       |  |
|--------------------------|---|---------------------------|---------------------------------------|--|
| <b>Birth Information</b> | <b>4</b> Date of birth (month / day / year)<br>11 / 25 / 1994 | Country of birth<br>INDIA | City and state or province (optional) | <b>5</b> <input type="checkbox"/> Male<br><input checked="" type="checkbox"/> Female |
|--------------------------|---|---------------------------|---------------------------------------|--|

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Other Information</b>  | <b>6a</b> Country(ies) of citizenship<br>INDIA  | <b>6b</b> Foreign tax I.D. number (if any) | <b>6c</b> Type of U.S. visa (if any), number, and expiration date |  |
|   | <b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D.<br><input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____<br>Issued by: INDIA No.: Z5219141 Exp. date: 10 / 27 / 2029 Date of entry into the United States (MM/DD/YYYY): _____ |  |   |  |
|   | <b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?<br><input type="checkbox"/> <b>No/Don't know.</b> Skip line 6f.<br><input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).  |  |   |  |
|   | <b>6f</b> Enter ITIN and/or IRSN ► <b>ITIN</b> _____ <b>IRSN</b> _____ and name under which it was issued ►<br>First name Middle name Last name   |  |   |  |
| <b>6g</b> Name of college/university or company (see instructions) ► _____<br>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 accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

|                               |  |   |              |
|-------------------------------|--|---|--------------|
| Keep a copy for your records. | Signature of applicant (if delegate, see instructions) | Date (month / day / year)   | Phone number |
|                               | Name of delegate, if applicable (type or print)        | Delegate's relationship to applicant<br><input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian<br><input type="checkbox"/> Power of attorney |              |

|                                    |                                |                           |             |      |
|------------------------------------|--------------------------------|---------------------------|-------------|------|
| <b>Acceptance Agent's Use ONLY</b> | Signature                      | Date (month / day / year) | Phone       | Fax  |
|                                    | Name and title (type or print) | Name of company           | EIN         | PTIN |
|                                    |                                |                           | Office code |      |