|  |  |
| --- | --- |
| **PARTICULARS** | **PRIMARY TAXPAYER** |
| **FIRST NAME (PER SSN/ITIN)** | **VEENAMEHER** |
| **MIDDLE NAME (PER SSN/ITIN)** |  |
| **LAST NAME (PER SSN/ITIN)** | **MAMIDOJU** |
| **SSN/ITIN NUMBER** | **877-78-6125** |
| **DATE OF BIRTH (MM/DD/YY)** | **01/31/88** |
| **RELATIONSHIP WITH PRIMARY TAXPAYER** | **MY SELF** |
| **OCCUPATION** | **CLINICAL DATA MANAGER** |
| **CURRENT ADDRESS** | **#1732 NORTH PROSPECT AVE, APT #303 MILWAUKEE, WISCONSIN 53202.** |
| **CELLNUMBER(WORK/PERSONAL)** | **4143645564** |
| **DID YOU RECEIVE A STIMULUS CHECK?----NO** |  |
| **DO YOU HAVE HEALTH INSURANCE?** | **NO** |
| **EMAIL ADDRESS** | [**MEHERVEENA5@GMAIL.COM**](mailto:meherveena5@gmail.com) |
| **FIRST PORT OF ENTRY DATE      (MM/DD/YY)** | **01/19/2016** |
| **VISA STATUS ON 31ST DEC 2020** | **H1B** |
| **ANY CHANGE IN VISA STATUS DURING THE YEAR 2020 (IF YES PLS. SPECIFY)** | **YES.**  **VISA STATUS CHANGED FROM F1 TO H1B. GOT H1B STATUS FROM OCT1,2020** |
| **MARITAL STATUS AS ON**  **DEC 31,2020** | **SINGLE** |
| **DATE OF MARRIAGE (IF APPLICABLE)** | **NO** |
| **FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)** | **SINGLE** |
| **NO. OF MONTHS STAYED IN US DURING 2020** | **12MONTHS** |
| **WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2021 – (YES OR NO)** | **YES** |
| **IF ANY OTHER INFORMATION** | **I DON'T HAVE MEDICAL INSURANCE**. **WHEN I MET WITH A CAR ACCIDENT AND PERSONAL INJURY IN 2020. SO FOR MY MEDICAL EXPENSES, I HAD RECEIVED A COMPENSATION AMOUNT CLAIMED FROM INSURANCE.** |