E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🗌 🤅	Single X Married filing jointly	Marri	ed filing separately (MFS)	Head	of hous	sehold (HOH)	Qua	lifying wid	low(er) (QW)
Check only one box.	•	ou checked the MFS box, enter the isson is a child but not your depender		your spouse. If you	chec	ked the HOH	l or QV	V box, enter th	ne child's	name if th	ne qualifying
Your first name	and m	iddle initial	Last na	ame					Your so	our social security number	
ADARSH 1	KUMA	R	VAN	DANA					391-39-5491		
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse	s social se	curity number
MOUNIKA DH				RMANA					APPIED FOR		
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Preside	ntial Electi	on Campaigr
3027 PA	LMAT:	E WAY							I	nere if you,	, ,
City, town, or p	ce. If you have a foreign address, also c	omplete	plete spaces below. State ZIP			ZIP	code			ntly, want \$3 Checking a	
SACRAME	OTU				C	A	95	834		ow will not	•
Foreign country	y name			Foreign province/state	/coun	ty	Fore	oreign postal code you		your tax or refund. You Spouse	
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of ar	y fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction	_	leone can claim: You as a de Spouse itemizes on a separate retu	•				it				
Age/Blindness	s You:	: Were born before January 2,	1957 [Are blind Sp	ouse	: Was b	orn be	fore January	2, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relation	nship	(4) ✓ if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name		number to you Child ta			Child tax c	redit	Credit for ot	ther dependents	
than four											
dependents, see instruction	s ——										
and check											
here ▶ 📗											
	1	1 Wages, salaries, tips, etc. Attach F		Form(s) W-2				. 1	1	04,706.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	b Taxable interest			. 2b		
required.	3a	Qualified dividends	3a		b (Ordinary divid	dends		. 3b		
	4a	IRA distributions	4a		b T	axable amou	unt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amou	unt .		. 5b		
Standard	6a	Social security benefits	b Taxable amount						. 6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D	f required. If not req	uired	, check here		▶ [_ 7		1,268.
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		49.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				▶ 9	1	06,023.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your a	djusted gross inco	me				▶ 11	1	06,023.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedul	e A)	1	12a	25,10	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (see	insti	ructions) 1	12b	60	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120		25,700.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Forr	n 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		25,700.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	, ente	er -0			. 15		80,323.

Form 1040 (2021)								Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	9,241.		
	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17		18	9,241.						
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		19			
	20	Amount from Schedule 3, lin	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,241.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.		
	24	Add lines 22 and 23. This is	your total tax				▶	24	9,241.		
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25 a 1	5,579.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	16,579.		
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return			26			
qualifying child,	27a	Earned income credit (EIC)				27a					
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi	rements for						
	b	Nontaxable combat pay elec									
	С	Prior year (2019) earned inco				28					
	28	Refundable child tax credit or									
	29	American opportunity credit									
	30	Recovery rebate credit. See									
	31	Amount from Schedule 3, lin									
	32	Add lines 27a and 28 throug	32	1,400.							
	33	Add lines 25d, 26, and 32. T						33	17,979.		
Refund	34	If line 33 is more than line 24	34	8,738.							
	35a	Amount of line 34 you want			·	ck here Checking	. ▶ ∐ Savings	35a	8,738.		
Direct deposit? See instructions.	▶b	Routing number 1 2 1									
	►d	Account number 3 2 5									
	36	Amount of line 34 you want a				36					
Amount	37	Amount you owe. Subtract				1 1	. ▶	37			
You Owe Third Party	38	Estimated tax penalty (see in you want to allow another				38 See					
Designee		structions	•			omplete b	elow.	X No			
	Des	signee's		Phone Personal					dentification		
		me 🕨		no. ►		num	iber (PIIN)				
Sign Here	bel	der penalties of perjury, I declare t ief, they are true, correct, and com		of preparer (othe	r than taxpayer) is b		on of which	prepare	er has any knowledge.		
	You	ur signature		Date	Your occupation				nt you an Identity IN, enter it here		
Joint return?				SOFTWARE ENGINEER				inst.) 🕨			
See instructions.	Spe	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat				nt your spouse an		
Keep a copy for your records.	,								ection PIN, enter it here		
your records.					HOME MAKE		1,	inst.) 🕨			
		one no. (361)661-231		Email address	ADARSH.KUMAF	R1806@GMAIL.C			01 1 1		
Paid		eparer's name	Preparer's signat		GIIDER	Date	PTIN	2000	Check if:		
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/15/2022	P0208		Self-employed		
Use Only		m's name ► GLOBAL TAX			GR 20045				678)965-9522		
		m's address ▶ 2530 Pebbl		n Cummın			Firm	s EIN 🕨			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/22 PRO			Form 1040 (2021)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ADARSH KUMAR VANDANA & MOUNIKA DHARMANA

Your social security number
391-39-5491

Par	Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes	3			1	
2 a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions)	•				
3	Business income or (loss). Attach Schedule C		3			
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, truschedule E				5	
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling income	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Taxable Health Savings Account distribution	8e				
f	Alaska Permanent Fund dividends	8f				
g	Jury duty pay	8g				
h	Prizes and awards	8h				
i	Activity not engaged in for profit income	8i				
j	Stock options	8j				
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such	8k				
	property	OK				
•	instructions)	81				
m	Section 951(a) inclusion (see instructions)	8m				
n	Section 951A(a) inclusion (see instructions)	8n				
0	Section 461(I) excess business loss adjustment	80				
р	Taxable distributions from an ABLE account (see instructions).	8p				
Z	Other income. List type and amount ▶					
	Other Income from box 3 of 1099-Misc 49.	8z		49.		
9	Total other income. Add lines 8a through 8z				9	49.
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8	040,	1040-	SR, or	10	40

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	>		
С	Date of original divorce or separation agreement (see instructions)	•		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24 g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury

Internal Revenue Service (99) ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number 391-39-5491

AD	ARSH KUMAR VANDANA & MOUNIKA DHARMANA			391-	-39-	5491		
	rou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_				
Pai	t I Short-Term Capital Gains and Losses – Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)		
lines This	See instructions for how to figure the amounts to enter on the ines below. This form may be easier to complete if you round off cents to whole dollars. (d) Proceeds (sales price) (e) Cost (or other basis) (g) Adjustments to gain or loss for form(s) 8949, Pa line 2, column (
	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 Box A checked	8.	7.			1.		
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	9.	, .					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	1,651.	384.			1,267.		
	Short-term gain from Form 6252 and short-term gain or (loss) Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	our Capital Loss	Carryover	6	(
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back						1,268.		
Par					7 (see	I		
	nstructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	•	(h) Gain or (loss) Subtract column (e)		
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	from Part II,	from column (d) and 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 Box D checked							
9	Totals for all transactions reported on Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked							
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11			
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12			
	Capital gain distributions. See the instructions				13			
	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	through 14 in co	lumn (h). Then, go	to Part III	45			

BAA

Schedule D (Form 1040) 2021 Page 2

Part III **Summary** 1,268. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, 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 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2021

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

391-39-5491

ADARSH KUMAR VANDANA & MOUNIKA DHARMANA

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.

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) and see Column (e. from column (d) and disposed of (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions APEX CLEARING 05/05/21 12/12/21 8. 7. 1.

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.

8.

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). ►

7.

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ 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. Sequence No. 12A

OMB No. 1545-0074

391-39-5491 ADARSH KUMAR VANDANA & MOUNIKA DHARMANA 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. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(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	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC		12/31/21	1,651.	384.			1,267.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), lir	lude on your ne 2 (if Box B	1,651.	384.			1.267.

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.

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



Application for IRS Individual Taxpayer Identification Number

▶ 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.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th		orm if you have, or are eligil	ble to get, a	U.S. social se	curity nu	umber (SS	SN).			a new ITIN existing ITIN	
		itting Form W-7. Read the ral tax return with Form V								d, e, f, or g, you	
a Nonresident	t alie	n required to get an ITIN to cla	aim tax treaty	benefit							
b Nonresident	t alie	n filing a U.S. federal tax retur	n								
		en (based on days present in		_							
_		S. citizen/resident alien									
e ⊠ Spouse of U	J.S. c			name and SSN/ UMAR VANDA			resident a	·		s) ► 39-5491	
f Nonresident	t alie	n student, professor, or resear	rcher filing a	U.S. federal tax	return or	claiming a	n excepti	on			
		se of a nonresident alien hold	ing a U.S. vis	sa							
h Other (see in											
		r a and f: Enter treaty country	•	NAC-I-II	an	d treaty ar					
Name	па	First name MOUNIKA		Middle name			Last r	name ARMANA			
(see instructions)	4 14	First name		Middle name							
Name at birth if different •							Last r				
Applicant's Mailing		2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 3027 PALMATE WAY									
Address		City or town, state or province SACRAMENTO				CA	USA	<u> </u>	958	334	
Foreign (non- U.S.) Address	3										
(see instructions)		City or town, state or province	e, and counti	ry. Include posta	l code wi	here appro	priate.				
Birth Information	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 ☐ Male										
Other Information	6a	Country(ies) of citizenship INDIA	tax I.D. number (if any) 6c Type of U.S. visa				sa (if any), n	umber, ar	nd expiration date		
mormanon	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other ☐ Date of entry into the United States										
		Issued by: INDIA No.: R0723517 Exp. date: 04/26/2027 (MM/DD/YYYY):									
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f.										
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	61		TIN	IRSN				and			
		name under which it was iss	ued ▶	First name		Middle r	name		l ast	name	
	First name Middle name Last name 6g Name of college/university or company (see instructions) ▶										
	City and state ► Length of stay ►										
Sign Here	doc	der penalties of perjury, I (applicumentation and statements, and rmation with my acceptance agen	to the best of	of my knowledge	and belie	f, it is true,	correct,	and complete	e. I autho	rize the IRS to share	
Keep a copy for your records.	•	Signature of applicant (if delegate, see instructions) Date (month /					/ year) 	Phone num	nber		
		Name of delegate, if applica	ble (type or p	orint)	Delegate's relationship to applicant				Parent Court-appointed guardiar Power of attorney		
Acceptance	1	Signature			Date (n	nonth / day	/ year)	Phone			
Agent's		Name and PDF 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l Ni c				Fax			
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