<b>1040</b>		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) <b>urn</b>	202	21	OMB No.	1545-	0074	IRS Use O	nly—[	Do not w	rite or	<sup>.</sup> staple i	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of	-	separately ouse. If you					` '		_	-	0	ow(er) (QW) le qualifying
Your first name	and mi	ddle initial	Last na	ame							Y	Your so	cial s	securit	y number
VENKATE:	SH		JOGI	IPARTH	II						6	682-	45-	383!	5
If joint return, s	pouse's	first name and middle initial	Last na	ame							s	Spouse'	s soc	ial sec	curity number
NIHARIK	A		AGUT	гнота							1	APPL	IED	) FOI	R
Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ions.					Apt	t. no.	F	Preside	ntial	Electic	on Campaign
9716 HI	CKOR	Y STREET													or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	spaces be	low.	Sta	te		ZIP code	9					tly, want \$3 Checking a
FRISCO						TΣ	X		7503	5		0			change
Foreign countr	y name			Foreign p	rovince/state	e/count	ty		Foreign	postal coc	le y	our tax	or r	efund.	-
														You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial inter	est ir	n any vi	rtual cur	renc	cy?		Yes	X No
		eone can claim:  You as a de			Your spou							-			
Standard Deduction		Spouse itemizes on a separate retu	•		•		•	ent							
		·	· · ·		duui statu										
Age/Blindness	S You:	Were born before January 2, 1	1957	Are bl	lind <b>S</b>	oouse	: 🗌 Was	s bori	n before	e Januar	y 2,	1957		ls bli	nd
Dependent				(2) S	Social secur	ity	(3) Relati		ip	(4) 🗸 i		1			,
If more	<b>(1)</b> Fi	irst name Last name		number to you		Child tax cred		dit	Cred	t for oth	ner dependents				
than four dependents,											]				<u> </u>
see instruction	s ——										]				<u> </u>
and check											]				<u> </u>
here 🕨 🔄														L	
Attach	1	Wages, salaries, tips, etc. Attach	î	W-2 .	· · ·	• •		•	· ·		•	1	_	6	66,125.
Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable inte	erest			•	2b	-		36.
required.	<u>3a</u>	Qualified dividends	3a				ordinary di				•	3b	-		
	4a	IRA distributions	4a				axable am				·	4b	-		
	5a	Pensions and annuities	5a				axable am				·	5b	-		
Standard Deduction for —	6a	Social security benefits	6a				axable am		• •		·	6b	_		2 0 0 0
Single or	7	Capital gain or (loss). Attach Sche		•			, check he	ere	• •	🏲		7	_		-3,000.
Married filing separately,	8	Other income from Schedule 1, lir			· · ·			•	• •			8	_		
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		-	our total in	come		·	• •			9	_		53,161.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Sche			· · ·	• •		•	• •			10	-		
Qualifying widow(er),	11	Subtract line 10 from line 9. This is							· ·	· · ·				6	53,161.
\$25,100	12a	Standard deduction or itemized		`		,	• •	12a		25,1	00.	·			
<ul> <li>Head of household,</li> </ul>	b	Charitable contributions if you take the standard deduction (see instructions)					- 10		,						
\$18,800	C	Add lines 12a and 12b	• •		 005 or For			•	• •		•	120			25,100.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct							• •		•	13			<u> </u>
Standard Deduction,	14 15	Add lines 12c and 13 <b>Taxable income.</b> Subtract line 14									•	14			$\frac{25,100}{25,061}$
see instructions.	15					s, ente	0	•	• •		•	15		3	38,061.

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

Form **1040** (2021)

Form 1040 (2021	)								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	4,171.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	4,171.
	19	Nonrefundable child tax cree						19	
	20	Amount from Schedule 3, lin	ne8					20	1,013.
	21	Add lines 19 and 20						21	1,013.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,158.
	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 <b>total tax</b>				. 🕨	24	3,158.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 8	,152.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,152.
If you have a	26	2021 estimated tax payment		• •				26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a	,						
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27a and 28 throug					lits 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	8,152.
	34	If line 33 is more than line 24						34	4,994.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							4,994.
Direct deposit?	►b	Routing number $0   7   2   0   0   3   2   6 $ <b>b</b> c Type: <b>X</b> Checking Savings						35a	
See instructions.	►d	Account number 8 6 0 8 1 9 8 8 2							
	36	Amount of line 34 you want a			ed tax 🕨	36			
Amount	37	Amount you owe. Subtract					. 🕨	37	
You Owe	38	Estimated tax penalty (see in			1 2	38			
Third Party	Do	you want to allow another							
Designee						. 🕨 🗌 Yes. Co	omplete l	oelow.	X No
-		signee's		Phone			onal identi		
	nar	me 🕨		no. 🕨		numl	oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		· · ·	piele. Declaration				1		, ,
	YO	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					TECHINICAL	BUSINESS SYST		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.	<b>*</b>								ection PIN, enter it here
your records.					STUDENT			inst.) 🕨	
		one no. (313)406-039		Email address	JOGIPARTHIVEN	NKATESH@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN	0000	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1 03/23/2022	P0208		Self-employed
Use Only								678)965-9522	
		m's address ► 2530 Pebb		n Cummin			Firm	's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/12/22 PRO			Form <b>1040</b> (2021)

# **Additional Credits and Payments**

OMB No. 1545-0074

	►A	ttach to	Form	1040,	1040-SR,	or 1040-NR.	
-							

2021 Attachment

	nent of the Treasury Revenue Service	I.	Attachment Sequence No. <b>03</b>			
Name	(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR		Your so	cial se	curity number
		IPARTHI & NIHARIKA AGUTHOTA		682-4	5-38	35
Pai	rt I Nonre	fundable Credits		1		
1	Foreign tax	credit. Attach Form 1116 if required		[	1	
2	Credit for c Form 2441	Attach	2			
3	Education c	[	3	1,013.		
4	Retirement	savings contributions credit. Attach Form 8880		[	4	
5	Residential	energy credits. Attach Form 5695			5	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839..............	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	motor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage ir	iterest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonret	fundable credits. List type and amount $\blacktriangleright$	6z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1	through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,		
	line 20			[	8	1,013.
				(co	ntinu	ed on page 2)
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	REV 03/12/22	PRO S	chedul	e 3 (Form 1040) 2021

Schedule 3 (Form 1040) 2021

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	
	BAA REV	03/12/22 PRO	Schedu	le 3 (Form 1040) 2021

# 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.

20Attachment Sequence No. 12

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

Department of the Treasury

VENKATESH JOGIPARTHI & NIHARIKA AGUTHOTA

Your social security number

682-45-3835 × No

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and 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	433,933.	461,825.	7,2	43.	-20,649.
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					
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	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	-20,649.

#### 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.		<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.(or other basis)Form(s) 8949, P line 2, column					Part II,	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					
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 <b>Worksheet</b> in the instructions		14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> -20,649.
	• 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?	
	<b>No.</b> 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 ( 3,000.)
	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.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 03/12/22 PRO

Schedule D (Form 1040) 2021

	0100
Form	UJ4J

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
VENKATESH JOGIPARTHI & NIHARIKA AGUTHOTA	682-45-3835

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>(b)</b> Date acquired	Date sold or Proceeds See		<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	(h) Gain or (loss). Subtract column (e) from column (d) and		
(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	combine the result with column (g)	
APEX CLEARING	01/01/21	12/31/21	311,860.	323,432.	W	4,986.	-6,586.	
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	1,672.	1,729.			-57.	
ROBINHOOD SECURITIES LLC	01/01/21	12/31/21	120,401.	136,664.	W	2,257.	-14,006.	
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	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	433,933.	461,825.		7,243.	-20,649.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form **88663** Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

### Education Credits (American Opportunity and Lifetime Learning Credits) Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

682-45-3835

### VENKATESH JOGIPARTHI & NIHARIKA AGUTHOTA

CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3		-	
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education				
_		4		-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or gualifying widow(er)	5			
6	If line 4 is:	•		-	
·	Equal to or more than line 5, enter 1.000 on line 6		)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro			6	
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e yea	ar <b>and</b> meet the		
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ .$			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
David	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	•		8	
Part		/	· · · · · ·		
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	5,063.		
11	Enter the smaller of line 10 or \$10,000		11	5,063.	
12	Multiply line 11 by 20% (0.20)			12	1,013.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				
	qualifying widow(er)	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	63,161.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	116,839.	-	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	10	20.000		
47	qualifying widow(er)	16	20,000.	-	
17	Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	<ul> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou)</li> </ul>	nded	to at least three		
			17	1.000	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	1,013.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit	•	,	-	,
	instructions) here and on Schedule 3 (Form 1040), line 3			19	1,013.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 03/12/2	22 PRO	Form <b>8863</b> (2021)

682-45-3835

VENKATESH JOGIPARTHI & NIHARIKA AGUTHOTA

CAUT	Complete Part III for each student for whon opportunity credit or lifetime learning credit each student.	-	•					
Par	t III Student and Educational Institution Information	n. See in	structions.					
20	Student name (as shown on page 1 of your tax return) NIHARIKA	21 Student social security number (as shown on page 1 of your tax return)						
	AGUTHOTA		APP-LI-E					
	Educational institution information (see instructions) A. Name of first educational institution	<b>b</b> Na	me of second educational in	stitution (if any)				
UNIVERSITY OF CENTRAL MISSOURI		<b>b.</b> Name of second educational institution (if any)						
(	<ul> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>P O BOX 800</li> </ul>	F F	Address. Number and street bost office, state, and ZIP co nstructions.	(or P.O. box). City, town or ode. If a foreign address, see				
	WARRENSBURG MO 64093							
(	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2021?	f	Did the student receive Form rom this institution for 2021?	? Yes No				
(	<ul> <li>Did the student receive Form 1098-T from this institution for 2020 with box Yes X No 7 checked?</li> </ul>	f	Did the student receive Form rom this institution for 2020 7 checked?					
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	( i	EIN) if you're claiming the A	bloyer identification numbe merican opportunity credit o or <b>(3).</b> You can get the EIN e institution.				
	44-6000293							
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021?		- Stop! o line 31 for this student. X	No — Go to line 24.				
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Yes	— Go to line 25.	] No — <b>Stop!</b> Go to line 31 for this student.				
25	Did the student complete the first 4 years of postsecondary education before 2021? See instructions.		- <b>Stop!</b> o line 31 for this ent.	] No — Go to line 26.				
26	Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?		- <b>Stop!</b> o line 31 for this ent.	No — Complete lines 27 through 30 for this student.				
CAUT	You <b>can't</b> take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't c		•	<b>udent</b> in the same year. If				
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). <b>Dor</b>							
28	Subtract \$2,000 from line 27. If zero or less, enter -0							
29	Multiply line 28 by 25% (0.25)			. <b>29</b>				
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f <b>Lifetime Learning Credit</b>							
				Derte				
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10							
				Form <b>8863</b> (2021				

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

### Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sepa	arate instruc		permaner	it reside	ins.					
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	U.S. feder	al tax p	ourposes	only.			ype (check one bo	x):		
<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).						SN).	X Apply for a new ITIN ☐ Renew an existing ITIN					
	ubmitting Form W-7. Read the definition of the d								o, c, d, e, f, or g,	you		
	t alien required to get an ITIN to c		efit									
	Nonresident alien filing a U.S. federal tax return											
_	c. 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 e ⊠ Spouse of U.S. citizen/resident alien If d, enter relationship to U.S. citizen/resident alien (see instructions) ► If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►												
_	J	VENKATESH JOGIPARTHI 682-45-3835										
	spouse of a nonresident alien hol	or researcher filing a U.S. federal tax return or claiming an exception										
h Other (see in	notre votiona)	-										
	on for <b>a</b> and <b>f</b> : Enter treaty countr	·				icle num	e number Þ					
Name	1a First name   Middle name						name					
(see instructions)	NIHARIKA		AGU			JUTHOTA						
Name at birth if different ►	1b First name		Middle name Last r			name						
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.											
Mailing	9716 HICKORY STREET											
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.											
	FRISCO TX USA 75035											
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)         Country of birth         City and state or province (optional)         5         Male											
Information	08/15/1994	INDIA			province	∑ Female						
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	• Foreign tax I.D. number (if any) 6c Type of U.S. visa (if				isa (if any), r	numbe	er, and expiration da	ıte		
	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.											
	USCIS documentation Other Date of entry into											
			_				the United			_		
	,	No.: M1982324			09/09/		(MM/DD/	YYYY	·):			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?											
	<ul> <li>No/Don't know. Skip line 6f.</li> <li>Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).</li> </ul>											
	6f Enter ITIN and/or IRSN ► ITIN ITIN IRSN and											
	name under which it was issued >											
	First name Middle name Last 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 accompanyin documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha 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 (m	Date (month / day / year) F			nber				
,	Name of delegate, if applicable (type or print		Delegate's relation to applicant		ship	P Parent [		Court-appointed guardian				
Acceptance	Signature			F		/ year)	Phone					
Acceptance Agent's						Fax	,					
Use ONLY	Name and title (type or prin	Name of company			EIN	I PTIN						
					Office code							

REV 03/12/22 PRO