

**Part I – Personal Information**

**Taxpayer:**  
 Last name . . . . . PRATTIPATI  
 First name . . . . . MADHAV VISHVA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 658-35-0694  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 04/28/1992 (mm/dd/yyyy)  
 Age as of 1-1-2022 . . . . . 29  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . VISHVA2048@GMAIL.COM  
 Work phone . . . . . (432) 214-4626 Ext \_\_\_\_\_  
 Cell phone . . . . . (432) 214-4626  
 Home phone . . . . . (432) 214-4626  
 Fax number . . . . .

**Spouse:**  
 Last name (if different) . . . . .  
 First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2022 . . . . .  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . .  
 Work phone . . . . . Ext \_\_\_\_\_  
 Cell phone . . . . .  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer work phone (432) 214-4626  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . 2556 CHERRY BIRCH LN Apt no. . . . .  
 City . . . . . ATLANTA State . . . . . GA ZIP code . . . . . 30360  
**Foreign Address:** Check this box to use foreign address . . ▶   
 Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/country . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .  
 APO/FPO/DPO address . .  APO  FPO  DPO

**Part II – Federal Filing Status**

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately  
 Taxpayer did **not** live with spouse at any time during year  
 Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household  
 If qualifying person is child but not dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . .
- 5** Qualifying widow(er)  
 Year spouse died  2019  2020  
 Enter the qualifying person's name:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . .

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2021  Code	Not qual credit other dep  Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

**Part VI – Electronic Filing of Tax Return Information - Continued**

**Electronic Filing of Estimated Payments:**

Check this box to file state estimated payments electronically (CA, NJ, NY, NYC UBT and TNC SMLLC)  
\* Select the estimated quarterly payment to file electronically. (Multiple quarters can be entered)

State(s)*

**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . ▶ \_\_\_\_\_  
If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . ▶ \_\_\_\_\_

**Practitioner PIN Program:**

Sign return electronically using Practitioner PIN

**Choose one:**

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . 50694  
Spouse's PIN filing a joint return (enter any 5 numbers) . . . .             
Date PIN entered. . . . . 02/02/2022

**Part VII – Electronic Filing of Extension and Amended Return Information**

**Federal Extension:**

File **Form 4868** (application for extension of time to file return) electronically

For **electronic funds withdrawal** of amount paid with Form 4868, go to **Part IX**

**State and City Extensions:**

File state or city extension(s) electronically  
Select extensions to file electronically:

State(s)

**Federal Amended Returns:**

- File federal **amended** return electronically
- Check if original federal return was successfully e-filed (see help)

**State Amended Returns:**

File state **amended** return(s) electronically  
Select state amended return(s) to file electronically:

State(s)

**Part XI – Part-Year and Nonresident State Return Filing Information Only**

Caution: You do **not** need to enter any State information below unless a part-year or nonresident tax return must be filed or the state listed in Part I has changed since 12/31/2021.

**State of residence** as of 12/31/2021 . ▶ IL

- Full-year resident
- Part-year resident

**If part-year resident**, date residence established . . . \_\_\_\_\_  
 Former state of residence . . . . . \_\_\_\_\_

**Nonresident State Filers:** Taxpayer needs to file nonresident state return(s) in **2021**  
 Enter nonresident state(s) ID below:

State	Residency Status	Dates of Residency (Part-Year Residents only)	
		Taxpayer	Spouse (if different)
IL	Full-Year Resident	_____ To _____	_____ To _____
_____	_____	_____ To _____	_____ To _____
_____	_____	_____ To _____	_____ To _____
_____	_____	_____ To _____	_____ To _____

**Part XII– Client Letter Information**

Taxpayer's first name salutation . . . . . \_\_\_\_\_  
 Spouse's first name salutation . . . . . \_\_\_\_\_  
 Primary state I.D. . . . . \_\_\_\_\_

**Multiple State Client Letter** - Excluded State(s)/City Return Information:  
 Enter in table state/city returns you **do not** want to appear in taxpayer and recipient letters. Enter two character state postal code for state returns and three character city code for city returns. (See Help)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_