# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number SHANMUKH G KOTHA 191-35-5836 Spouse's name Spouse's social security number NIKHITHA BODIGE APPLIED FOR Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 82,681. 1 1 2 2 6,511. 3 3 11,276. 4 4 Amount you want refunded to you 5,815. 5 5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	5	8	3	6	
Ent dor	er fiv n't er	ve di nter a	gits, all ze	but ros	as my

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practit	oner PIN Method Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	re-digit self-selected PIN. <u>5</u> 87278619989 Don't enter all zeros						

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨			
	ERO Must Retain This Form — See Instructions			
	Don't Submit This Form to the IRS Unless Requested To Do So			
		_	0070	

Date

<b>104</b>		artment of the Treasury–Internal Revenue Serv S. Individual Income Ta		(99) <b>urn</b>	202	21	OMB No.	1545-	-0074	IRS Use Only	∕−Do not	write o	or staple i	n this space.
Filing Statu Check only one box.	lf yo	Single 🔀 Married filing jointly [ ou checked the MFS box, enter the r son is a child but not your dependen	name of	-	separately ouse. If you					. ,		-	0	ow(er) (QW) e qualifying
Your first name	e and m	iddle initial	Last na	me							Your s	ocial	securit	y number
SHANMUK	ΗG		KOTH	IA							191-	-35	-5836	5
If joint return, s	spouse's	s first name and middle initial	Last na	me							Spous	e's so	cial sec	urity number
NIKHITH	A		BODI	IGE							APPI	LIE	D FOI	ર
Home address	s (numbe	er and street). If you have a P.O. box, see	e instructi	ons.					Ap	ot. no.	Presid	entia	I Electic	on Campaign
210 BRE	NTWO	OD OAKS DR											if you,	
City, town, or	post offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te		ZIP cod	le				tly, want \$3
NASHVIL	LE					TI	V		372	11	Ŭ Ŭ			Checking a change
Foreign count	ry name		1	Foreign pi	rovince/state	e/count	ty		Foreign	postal code			refund.	onango
													You	Spouse
At any time d	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of a	ny fina	ancial inter	rest i	n any v	rirtual curre	ncy?		Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	ependen	t 🗌	Your spou	ise as	a depend	ent						
Deduction		Spouse itemizes on a separate retu	•		•		•							
			, , , , , , , , , , , , , , , , , , ,	¬										
Age/Blindnes			1957	_ Are bl	ind S	oouse	: 📋 Wa	s bor	n betor	e January			_ Is bli	-
Dependent				(2) Social security (3) Relationsh number to you		ip	(4) ✔ if q		1					
If more	<b>(1)</b> F	irst name Last name							Child tax c		redit	Cre	dit for oth	ner dependents
than four dependents,												_		<u> </u>
see instruction	ıs ——											_		<u>_</u>
and check												_		<u> </u>
here 🕨 📃													L	
Attach	1	Wages, salaries, tips, etc. Attach	1.1	W-2 .	· · ·	• •		•	· ·			1	{	82,830.
Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable int	erest	•		· –	b		
required.	3a	Qualified dividends	3a				ordinary di				·	b		
	) 4a	IRA distributions	4a				axable an					b		
	<b>5</b> a	Pensions and annuities	5a			<b>b</b> Taxable amount		nt			b			
Standard Deduction for—	6a	Social security benefits	6a				axable an					b		
Single or	7	Capital gain or (loss). Attach Sche		f required	d. If not re	quired	, check he	ere	· ·	Þ [		7		-149.
Married filing separately,	8	Other income from Schedule 1, lir						•	· ·		-	3		
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,			our <b>total in</b>	come		•	· ·			•		32,681.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Sche						•	· ·			0		
Qualifying	11	Subtract line 10 from line 9. This is						· ·	· ·			1	8	32,681.
widow(er), \$25,100	12a	Standard deduction or itemized		•		,		12a		25,10	0.			
<ul> <li>Head of household,</li> </ul>	b	Charitable contributions if you take	the star	ndard de	duction (se	e instr	uctions)	12k	)					
\$18,800	С											2c	2	25,100.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					5-A	•				3		
Standard	14											4		25,100.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ie 11. lf z	zero or less	s, ente	r-0	·	• •		. 1	5	5	57,581.
	·													

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

Form **1040** (2021)

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
	Firr	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Use Only		n's name 🕨 GLOBAL TAX					Phor	ne no. (	678)965-9522
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/22/2022	P02083		Self-employed
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
		one no. (484)757-823		Email address	KOTHA.GOUD	KDG@GMAIL.CC			
Keep a copy for your records.	· ·		-		HOME MAKE		(see	ity Prote inst.) ►	ection PIN, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	SOF I WARE Spouse's occupa		If the	IRS ser	nt your spouse an
loint rot:	TO	u signature		Date		DEVELOPER	Prote		N, enter it here
Sign Here	bel	der penalties of perjury, I declare t ief, they are true, correct, and com ur signature					on of which	prepare	
	nar	me 🕨		no. 🕨		numb	oer (PIN) 🖡	•	
Designee	ins	signee's	•			. 🕨 🗌 Yes. Co	omplete k onal identii		X No
Third Party		Estimated tax penalty (see in you want to allow another				<b>38</b>			
Amount You Owe	37 38	Amount you owe. Subtract					. 🕨	37	
A ma a	36	Amount of line 34 you want a				36		07	
	► d	Account number 4 4 4							
Direct deposit? See instructions.	►b	Routing number 0 6 4				Checking	Savings		
	35a	Amount of line 34 you want						35a	5,815.
Refund	34	If line 33 is more than line 24				•	· <u>·</u>	34	5,815.
	33	Add lines 25d, 26, and 32. T					. 🕨	33	12,326.
	32	Add lines 27a and 28 throug		•				32	1,050.
	31	Amount from Schedule 3, lin				31			
	30	Recovery rebate credit. See	instructions .				,050.		
	29	American opportunity credit		,		29			
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	с	Prior year (2019) earned inco	ome	. 27c					
	b	Nontaxable combat pay elec	ction	. 27b					
		Check here if you were by January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi he EIC. See in	rements for				
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a			
If you have a	26	2021 estimated tax payment						26	
	d	Add lines 25a through 25c						25d	11,276.
	с	Other forms (see instructions	,			25c			
	b	Form(s) 1099				25b			
	а	Form(s) W-2				<b>25</b> a 11	,276.		
	25	Federal income tax withheld	from:						
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	6,511.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,511.
	21	Add lines 19 and 20						21	
	20	Amount from Schedule 3, lin	ne8					20	
	19	Nonrefundable child tax cred	dit or credit for c	other depender	nts from Schedul	e8812		19	
	18	Add lines 16 and 17 .						18	6,511.
	17	Amount from Schedule 2, lin						17	
· · ·	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3		16	Page 2
Form 1040 (2021	16	Tax (see instructions). Check							

## 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.

2021 Attachment Sequence No. 12

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

Department of the Treasury

SHANMUKH G KOTHA & NIKHITHA BODIGE

Your social security number

191-35-5836

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
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 le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column (	om art 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	9,868.	10,568.	4	0.	-660.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	755.	244.			511.
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	y, from line 8 of y	-	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	-149.		

### Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (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)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) 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 <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	ain or (loss)	11 12				
13	Net long-term gain or (loss) from partnerships, S corporat 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> -149.
	• 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)	<b>21</b> ( 149. )
	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	0343	

### **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
SHANMUKH G KOTHA & NIKHITHA BODIGE	191-35-5836

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) (c) Date acquired		(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below			(h) Gain or (loss). Subtract column (e)	
(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	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/21	12/31/21	9,868.	10,568.	EW	40.	-660.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	9,868.	10,568.		40.	-660.	

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

	0100	
Form	0343	

### **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
SHANMUKH G KOTHA & NIKHITHA BODIGE	191-35-5836

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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (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 (Example: 100 sh. XYZ Co.)	Date acquired dis	<b>(c)</b> Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	<b>(h)</b> Gain or (loss). Subtract column (e)
		disposed of (Mo., day, yr.)		and see <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	01/01/21	12/31/21	755.	244.			511.
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 (	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	755.	244.			511.

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

# Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service	Sury	See sep	arate instruc		permaner	it reside	ents.			
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	· U.S. feder	al tax p	ourposes	only.			pe (check one bo	x):
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number					umbor (SS	20/)	Apply for a new ITIN			
Reason you're si	ubmitting Form W-7. Read th	ne instructions fo	or the box y	ou che	ck. Cauti	on: If y	ou check b	ox <b>b</b> ,		you
	ederal tax return with Form			of the e	exception	<b>ıs</b> (see	instruction	s).		
	t alien required to get an ITIN to c		efit							
	t alien filing a U.S. federal tax retu nt alien <b>(based on days present i</b>		e) filing a LL	S fodor	al tax rotur	n				
	of U.S. citizen/resident alien )		-				tructions) 🕨			
		,	P			(	· · · · ,			
e 🛛 Spouse of L		f <b>d</b> or <b>e,</b> enter nam SHANMUKH G		IN of U.	S. citizen/	resident	alien (see in			
f 🗌 Nonresident	۔ J t alien student, professor, or resea				laiming a			<u>⊥</u>	91-35-5836	
	spouse of a nonresident alien hole	-			siairring a	голосри				
h 🗌 Other (see in		g								
Additional information	on for <b>a</b> and <b>f</b> : Enter treaty country			an	d treaty ar	ticle num	nber 🕨			
Name	1a First name	Mid	dle name				name			
(see instructions)	NIKHITHA	Mid	dla nama				DIGE			
Name at birth if different ►	1b First name	IVIIO	dle name			Lasi	name			
Applicant's	2 Street address, apartment n	umber, or rural rou	ite number. <b>If</b>	you ha	ve a P.O.	box, see	e separate i	nstruc	ctions.	
Mailing	210 BRENTWOOD OA									
Address	City or town, state or province	ce, and country. In	clude ZIP co	de or po				2	7011	
	NASHVILLE 3 Street address apartment n	umber or rural rou	ite number <b>D</b>	on't us	TN			3	7211	
Foreign (non-	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>									
U.S.) Address (see instructions)	City or town, state or provine	ce, and country. In	clude postal	code wł	nere appro	priate.				
									_	
Birth Information	4 Date of birth (month / day / year 12/15/1995	) Country of birth INDIA		City ar	id state or	province	e (optional)	5	_ Male K Female	
	6a Country(ies) of citizenship	6b Foreign tax I	.D. number (if	anv)	6c Type	of U.S. v	isa (if anv). n		, and expiration dat	te
Other Information	INDIA		, v	37					· · ·	
internation	6d Identification document(s) su	ubmitted (see instr	ructions) 🛛 Passport 🗌 Driver's license/State I.D.							
	USCIS documentation									
	the United States									
	Issued by: INDIA No.: R0621162 Exp. date: 05/15/2027 (MM/DD/YYYY):									
	<ul> <li>6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?</li> <li>No/Don't know. Skip line 6f.</li> </ul>									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ►	ITIN			IF	SN				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 ►									
Cian		licant/delegate/accer	otance agent)	declare	Ŭ		d this applic	ation	including accompar	wina
Sign	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompany documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to st information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								thorize the IRS to s	
Here							Phone nun			
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)			Date (month / day / year)		THORE HUI	IDEI			
,	Name of delegate, if applic	Delegate's relationship		iship	Parent	Parent Court-appointed guard		dian		
				to applicant			Power of attorney			
Acceptance	Signature			Date (month / day / year)			Phone			
Agent's	Nome and title (type or print	+)	Nome of a				Fax			
Use ONLY	Name and title (type or prin	Name of co	unpany		EIN Office	PTIN				
	1 7	1				JUNE				

REV 03/12/22 PRO