**DEAR CLIENT ,**

**THANKS FOR MAKING THE PAYMENT, WE REQUEST YOU TO PLS. GIVE US YOUR CONSENT TO E- FILE YOUR TAXES. LET US KNOW IF ANY CHANGES ARE THEIR BEFORE WE FILE THE RETURNS.**

**PLS. CROSS CHECK YOUR BANK DETAILS, IF YOU HAVE NOT PROVIDED PLS. SHARE THEM WITH US TO GET DIRECT DEPOSIT OF REFUND AMOUNT.**

|  |  |
| --- | --- |
| **BANK NAME** | WELLS FARGO |
| **ROUTING NUMBER (PAPER/ELECTRONIC)** | 111900659 |
| **ACCOUNT NUMBER** | 6257881596 |
| **CHECKING / SAVING ACCOUNT** | CHECKING |
| **ACCOUNT HOLDER** | SANJANA V SUNILKUMAR |

**PLS. PROVIDE THE BELOW DETAILS TO E - FILE YOUR TAXES WITH IRS AND STATE DEPARTMENTS.**

1. **IF FILING STATUS IS SINGLE, PROVIDE ONLY YOUR ID PROOF**
2. **IF FILING JOINTLY, PROVIDE YOU AND YOUR SPOUSE ID PROOF**

|  |  |  |
| --- | --- | --- |
| **DRIVING LICENSE/ STATE ISSUED PHOTO ID** | **TAXPAYER** | **SPOUSE** |
| **NUMBER** | 0806746224 |  |
| **ISSUED STATE** | NV |  |
| **ISSUED DATE** | 11/02/2020 |  |
| **EXPIRATION DATE** | 08/30/2028 |  |
| **TYPE OF ID (DRIVING LICENSE / STATE ISSUED ID/PASSPORT)** | DRIVING LICENSE |  |
| **REFERENCE ADDRESS OF INDIA** | H.No : 1-1-698, Flat no 501, Rajeshwari residency, Besides Narmada Hospital, Street no 4, Gandhinagar, Kawadiguda - 500080. GANDHINAGAR, HYDERABAD - 500080, INDIA. |  |

**PLS. REFER YOUR FRIENDS AND COLLEAGUES TO UTILIZE OUR SERVICES TO FILE THEIR TAXES WITH IRS RESPECTIVELY.**