| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Us | e Only | —Do not v | vrite or staple | in this space. |
|---|-----------|---|------------|---------------|-------------------------|-------|--------------------------|--------|-----------|-------------------|-------------------|--|-----------------------------------|
| Filing Status Check only one box. | lf yo | Single X Married filing jointly u checked the MFS box, enter the na son is a child but not your dependent | ame of y | - | | | Head of ed the HOH or | | | | spo | lifying sun use (QSS) s name if th | 0 |
| Your first name | and mi | iddle initial | Last na | me | | | | | | | Your so | cial securi | ty number |
| VENKATA | KRIS | SHNA | GALL | A | | | | | | | 325- | 55-932 | 8 |
| lf joint return, sp | ouse's | s first name and middle initial | Last na | me | | | | | | | Spouse | 's social se | curity number |
| VENKATA | AMRI | JTHA VARSHINI | POKU | RI | | | | | | | APPL | IED FO | R |
| Home address (| numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | | A | Apt. no. | | Preside | ntial Electi | on Campaigr |
| 4980 USA | A BI | LVD | | | | | | 2 | 211 | | | here if you, | |
| City, town, or po | ost offic | ce. If you have a foreign address, also co | mplete s | paces below | w. | Sta | te | ZIP c | ode | | • | | tly, want \$3 Checking a |
| SAN ANTO | NIO | | | | | TΣ | ζ | 782 | 40 | | box bel | ow will not | change |
| Foreign country | name | | F | Foreign prov | vince/state/c | oun | ty | Foreig | gn postal | code | your ta: | k or refund. | _ |
| | | | | | | | | | | | | You | Spouse |
| Digital Assets | | ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a | | | | | | | | | | Yes | X No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | t 🗌 Y | our spouse | e as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or you | ı were a dı | ual-status a | alien | I | | | | | | |
| Age/Blindness | You | Were born before January 2, 1 | 958 [| Are blin | d Spo | use | : 🗌 Was bor | n hefa | ore Jani | Jary 2 | 1958 | Is bl | lind |
| Dependents | | | | | | 400 | (3) Relationsh | | | | | | instructions): |
| • | • | irst name Last name | | | cial security number | | to you | ib (| | tax cr | | , ì | her dependents |
| lf more than four | | | | | | | | | | | | | |
| dependents, | | | | | | | | | | $\overline{\Box}$ | | | |
| see instructions and check | | | | | | | | | | $\overline{\Box}$ | | | \square |
| here | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (se | e instructio | ons) | | | | | | . 1a | | 95,660. |
| meome | b | Household employee wages not re | ported | on Form(s | s) W-2 | | | | | | . 1t | | |
| Attach Form(s) | с | Tip income not reported on line 1a | (see ins | structions) |) | | | | | | . 10 | ; | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | orted or | n Form(s) | W-2 (see in | Istru | ictions) | | | | . 10 | 1 | |
| W-2G and | е | Taxable dependent care benefits f | rom For | m 2441, li | ne 26 . | | | | | | . 1e | , | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from | n Form 883 | 39, line 29 | | | | | | . 1f | : | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | . 19 | ı | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | | · · | | - | . <u>1</u> h | 1 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | | 1 i | | | | | | |
| | z | ě l | 1 | | <u>.</u> . | | | | | • | . 1z | : | 95,660. |
| Attach Sch. B | 2a | · – | 2a | | | | axable interest | | | • | . 2 t |) | 5. |
| if required. | <u>3a</u> | | 3a | | | | ordinary divider | | • • | • | | | |
| | 4a | | 4a | | | | axable amoun | | • • | • | | | |
| Standard Deduction for – | 5a | | 5a | | | | axable amoun | | • • | • | . 5b | | |
| Single or | 6a | | 6a | | | | axable amoun | t | • • | · · | . 6k | | |
| Married filing separately, | c - | If you elect to use the lump-sum el | | | | | , | • • | | · L | | | 2 0 0 0 |
| \$12,950 | 7 | Capital gain or (loss). Attach Sched | | | | | | • • | • • | · L | | | -3,000. |
| Married filing jointly or | 8 9 | Other income from Schedule 1, line | | | | | | • • | • • | • | . <u>8</u> . 9 | | 92 665 |
| Qualifying spouse, | 9 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche | | | | | | • • | | • | . 9 . 10 | | 92,665. |
| \$25,900 | 11 | Subtract line 10 from line 9. This is | | | | | | • • | | • | . 11 | | 92 665 |
| Head of household, | 12 | Standard deduction or itemized | • | | | | | • • | • • | | . 12 | | <u>92,665.</u> 25,900. |
| \$19,400 • If you checked | 13 | Qualified business income deducti | | | | | 5-A | • • | • • | • | . 13 | | <u> 2</u> , 7 0 0 . |
| any box under | 14 | Add lines 12 and 13 | | | | 555 | • · · · · | • • | • • | • | . 14 | - | 25,900. |
| Standard Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | our t | taxable incom | e . | | | . 15 | | 66,765. |
| see instructions. | | | 0 01 100 | 0, 0, 1, 0, 0 | y c | | | | • • | • | | · | |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|--------------------------------------|-----|---|--------------------------|---------------------|--------------------|-----------------|-------------|----------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 7,602. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 7,602. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 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 | 7,602. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 7,602. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 15 | 5,193. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | 6) | | | 25c | | | |
| | d | Add lines 25a through 25c | · | | | | | 25d | 15 , 193. |
| | 26 | 2022 estimated tax payment | s and amount a | pplied from 20 | 21 return | | | 26 | |
| If you have a l qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. | . These are your | total other pa | ayments and refu | indable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 15,193. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 7,591. |
| neiuliu | 35a | Amount of line 34 you want I | refunded to you | J. If Form 8888 | is attached, cheo | ck here | 🗆 | 35a | 7,591. |
| Direct deposit? | b | Routing number 0 7 1 | | | | _ | Savings | | |
| See instructions. | d | Account number 4 7 0 | 8 1 2 6 | 4 8 3 | | | ÷ | | |
| | 36 | Amount of line 34 you want a | applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount vou owe | | | | | |
| You Owe | | For details on how to pay, go | o to <i>www.irs.go</i> v | //Payments or | see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | |
| Designee | | structions | | | | . 🗌 Yes. C | omplete | below. | 🗙 No |
| | | signee's | | Phone | | | onal identi | fication | |
| | na | | | no. | | | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | 1 | | nt you an Identity |
| | 10 | al oignataio | | Duto | | | | | IN, enter it here |
| Joint return? | | | | | IT ENGINEE | IR | (see | inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupati | on | | | nt your spouse an |
| your records. | | | | | UONE MARET | ` | | tity Prote inst.) | ection PIN, enter it here |
| | Dh | ono no (717) 242 075 | <u> </u> | Email address | HOME MAKEF | | ` | | |
| | | one no. (717) 343-075 eparer's name | o Preparer's signat | | VENKATK122 | | PTIN | | Check if: |
| Paid | | | | | GUPTA TALLAM | 02/16/2023 | P0208 | 2702 | Self-employed |
| Preparer | | | | NAM SAGAK | GUFIA IALLAM | 02/10/2023 | - | | |
| Use Only | | m's name GLOBAL TAX m's address 245 ROONE | | NOWTOV N | J 08816 | | | | 678)965-9522 |
| Co to union line | | m's address 245 ROONES | | TADATCI/ IN | 5 00010 | | | i's EIN | 84-3171965 |

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 02/05/23 PRO

Form **1040** (2022)

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. 2022 Attachment Sequence No. 12

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

V GALLA & V POKURI

Your social security number

325-55-9328

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)

| | instructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustment | | (h) Gain or (loss) Subtract column (e) |
|----|---|---------------------------|--------------------------|---|-----|--|
| | 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 from Form(s) 8949, Part I, line 2, column (g) | | 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 Box A checked | 78,213. | 82,892. | 6 | 27. | -4,052. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | 98. | 99. | | | -1. |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C 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 Worksheet in the instructions | | | - | 6 | (39,929.) |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | | | 7 | -43,982. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| | instructions for how to figure the amounts to enter on the below. | (d) | (e) | (g) Adjustmen | | (h) Gain or (loss) Subtract column (e) | |
|----|--|---------------------------|--------------------------|---|----------|--|--|
| | 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 | 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 | | |
| 12 | Net long-term gain or (loss) from partnerships, S corporat | ions, estates, and | trusts from Schee | dule(s) K-1 | 12 | | |
| 13 | Capital gain distributions. See the instructions | | | | 13 | | |
| 14 | Carryover | 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 | 16 | | 43,982. |
| | • 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 line 22. | | | |
| | • 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 you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | | | |
| | □ 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 Form 1040, line 16. | | | |
| | ☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | | |

REV 02/05/23 PRO

Schedule D (Form 1040) 2022

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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| V GALLA & V POKURI | 325-55-9328 |

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

| 1 (a) Description of property | (b) Date acquired | (b) Date sold or Proceeds | | (e) Cost or other basis See the Note below | If you enter an enter a c | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (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 | (g) Amount of adjustment | combine the result with column (g). | |
| ROBINHOOD SECURITIES LLC | 2 01/01/22 | 12/31/22 | 78,213. | 82,892. | W | 627. | -4,052. | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abor above is checked), or line 3 (if Box | 78,213. | 82,892. | | 627. | -4,052. | | | |

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 **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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| V GALLA & V POKURI | 325-55-9328 |

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)

(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

| 1 (a) Description of property | (b) (c) Date sold or discossed of | | (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) 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) (g) Code(s) from instructions Amount of adjustment | | combine the result with column (g). | |
| ROBINHOOD CRYPTO LLC | 01/01/22 | 12/31/22 | 98. | 99. | | | -1. | |
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| 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 (| 98. | 99. | | | -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.

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

| Form W-7 |
|--|
| (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

| Department of the Treas Internal Revenue Service | | lais who are n ► See sepa | | | ermanen | treside | nts. | | | |
|---|--|--|---------------------|-----------------------|----------------------|------------------|-----------------|----------|----------------------------------|---------|
| An IRS individua | taxpayer identification number | (ITIN) is for | U.S. feder | al tax p | urposes | only. | | | pe (check one b | oox): |
| Before you begin • Don't submit th | : is form if you have, or are eligible a | to get, a U.S. | social sec | urity nui | mber (SS | N). | | | or a new ITIN an existing ITI | N |
| | ubmitting Form W-7. Read the insederal tax return with Form W-7 | | | | | | | | c, d, e, f, or ç | з, you |
| | alien required to get an ITIN to claim t | tax treaty bene | fit | | | | | | | |
| b Nonresident | alien filing a U.S. federal tax return | | | | | | | | | |
| | t alien (based on days present in the | | - | | | | | | | |
| d 🗌 Dependent | of U.S. citizen/resident alien] If d, e | nter relationshi | p to U.S. cit | izen/resi | dent alien | (see ins | tructions) 🕨 | | | |
| e 🛛 Spouse of L | | e, enter name KATA KRIS | | | 6. citizen/r | esident | alien (see in | | ions) ► 25-55-9328 | 8 |
| f 🗌 Nonresident | alien student, professor, or researche | r filing a U.S. fe | ederal tax re | turn or c | laiming ar | n except | ion | | | |
| | spouse of a nonresident alien holding a | a U.S. visa | | | | | | | | |
| h 🗌 Other (see in | , | | | | | | | | | |
| | on for a and f: Enter treaty country 1a First name | Midd | le name | and | treaty art | | iber Þ name | | | |
| Name (see instructions) | VENKATA AMRUTHA VARSI | | ie name | | | | KURI | | | |
| Name at birth if | 1b First name | | le name | | | | name | | | |
| different ► | | | | | | | | | | |
| Applicant's | 2 Street address, apartment number | | e number. If | you hav | e a P.O. I | oox, see | e separate i | nstruc | ctions. | |
| Mailing | 4980 USAA BLVD Apt | | | | | | | | | |
| Address | City or town, state or province, ar | nd country. Inc | lude ZIP coo | le or pos | | | | _ | | |
| | SAN ANTONIO | | a number D | | TX | USA | | / | 8240 | |
| Foreign (non- | 3 Street address, apartment number | er, or rural rout | e number. D | ontuse | a P.O. D | ox numi | ber. | | | |
| U.S.) Address (see instructions) | City or town, state or province, ar | or province, and country. Include postal code where appropriate. | | | | | | | | |
| | | , , . | | | | | | | | |
| Birth | 4 Date of birth (month / day / year) Co | ountry of birth | | City and | d state or | province | e (optional) | 5 | Male | |
| Information | | NDIA | | | | | | | K Female | |
| Other Information | 6a Country(ies) of citizenship 6b INDIA | Foreign tax I.E |). number (if | any) | 6c Type | of U.S. v | isa (if any), n | umbei | r, and expiration | date |
| | 6d Identification document(s) submit | tted (see instru | ctions) 🛛 🔀 | Passpo | ort 🗌 | Driver | 's license/St | ate I.C | D. | |
| | USCIS documentation | Other | | | | | Date of er | ntry int | 0 | |
| | | 112252600 | - | | 00/11/ | 2020 | the United | | | |
| | Issued by: INDIA No.: 6e Have you previously received an | U3253698 | | | 02/11/ | | (MM/DD/\ | (| | |
| | No/Don't know. Skip line 61 | | nai nevenue | | Number | | | | | |
| | Yes. Complete line 6f. If mo | | t on a sheet | and atta | ch to this | form (se | e instructio | ns). | | |
| | 6f Enter ITIN and/or IRSN ► ITIN | | | | IR | SN | | | | and |
| | name under which it was issued | | | | | | | | | |
| | | | name | | Middle n | ame | | L | ast name | |
| | 6g Name of college/university or con | npany (see ins [.] | tructions) 🕨 | | | | | | | |
| | City and state | | | | Length of | | | | | |
| Sign Here | Under penalties of perjury, I (applicant/ documentation and statements, and to a information with my acceptance agent in c | the best of my | knowledge a | nd belief, | it is true, | correct, | and complete | e. I au | thorize the IRS to | |
| Keep a copy for your records. | Signature of applicant (if delegat | te, see instruct | ions) | , | onth / day / | | Phone num | nber | | |
| | Name of delegate, if applicable | (type or print) | | Delegate to applic | e's relation cant | ship | Parent Power o | | ourt-appointed gi ney | uardian |
| Acceptance | Signature | | | Date (mo | onth / day / | ' year) | Phone | | | |
| Agent's | Name and title (type or print) | | Name of co | mnany | | | Fax | | | |
| Use ONLY | warne and the (type of print) | | | mpany | | EIN Office of | code | ŀ | PTIN | |
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