E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	_	Single X Married filing jointly		ed filing separate	,	_	household	,	spo	lifying surv use (QSS)	J	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	ou check	red the HOH or	QSS box,	enter th	ne child's	name if th	e qualifying	
Your first name	and mi	ddle initial	Last nar	me					Your so	cial securit	y number	
CHANDU			KATT	ULA					717-06-4876			
	pouse's	first name and middle initial	Last nar						Spouse's social security number			
ALEKHYA			KOND	APATURI					978-94-6199			
	(numbe	er and street). If you have a P.O. box, see					Apt. ne).	Presidential Election Campaig			
7440 S E	BT.ACF	KHAWK ST					U2103 Check here if you					
		ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ate	ZIP code			0,	tly, want \$3	
ENGLEWOO	DD	-		CO 80			80112			othis fund. (ow will not	Checking a	
Foreign country			F				Foreign pos	tal code		ax or refund.		
				.						You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward. award	. or pavr	ment for prope	rtv or servi	ces): or	(b) sell.			
Assets		ange, gift, or otherwise dispose of	•	•			•	,.	. ,	Yes	⊠ No	
Standard		eone can claim: You as a de		<u>_</u> _		a dependent	, ,					
Deduction		Spouse itemizes on a separate retu	•			•						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before Ja	ınuary 2	2, 1958	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Che	ck the b	ox if quali	fies for (see	instructions):	
If more		rst name Last name		number		to you	Ch	Child tax credit		dit Credit for other depende		
than four	SIS	IRA PRANVI KATTULA		APPLIED	FOR	Daughter				[X	
dependents, see instructions												
and check	3 —											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a	10	9,500.	
meome	b	Household employee wages not r	eported	on Form(s) W-2					. 1b)		
Attach Form(s)	С	Tip income not reported on line 1a	a (see ins	structions) .					. 10	;		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	s not reported on Form(s) W-2 (see instructions)				. 10	ı				
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26					. 1e	,		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29					. 1f					
If you did not	g	Wages from Form 8919, line 6 .							. 19	1		
get a Form	h	Other earned income (see instruct	tions) .						. 1h	ı	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		1i						
	Z	Add lines 1a through 1h							. 1z	: 10	9,500.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b)		
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		. 3b)		
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b)		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b)		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		. 6b)		
Single or Married filing	С	If you elect to use the lump-sum e	election n	nethod, check h	ere (see	instructions)		[
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
Married filing	8	Other income from Schedule 1, line 10						. 8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						. 9	10	9,500.		
surviving spouse, \$25,900 40 Adjustments to income from Schedule 1, line 26						. 10						
Head of	3,900						. 11	10	9,500.			
household							25 , 900.					
If you checked	13	Qualified business income deduct	tion from	Form 8995 or F	orm 899	95-A			. 13			
any box under Standard	14	Add lines 12 and 13					. 14	. 2	25 , 900.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your	taxable incom	ne		. 15		33,600.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 3 4972	3 🗌		16	9,632.
Credits	17	Amount from Schedule 2, lir	-					17	· ·
	18	Add lines 16 and 17					[18	9,632.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	500.
	20	Amount from Schedule 3, lir	ne 8				[20	
	21	Add lines 19 and 20					[21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	9,132.
	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 total tax				[24	9,132.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				25a 15	,050.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	15 , 050.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			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	15,050.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	5,918.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 🗒	35a	5,918.
Direct deposit?	b	Routing number 1 1 1				Checking S	Savings		
See instructions.	d	Account number 4 8 8	0 7 0 3	8 4 5 8	3 5				
-	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete bel	ow.	X No
•		signee's		Phone			nal identifica	ation _I	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com							
11010	Yo	Your signature		Date Your occupation			I		nt you an Identity N, enter it here
Joint return?				SOFTWARE ENGINEER			(see ins		IN, enter it fiere
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			If the IF	I ≀S ser	nt your spouse an
Keep a copy for		, ,		opeass s sesupaliel.			dentity Protection PIN, enter it here		
your records.					HOME MAKER	₹	(see ins	.t.)	
		one no. (628) 224-087		Email address	CHANDUK.WO	RK@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/05/2023	P020827		Self-employed
Use Only	Fin	m's name GLOBAL TA					Phone	no. (678) 965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's I	ΞIN	88-2145487
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 PRO			Form 1040 (2022)

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

2022

OMB No. 1545-0074

Attachment Sequence No. **47**

Your social security number

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

717-06-4876 CHANDU KATTULA & ALEKHYA KONDAPATURI Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 109,500. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 2c Add lines 2a through 2c 2d3 3 109,500. 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 500. 8 Add lines 5 and 7 8 500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 500. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 9,632. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . . 500. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27

(also complete Schedule 3, line 11) before completing Part II-A.

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
_	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

Part I Due Diligence Requirements	CHANDU KATTULA & ALEKHYA KONDAPATURI 717-06			6		
Part Due Diligence Requirements Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts IV-V or the benefit(s) claimed (check all that apply).	Preparer tax iden			ation numb	oer	
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-Vor the benefit(s) claimed (check all that apply). 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s). • Review information to determine that the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5). a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, when you asked, the information had only your preparation of the return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of						
or the benefit(s) claimed (check all that apply). ☐ EIC ▼CTC/ACTC/ODC ☐ AOTC ☐ HOH 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-NR, 1040-NR, 1040-NR, or Schedule 812 (Porm 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filling status and to figure the amount(s) of any credit(s). 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5). a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the question you asked, when you asked	Part	Due Diligence Requirements				
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you asked, whom you asked, the information that was provided, and the impact the information had on your preparation of the return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	а					
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List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	5	keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing sta	, a copy of any prepare Form provided by the tus or to figure	×		
credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?		List those documents provided by the taxpayer, if any, that you relied on:				
Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862?	6	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the r	eturn if his/her	X		
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and		Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?			
		If the taxpayer is reporting self-employment income, did you ask questions to prepare a	a complete and			

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Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
Part	statement to the return?	X X	Dort \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	G '			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	k year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/o	the retor HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	37 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	oayer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	-	Form 88		11-2022



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. 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 If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ DAUGHTER e Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ CHANDU KATTULA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name SISIRA PRANVI KATTULA (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's Apt U2103 7440 S BLACKHAWK ST **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** ENGLEWOOD 80112 USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 10/01/2020 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA P6209445 08/20/2023 Information **6d** Identification document(s) submitted (see instructions) Passport Driver's license/State I.D. ☐ USCIS documentation Other Date of entry into the United States No.: U8166623 Exp. date: 12/09/2025 Issued by: INDIA (MM/DD/YYYY): 07/14/2021 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. 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 **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 ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Signature Date (month / day / year) Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN PTIN **Use ONLY** Office code