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

2022

OMB No. 1545-007

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

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOF	l)		ifying surv	viving
Check only	lf a	ou checked the MFS box, enter the n	of .	If	اممطم	ما ۱۱۸۱ مطلعه	. OCC have anta	م مال ب		use (QSS)	a avalituiaa
one box.	-	son is a child but not your dependen	-	rour spouse. II you	CHECK	eu ine non oi	r QSS DOX, ente	rtnec	illu S	name ii ui	e qualifying
Your first name			Last nai	me				Vo	ur so	cial securit	v numher
			KASA							,	•
RAJESH I		s first name and middle initial	Last nai						822-88-8951 Spouse's social security numbe		
SWETHA	pouses	s instrume and middle initial	ANNA					'	APPLIED FOR		
	(numbe	er and street). If you have a P.O. box, see					Apt. no.				on Campaign
	•	• •	, iiisti uciic	J115.			'			nual clectio nere if you,	
City town or r		Ce. If you have a foreign address, also co	nmnlete si	naces helow	Sta	to.	ZIP code				tly, want \$3
CINCINNA		ce. II you have a loreigh address, also co	ompiete si				45220		to go to this fund. Checking box below will not change		
Foreign countr				1			Foreign postal co	_		ow will not or refund.	0
roreign country	y Hallie			Foreign province/sta	te/court	ıy	Foreign postar co	de yo	ui tax	You	Spouse
Digital	۸+ or	ny time during 2022, did you: (a) rec	oivo (ac	a roward award	or nov	mont for propo	htty or conject):	or (b)	coll		
Digital Assets		ange, gift, or otherwise dispose of								Yes	X No
Standard		eone can claim: You as a de					43301): (000 1110	Structio	Ji 13.)		
Deduction Deduction	_	Spouse itemizes on a separate retur	•	•							
	-	·		were a duar-statt	is allel	<u> </u>					
Age/Blindness	You:	: Were born before January 2, 1	958	Are blind S	pouse	: Was bo	rn before Janua	•		ls bli	
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip (4) Check th	e box if	qualif	ies for (see	instructions):
If more	(1) Fi	irst name Last name		number		to you	Child ta	x credi	t	Credit for oth	ner dependents
than four										[
dependents, see instruction	s —									[
and check										[
here										[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a		53,100.
	b	Household employee wages not r	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С								1c		
attach Forms	d								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	tions) .						1h	\perp	0.
instructions.	i	Nontaxable combat pay election (see instructions)									
	Z	Add lines 1a through 1h							1z		53,100.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b		
if required.	3a	<u>-</u>	3a				nds		3b		
	4a	-	4a			axable amoun			4b		
Standard Deduction for—	5a		5a			axable amoun			5b		
Single or	6a	Social security benefits	6a			axable amoun	t		6b	\perp	
Married filing separately.	С	If you elect to use the lump-sum e						. 📙		4	
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not re	equired	, check here		. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, line 10					8		22.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		53,122.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10		
Head of	11	Subtract line 10 from line 9. This is	-	-					11		53,122.
household, \$19,400	12	Standard deduction or itemized							12		25 , 900.
If you checked any box under	13	Qualified business income deduct							13		
Standard	14	Add lines 12 and 13							14		25 , 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	2	27,222.

		Page 2
Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	2,856.
Amount from Schedule 2, line 3	17	
Add lines 16 and 17	18	2,856.
Child tax credit or credit for other dependents from Schedule 8812	19	
Amount from Schedule 3, line 8	20	
Add lines 19 and 20	21	
Subtract line 21 from line 18. If zero or less, enter -0	22	2,856.
Other taxes, including self-employment tax, from Schedule 2, line 21	23	4.
Add lines 22 and 23. This is your total tax	24	2,860.
Federal income tax withheld from:		
Form(s) W-2		
Form(s) 1099		
Other forms (see instructions)		
Add lines 25a through 25c	25d	5,430.
2022 estimated tax payments and amount applied from 2021 return	26	
Earned income credit (EIC)		
Additional child tax credit from Schedule 8812		
American opportunity credit from Form 8863, line 8		
Reserved for future use		
Amount from Schedule 3, line 15		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
Add lines 25d, 26, and 32. These are your total payments	33	5,430.
If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,570.
Amount of line 34 you want refunded to you . If Form 8888 is attached, check here $$. $$. $$. $$	35a	2,570.
Routing number		
Account number 4 2 7 4 5 4 2 7 9 6		
Amount of line 34 you want applied to your 2023 estimated tax		
Subtract line 33 from line 24. This is the amount you owe .		
For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
Estimated tax penalty (see instructions)		
you want to allow another person to discuss this return with the IRS? See ructions	below.	⊠ No
ignee's Phone Personal ident	ification	
no. number (PIN)		

	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If zero of	or less,	enter -0					22	2,856.
	23	Other taxes, including self-employme	ent tax,	from Schedule	e 2, line 21				23	4.
	24	Add lines 22 and 23. This is your total	al tax						24	2,860.
Payments	25	Federal income tax withheld from:								
-	а	Form(s) W-2				25a	5	,430.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	5,430.
If you have a	26	2022 estimated tax payments and am	nount a	applied from 20	021 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Schedu	ıle 8812	2		28				
	29	American opportunity credit from For	m 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15 .				31				
	32	Add lines 27, 28, 29, and 31. These a	re your	total other pa	ayments and refu	ndable	credits		32	
	33	Add lines 25d, 26, and 32. These are	your to	otal payments					33	5,430.
Refund	34	If line 33 is more than line 24, subtract	t line 2	4 from line 33.	This is the amour	nt you o v	verpaid		34	2 , 570.
	35a	Amount of line 34 you want refunded			3 is attached, chec	k here			35a	2 , 570.
Direct deposit?	b	Routing number 0 4 1 0 0			c Type: 🛛	Checkir	ng 🗌	Savings		
See instructions.	d	Account number 4 2 7 4 5	4 2	7 9 6						
	36	Amount of line 34 you want applied to	o your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is t For details on how to pay, go to www							37	
	38	Estimated tax penalty (see instruction	ns) .			38				
Third Party Designee		you want to allow another person structions				_	Yes. C	omplete	below.	X No
3		signee's		Phone				onal ident	ification	
	naı	me		no.			num	oer (PIN)		
Sign Here		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Decl								
11010	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					 RESEARCHER	,		II.	inst.)	IN, enter it here
See instructions.	Sn	ouse's signature. If a joint return, both must	sian.	Date Spouse's occupation			If the	e IRS ser	nt your spouse an	
Keep a copy for	Op	out of organization in a joint rotally, boar much	oigii.	Date	opouco o occupan	011		Iden	tity Prote	ection PIN, enter it here
your records.				HOME MAKER	1		(see	inst.)		
	Ph	one no. (513) 693-7146		Email address	RAJESHKASAM	1.K@GM	AIL.CO	M		
Paid	Pre	eparer's name Preparer	's signat	ture		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM P	RIYA	RAM SAGAR	GUPTA TALLAM	03/15	5/2023	P0208	2703	Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC				Pho	ne no. ((678) 965-9522		
	Fir	m's address 245 ROONEY CT E	BRU	NSWICK N	J 08816			Firm	i's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information	tion.		BAA	REV 03/0	2/23 PRO			Form 1040 (2022

Form 1040 (2022)

Tax and **Credits**

16

17

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19

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SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

RAJE	ESH KUMAR KASAM & SWETHA ANNAM 822-88)51
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	_
4	Other gains or (losses). Attach Form 4797		[4	l
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	Ε.	5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f	22.		
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
	T. I.	8z			
9	Total other income. Add lines 8a through 8z			9	22.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-NR	, line 8	10	22.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	 15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	 19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	 20	
21	Student loan interest deduction	 21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	 26	

SCHEDULE 2 (Form 1040)

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

Department of the Treasury Internal Revenue Service Go to www.irs.gov/For Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

RAJ.	ESH KUMAR KASAM & SWETHA ANNAM 8	22-88	-8951
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251		1
2	Excess advance premium tax credit repayment. Attach Form 8962		2
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.		3
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE		4
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if require	ed.	
	If not required, check here		8
9	Household employment taxes. Attach Schedule H		9
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10
11	Additional Medicare Tax. Attach Form 8959		11
12	Net investment income tax. Attach Form 8960		12
13	Uncollected social security and Medicare or RRTA tax on tips or group-term insurance from Form W-2, box 12		13
14	Interest on tax due on installment income from the sale of certain residential land timeshares		14
15	Interest on the deferred tax on gain from certain installment sales with a sales prover \$150,000		15
16	Recapture of low-income housing credit. Attach Form 8611		16
		(cor	ntinued on page 2)

Schedule 2 (Form 1040) 2022 Page **2**

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b	-	
С	Additional tax on HSA distributions. Attach Form 8889	17c 4.	_	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
1	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	4.
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	<u>.</u> .	21	4.

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAJESH KUMAR KASAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

822-88-8951

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	elf-only 🗵	S Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7	,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4		0.
5 6	Subtract line 4 from line 3. If zero or less, enter -0	5		,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. Add lines 6 and 7	7 8		7,300.
9 10	Employer contributions made to your HSAs for 2022	8	1	, 300.
11 12	Add lines 9 and 10	11		,500.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate l	HSAs, co	mplete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a		22.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		22.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		22.
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		4.
Part		ions b		1.
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

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 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 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 If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ RAJESH KUMAR KASAM f 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 SWETHA ANNAM (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 235 LORAINE AVENUE Apt 4 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 45220 CINCINNATI 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) **Birth** Male 01/21/1994 Information TNDTA X 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 TNDTA Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States (MM/DD/YYYY): Issued by: INDIA No.: N3924245 Exp. date: 10/19/2025 09/23/2021 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** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code