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

2022

OMB No. 1545-0074

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

		Single 🔀 Ma	arried filing joint	ly 🗌 Ma	arrie	d filing separate	ely (MFS) Head of	hou	sehold (HOH)		lifying surv use (QSS)	iving	
Check only one box.	If vo	u checked the	MFS box, enter	r the name	of v	our spouse. If v	ou chec	ked the HOH o	r QS	S box. ente	the c	•	, ,	e aual	lifvina
			out not your depe		,										,
Your first name	and mi	ddle initial		Las	t nar	me					Yo	our so	cial securit	y numl	ber
PREM KUM	ÍAR			GU	JDI	SE					7	754-02-2150			
If joint return, sp	oouse's	first name and	middle initial	Las	t nar	me					Sp	Spouse's social security numb			umber
PRANATHI				GU	JDI	SE						APPLIED FOR			
		r and street). If	you have a P.O. bo							Apt. no.			ntial Election		npaign
11508 MA	CALE	PINE COUF	ЗΤ							828 Che			nere if you,	or you	ır
			a foreign address,	also comple	ete sp	paces below.	St	ate	ZIF	code			if filing join		
GLEN ALI	ĿΕΝ						V.	A	23				this fund. (ow will not		
Foreign country	name				F	oreign province/s	tate/cour	nty	For	eign postal co			or refund.		
													You	S	pouse
Digital	At an	v time during	2022, did you: ((a) receive	(as a	a reward, award	d, or pay	ment for prope	erty (or services);	or (b)	sell,			
Assets		-	otherwise dispos						-				Yes	X N	lo
Standard	Som	eone can cla	im: You a	s a depend	dent	Your sp	oouse as	a dependent							
Deduction		Spouse itemiz	es on a separate	e return or	you	were a dual-sta	atus alie	n .							
Age/Blindness	You:	☐ Were bo	rn before Janua	ry 2, 1958		Are blind	Spouse	e: Was bo	rn b	efore Janua	γ2,1	958	☐ Is bli	nd	
Dependents				<u>, , </u>		(2) Social sec	curity	(3) Relationsh		(4) Check the	-		fies for (see	instruc	tions):
If more	•	e instructions): First name Last name				number		to you	ıιρ	Child ta	x credi	t	Credit for oth	er depe	endents
than four		M PATROS	GIIDISE			APPLIED	FOR	Son						<u>.</u>	
dependents,	יששממ	ETHI HEPHZIBAH GUDISE					Daughter		Ī	<u>-</u> 1			 X		
see instructions and check	3		CODICE			111 1 11111	1010	Daugireer			<u> </u>				
here											<u> </u>				
Incomo	1a	Total amoun	nt from Form(s) V	V-2, box 1	(see	e instructions)						1a	7	2,7	20.
Income	b		employee wages		•	,						1b			
Attach Form(s)	С		not reported on									1c			
W-2 here. Also attach Forms	d		aiver payments r									1d			
W-2G and	е	Taxable dependent care benefits from Form 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		Form 8919, line									1g			
get a Form	h	-	d income (see in									1h			0.
W-2, see	i	Nontaxable	able combat pay election (see instructions)												
instructions.	z	Add lines 1a	through 1h					.				1z	7	2,7	20.
Attach Sch. B	2a	Tax-exempt	interest	. 2a			b -	Taxable interes	t			2b			
if required.	3a	Qualified div	ridends	. 3a			b (Ordinary divide	nds			3b			
	4a	IRA distribut	ions	. 4a			b ⁻	Taxable amoun	nt .			4b			
Standard	5a	Pensions an	d annuities .	. 5a			b ⁻	Taxable amoun	nt .			5b			
Deduction for—	6a	Social secur	ity benefits .	. 6a			b ⁻	Taxable amoun	nt .			6b			
Single or Married filing	С	If you elect t	o use the lump-	sum electi	on n	nethod, check h	– nere (see	e instructions)							
separately, \$12,950	7	Capital gain	or (loss). Attach	Schedule	D if	required. If not	required	d, 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	1 8. ⁻	This is your tota	al incom	ne				9	7	2,7	20.
surviving spouse, \$25,900	10	Adjustments	to income from	Schedule	1, li	ne 26						10			
Head of	11	Subtract line	e 10 from line 9.	This is you	ır ac	ljusted gross i	ncome					11	7	2,7	20.
household, \$19,400	12	Standard de	eduction or iten	nized ded	ucti	ons (from Sche	dule A)					12			00.
If you checked	13	Qualified bus	siness income d	leduction f	rom	Form 8995 or F	orm 89	95-A				13			
any box under Standard	14	Add lines 12	and 13									14	2	25,9	00.
Deduction, see instructions.	15	Subtract line	e 14 from line 11	. If zero or	less	s, enter -0 This	s is your	taxable incon	ne			15	4	6,8	20.

Form 1040 (202:	2)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	5,208.
Credits	17	Amount from Schedule 2, line	3					. 17	
	18	Add lines 16 and 17						. 18	5,208.
	19	Child tax credit or credit for ot	ther dependent	s from Sched	ule 8812			. 19	1,000.
	20	Amount from Schedule 3, line	8					. 20	
	21	Add lines 19 and 20						. 21	1,000.
	22	Subtract line 21 from line 18. I	f zero or less, e	enter -0				. 22	4,208.
	23	Other taxes, including self-em							0.
	24	Add lines 22 and 23. This is yo	our total tax					. 24	4,208.
Payments	25	Federal income tax withheld for	rom:						
	а	Form(s) W-2				25a	5 , 8	84.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	5,884.
If you have a	26	2022 estimated tax payments		•				. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .				27			
	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit fr		•		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33								5,884.
Refund	34	If line 33 is more than line 24,				•	-		1,676.
	35a	Amount of line 34 you want re						35a	1,676.
Direct deposit? See instructions.	b	Routing number 1 0 2 0			c Type:	Checkin	g 🗌 Sav	rings	
oee manactions.	d	Account number 8 3 1							
	36	Amount of line 34 you want ap	oplied to your 2	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see ins	tructions) .			38			
Third Party Designee		you want to allow another patructions					Yes. Comp	olete below.	⋉ No
		signee's		Phone				identification	
		me		no.			number (,	
Sign Here		der penalties of perjury, I declare that lief, they are true, correct, and compl							
Here	Yo	ur signature		Date Your occupation					ent you an Identity
					SR DEVOPS	ENCIN	רבס	(see inst.)	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, bo	oth must sign	Date	Spouse's occupat		LLK	, ,	nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return, be	MIT must sign.	Date	ороизе з оссири			Identity Prot	ection PIN, enter it here
your records.					HOME MAKI	NG		(see inst.)	
	Ph	one no. (303) 304-6777		Email address	GPREMKUMAR	574@GMZ	AIL.COM		
Paid	Pre	eparer's name	Preparer's signatu	ure		Date	PT	ΓIN	Check if:
Preparer	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24	/2023 P0	2082703	Self-employed
Use Only	Fir	m's name GLOBAL TAXI	ES LLC					Phone no.	(678) 965-9522
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Co to ununu ima	a//	n 10.40 for instructions and the latest	information						F 1040 (2222)

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.

PREM KUMAR & PRANATHI GUDISE 754-02-2150 Part I 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 72,720. 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 2d3 3 720. 4 Number of qualifying children under age 17 with the required social security number 0 5 5 6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number 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 1,000. Add lines 5 and 7 8 8 1,000. 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 1,000. 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 5,208. Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . . 1,000. 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.

BAA

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

	M KUMAR & PRANATHI GUDISE	754-02-2150)		
Prepare	's name	Preparer tax identifica	tion numb	per	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided by		Yes	No	N/A
	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 C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedi 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the knowledge requirement, you meet the knowledge requirement.	nust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	s responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf				
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirements 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 state the amount(s) of the credit(s)	nent, you must , a copy of any o prepare Form rovided by the tus or to figure	X		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate ecredit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	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.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a	complete and			
	correct Schedule C (Form 1040)?				

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	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.)			
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			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
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			
12	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	alified	Yes	No
Doub	tuition and related expenses for the claimed AOTC?		Dort '	
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statuded Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	VI.) No
14	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year		NO
Part				
	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 HO	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/c	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny 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.	67 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 worl	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	payer's ınt(s) of	respon the cre	ses, to edit(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 ı).	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	t. and	Yes	No
	complete?		×	



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

An IRS individual	taxpayer identification i	number (ITIN) is	s for U.S. feder	al tax purposes	only.		ion type (check one box):			
Before you begin • Don't submit th	: is form if you have, or are	eligible to get, a	U.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Rea									
a Nonresident	alien required to get an ITIN	to claim tax treaty	benefit		•		•			
	alien filing a U.S. federal tax	•								
c U.S. residen	t alien (based on days prese	ent in the United	States) filing a U.	S. federal tax retur	n					
d Dependent	of U.S. citizen/resident alien) If d, enter relat	ionship to U.S. ci	izen/resident alier	(see insti	ructions) 🕨				
		l								
e 🗵 Spouse of U	I.S. citizen/resident alien		name and SSN/IT AR GUDISE	TN of U.S. citizen/						
f Nonresident	alien student, professor, or r	esearcher filing a	U.S. federal tax re							
g Dependent/s	spouse of a nonresident alien	holding a U.S. vis	sa							
h Other (see in	,									
Additional information	on for a and f : Enter treaty co	untry ►		and treaty ar						
Name	1a First name		Middle name		Last n					
(see instructions)	PRANATHI					ISE				
Name at birth if different ▶	1b First name		Middle name		Last n					
Applicant's	2 Street address, apartme	·		you have a P.O.	box, see	separate i	nstructions.			
Mailing	11508 MACALPIN									
Address	City or town, state or pro	ovince, and count	ry. Include ZIP co	•		•	00050			
	GLEN ALLEN		<u>-</u>	VA	USA		23059			
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or pro	ovince, and count	ry. Include postal	code where appro	priate.					
Birth	4 Date of birth (month / day /	year) Country of	birth	City and state or	province	(optional)	5 Male			
Information	08/14/1978	INDIA					▼ Female			
Other Information	6a Country(ies) of citizenshi INDIA	ip 6b Foreign	tax I.D. number (i	fany) 6c Type H4	of U.S. vis	sa (if any), n P86013	number, and expiration date 313 09/30/2024			
illolliadoli	6d Identification document(s) submitted (see	instructions)	Passport [Driver's	license/St	ate I.D.			
	USCIS documenta	tion				Date of er	atry into			
			he United States							
	Issued by: INDIA No.: U0909796 Exp. date: 08/19/2030 (MM/DD/YYYY): 09/2									
	6e Have you previously rec	eived an ITIN or a	n Internal Revenu	e 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		IF	RSN	and				
	name under which it wa	s issued ▶								
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ▶									
	City and state ▶			Length of	stay ▶					
Sign Here		and to the best	of my knowledge a	nd belief, it is true,	correct, a	ind complet	cation, including accompanying e. I authorize the IRS to share ntification Number.			
ПСІС										
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Plants (month / day / year)					Phone num	iber			
	Name of delegate, if ap	oplicable (type or p	orint)	rint) Delegate's relationship to applicant			Court-appointed guardian fattorney			
Acceptance	Signature			Date (month / day	/ year)	Phone				
Agent's						Fax				
Use ONLY	Name and title (type or	print)	Name of c	ompany	EIN		PTIN			
	7		Office code			de				



Application for IRS Individual Taxpayer Identification Number

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

OMB No. 1545-0074

An IRS individua	l taxpayer iden	ntification num	ber (ITIN) is	for U.S. fede	ral tax p	urposes	only.			neck one box):
Before you begin • Don't submit th		ave, or are eligil	ble to get, a	U.S. social se	curity nur	nber (SSI	V).		ply for a n new an ex	ew ITIN kisting ITIN
Reason you're s										, e, f, or g, you
a Nonresiden				_		-	•		-	
		s. federal tax return	-							
	_	n days present in		States) filing a U	.S. federal	tax return	I			
d X Dependent	of U.S. citizen/res	sident alien) If	d, enter relat	ionship to U.S. o	itizen/resid	dent alien	(see inst	tructions) ►	SON	
		l								
e Spouse of U	J.S. citizen/reside			name and SSN/ AR GUDISE				alien (see ins		► 02-2150
f Nonresiden			_		eturn or cl	aiming an	excepti	on		
g Dependent/		esident alien hold	ing a U.S. vis	a						
	nstructions) 🕨									
Additional information		ter treaty country	<u> </u>	NA'-Lallan and an annual	and	treaty arti				
Name	1a First name	л шрос		Middle name			Last r			
(see instructions)	PREM PA	A1KUD		Middle name				DISE		
Name at birth if different •							Last r			
Applicant's		ess, apartment nu			lf you hav	e a P.O. b	ox, see	separate ir	structions	·-
Mailing		MACALPINE C	-							
Address		, state or province	e, and countr	y. Include ZIP c	ode or pos					
	GLEN A					VA	USA		2305	<u> </u>
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)	Oity of town, state of province, and country. Include postal code where appropriate.									
Birth	4 Date of birth ((month / day / year)	Country of I	oirth	City and	d state or p	province	(optional)	5 🔀 Ma	le
Information	04/01/2	2008	INDIA							nale
Other	6a Country(ies)	of citizenship	6b Foreign	tax I.D. number (if any) 6c Type of U.S. vis				visa (if any), number, and expiration date		
Information	INDIA					H4		P86013	12	09/30/2024
mormadon	6d Identification	n document(s) sul	bmitted (see	instructions)	X Passpo	ort	Driver'	s license/Sta	ate I.D.	
	USCIS	documentation	Other_					Date of en	try into	
								the United States		
	Issued by:		lo.: T4984		xp. date:			(MM/DD/Y	YYY): 0 :	9/23/2020
	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 a		TIN	IRSN				and		
	name unde	r which it was iss	ued ▶	First name		Middle na	ame		l aet n	ame
	First name Middle name Last name 6g Name of college/university or company (see instructions) ▶									
	City and state ► Length of stay ▶									
Sign	Under penalties	of perjury, I (applie	cant/delegate/a	acceptance agent	declare th	nat I have	examine	d this applic	ation, includ	ing accompanying
Here	documentation ar	nd statements, and ny acceptance agen	to the best of	of my knowledge	and belief,	it is true,	correct, a	and complete	e. I authorize	the IRS to share
Keep a copy for	Signature of	of applicant (if del	egate, see in	structions)	Date (mo	onth / day /	year)	Phone num	ber	
your records.	/									
	Name of de	elegate, if applica	ble (type or p	orint)	Delegate to applic	e's relations ant	ship	Parent Court-appointed guardia Power of attorney		
	Signature				Date (mo	onth / day /	year)	Phone		
Acceptance					,	,	· /	Fax		
Agent's Use ONLY	Name and	title (type or print))	Name of	company		EIN		PTIN	
	7						Office code			



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. 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 If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e Spouse of U.S. citizen/resident alien PREM KUMAR GUDISE 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 PREETHI HEPHZIBAH GUDISE (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 11508 MACALPINE COURT Apt 828 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 23059 GLEN ALLEN 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 08/10/2009 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 P8601305 09/30/2024 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.: T4984056 Exp. date: 05/11/2024 Issued by: INDIA (MM/DD/YYYY): 09/23/2020 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