**DEAR  SARIKA MIRYALA**  ,

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

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

**USA COMMUNICATION ADDRESS,     627 BERNARD ST, APT 8, DENTON, TEXAS, 76201**

**SSN 732 763 8813**

**BANK DETAILS**

|  |  |
| --- | --- |
| **BANK NAME** |  CHASE |
| **ROUTING NUMBER (PAPER/ELECTRONIC)** |  772792377 |
| **ACCOUNT NUMBER** |  111000614 |
| **CHECKING / SAVING ACCOUNT** |  CHECKING  |
| **ACCOUNT HOLDER** |  SARIKA MIRYALA  |

|  |  |  |
| --- | --- | --- |
| **DRIVING LICENSE/ STATE ISSUED PHOTO ID** | **TAXPAYER** | **SPOUSE** |
| **NUMBER** | 46947962  |   |
| **ISSUED STATE** |  TEXAS |   |
| **ISSUED DATE** |  08/10/2022 |   |
| **EXPIRATION DATE** |  06/05/2023 |  |
|  |   |
| **TYPE OF ID (DRIVING LICENSE / STATE ISSUED ID)** |  DRIVING LICENCSE |

INDIAN ADDRESS: 1-4-182/1, OPP BHOOMI REDDY HOSPITAL, R.T ROAD, SURYAPET, 508213.