**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.