1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of y	0	separately (N use. If you c	,				, -	spou	lifying sun use (QSS) name if th	U U
Your first name		, ,	 Last nar	me							Your so	cial securi	ty number
SIVANANE			MYLA									08-020	-
		s first name and middle initial	Last nar										curity number
ARCHANA				ATAKA	M						•	IED FO	-
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.				on Campaign
	•	PLAZA DR							57			nere if you,	
-		ce. If you have a foreign address, also co	mplete sr	paces bel	ow.	Sta	ite	ZIP c					ntly, want \$3
SACRAMEN		,	1 1			CZ		958			0	this fund. ow will not	Checking a
Foreign country	-		F	oreign pr	ovince/state/	-			n postal c			or refund.	•
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	No
Standard Deduction	_	eone can claim: DYou as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindness	You	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore Janua	ary 2,	1958	🗌 Is bl	ind
Dependents	s (see	instructions):		(2) S	Social security				(4) Check the b		x if qualit	fies for (see	instructions):
If more	(1) F	(1) First name Last name		number			to you		Child tax of		edit		her dependents
than four dependents,	RAUD	HRARAM REDDY MYLARAPU		APP	LIED FO	R	Son						×
see instructions	THAS	VIKANANDA REDDY MYLARAPU		APP	LIED FO	R	Daughter						×
and check	-												
here													
Income	1a	Total amount from Form(s) W-2, b			,					• •	1a		01,948.
Attach Form(s)	b	Household employee wages not re	•		.,					• •	1b		
W-2 here. Also	C	Tip income not reported on line 1a						• •	• •	• •	10	_	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					1d	_					
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26						1e	_				
was withheld.	f	Wages from Form 8919, line 6.			2			• •	• •	• •	1f	_	
lf you did not get a Form	g	8						• •		• •	1g 1h		0.
W-2, see	h i	Other earned income (see instruct	,				· · · · ·	i ·		• •	In		0.
instructions.	z	Nontaxable combat pay election (Add lines 1a through 1h		,			· · _ II				1z	10	01,948.
Attach Sch. B	 2a	ů l	2a		· · ·		axable interest	• •	• •	• •	2b		51,540.
if required.	3a		2a 3a				Ordinary divider			• •	3b	_	
	4a	—	4a				axable amoun			• •	4b	_	
Standard	5a		5a				axable amoun			• •	5b	_	
Deduction for-	6a	—	6a				axable amoun				6b	_	
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod.	check here					Ċ	1		
separately,	7	Capital gain or (loss). Attach Sche									7		
\$12,950Married filing	8	Other income from Schedule 1, lin		•							8	-	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9	10	01,948.
surviving spouse,	10	Adjustments to income from Sche									10		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is									11		01,948.
household, \$19,400	12	Standard deduction or itemized	•	-	-						12		25,900.
If you checked	13	Qualified business income deduct					5-A				13		
any box under Standard	14	Add lines 12 and 13									14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			-0 This is y	our	taxable incom	ie .			15		76,048.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	8	,712.
Credits	17	Amount from Schedule 2, li	ne3					[17		
	18	Add lines 16 and 17							18	8	3,712.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19	1	,000.
	20	Amount from Schedule 3, li	ne8					[20		
	21	Add lines 19 and 20						[21	1	,000.
	22	Subtract line 21 from line 18						Г	22		,712.
	23	Other taxes, including self-	employment tax,	from Schedule	e 2, line 21			[23		0.
	24	Add lines 22 and 23. This is						Г	24	7	,712.
Payments	25	Federal income tax withhele									-
,, ,	а	Form(s) W-2				25a	17,1	184.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	<i>.</i>						25d	17	,184.
	26	2022 estimated tax paymer	its and amount a	pplied from 20	21 return			Г	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	t from Form 8863	3, line 8		29					
	30	Reserved for future use .		·		30					
	31	Amount from Schedule 3, li				31					
	32	Add lines 27, 28, 29, and 31				undable	credits		32		
	33	Add lines 25d, 26, and 32.		•	•			Г	33	17	,184.
Defund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amour	nt you o	verpaid		34	9	,472.
Refund	35a	Amount of line 34 you want				•	-	. 🗆 โ	35a	9	,472.
Direct deposit?	b	Routing number 0 7 1				Checki					
See instructions.	d	Account number 8 3 0					ľ	Ũ			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	_				
Amount	37	Subtract line 33 from line 24	4. This is the amo	ount vou owe							
You Owe		For details on how to pay, g							37		
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions	· · · · ·			[Yes. Com	plete bel	ow.	🗙 No	
		signee's		Phone				l identifica	tion r		
	na			no.			number	. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con			1 7 0		,				0
Here		· · ·		Date	Your occupation	1000 011 0				it you an Id	
	10	ur signature		Date	Four occupation					N, enter it l	
Joint return?					SOFTWARE E	ENGIN	EER	(see ins	t.) [
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion				t your spou	
Keep a copy for your records.						_		Identity (see ins		ction PIN, e	enter it here
,		(010) 460, 050	2		HOME MAKEF			(366 113	.,		
		one no. (312)468-253		Email address	SIVANANDA2					Ob a al sife	
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/1	0/2023 P	020827			employed
Use Only		m's name GLOBAL TA			- 00016					678)96	
	Fir		Y CT E BRU	INSWICK N	1 08870			Firm's I	IN		171965
Co to wayne iro a	ou/Earr	a 1040 for instructions and the late	oct information		D A A	D = 1 / 00 /				E a uma	10/0 (0000)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/02/23 PRO

Form **1040** (2022)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,		01 10 10 1111

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

2022 Attachment Sequence No. 47

Name(s	s) shown on return	Your	social se	ecurity number
SIVA	NANDA REDDY MYLARAPU & ARCHANA KARNATAKAM	021	-08-0	203
Pa	rt I Child Tax Credit and Credit for Other Dependents	<u> </u>		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	101,948.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	101,948.
4	Number of qualifying children under age 17 with the required social security number 4	0		
5	Multiply line 4 by \$2,000		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	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	dent		
	alien. Also, do not include anyone you included on line 4.	l		
7	Multiply line 6 by \$500		7	1,000.
8	Add lines 5 and 7	•	8	1,000.
9	Enter the amount shown below for your filing status.	ſ		
	• Married filing jointly—\$400,000	l		
	• All other filing statuses— $\$200,000 \int \dots $	•	9	400,000.
10	Subtract line 9 from line 3.	ſ		
	• If zero or less, enter -0	l		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For	ſ		
	example, if the result is \$425, enter \$1,000; if the result is $1,025$, enter \$2,000, etc.		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	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 cr	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	ſ		
	Yes. Subtract line 11 from line 8. Enter the result.	ſ		
13	Enter the amount from the Credit Limit Worksheet A		13	8,712.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	•	14	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 addition			
	on Form 1040, 1040 SD, or 1040 ND, line 29, Complete your Form 1040, 1040 SD, or 1040 N	113 41	and all 12	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/02/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: 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 lin	e 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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IS OT H	vuerto 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		
22	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	
23 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	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	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2022

Form	8867	Paid Preparer's Due Diligence Check			No. 1545	
	ovember 2022)	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	TC), TC) and ng Status		For tax y 20	/ear
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attach Seque	nment ence No.	70
Taxpay	er name(s) shown or	n return	Taxpayer identification	n number		
SIV	ANANDA REDI	DY MYLARAPU & ARCHANA KARNATAKAM	021-08-020			
Prepare	r's name		Preparer tax identific	ation numl	ber	
1		I SAGAR GUPTA TALLAM	P02082703			
Part		gence Requirements				
	e benefit(s) clain	propriate box for the credit(s) and/or HOH filing status claimed on the red ned (check all that apply).	CTC/ODC	e the rel		arts I–V HOH
1		lete the return based on information for the applicable tax year provided obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A
2	worksheets fo 1040) instruct	claimed on the return, did you complete the applicable EIC and/or (und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own	X		
3	the following.Interview the determine theReview information	y the knowledge requirement? To meet the knowledge requirement, you e taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) and o figure the amount(s) of any credit(s)	r's responses to nd/or HOH filing	X		
4	information re	mation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsi- ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent ir	formation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should includ nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	d the impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 rksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st	7, a copy of any to prepare Form provided by the atus or to figure			
		of the credit(s)		X		
	List those doc	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the ted for audit?	return if his/her	X		
7		e taxpayer if any of these credits were disallowed or reduced in a previou		×	\Box	
	-	re disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а		lete the required recertification Form 8862?				
8	If the taxpayer correct Sched	is reporting self-employment income, did you ask questions to prepare ule C (Form 1040)?	a complete and			

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II 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)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	or ODC, go to Part IV.)	claim (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 X	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?	X		
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 statement to the return?	X		
Part), go to	Part \	′.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	√I.)
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?		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/c	the ret or HOH	urn 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;	ist for a	ny app	icable
	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.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service	Sury	dividuals who are See sepa	not U.S. citi arate instru		inent reside	ents.				
An IRS individua	I taxpayer identification nui	mber (ITIN) is for	U.S. feder	al tax purpo	ses only.		type (check one box):			
Before you begin							/ for a new ITIN w an existing ITIN			
	nis form if you have, or are elig ubmitting Form W-7. Read t						<u> </u>			
must file a U.S. f	ederal tax return with Form	W-7 unless you	meet one				b, c, a, e, i, or g, you			
_	t alien required to get an ITIN to o		efit							
_	t alien filing a U.S. federal tax ret nt alien (based on days present		e) filing a LL	S fodoral tax r	oturn					
	of U.S. citizen/resident alien		-			structions) ► D	AUGHTER			
e 🗌 Spouse of L	J.S. citizen/resident alien	lf d or e , enter name SIVANANDA R			zen/resident	alien (see instru	uctions) ► 021-08-0203			
f 🗌 Nonresident	t alien student, professor, or rese				ig an except	tion				
	spouse of a nonresident alien ho	-								
h 🗌 Other (see ii	nstructions) ►									
Additional information	on for a and f : Enter treaty count			and treat	y article nun	nber 🕨				
Name	1a First name	-	dle name			name				
(see instructions)	THASWIKANANDA RI					LARAPU				
Name at birth if different	1b First name	Mide	dle name		Last	name				
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2525 RIVER PLAZA DR Apt 37									
Address	City or town, state or provir SACRAMENTO	nce, and country. In	clude ZIP co		ode where a CA US		95833			
Foreign (non- U.S.) Address	3 Street address, apartment r	number, or rural rou	te number. [)on't use a P.(D. box num	ber.				
(see instructions)	City or town, state or provir	nce, and country. In	clude postal	code where ap	propriate.					
Birth Information	4 Date of birth (month / day / yea 07/21/2018	ar) Country of birth INDIA		City and state	e or provinc	e (optional) 5	Male X Female			
	6a Country(ies) of citizenship	6b Foreign tax I.	D. number (i	f anv) 6c T	vpe of U.S.	/isa (if anv). num	ber, and expiration date			
Other Information	INDIA			H4	<u></u>	R0685622				
	6d Identification document(s) s	submitted (see instru	uctions)	A Passport	Driver	's license/State	I.D.			
	USCIS documentation									
			_	01/		the United St				
	Issued by: INDIA No.: V6968243 Exp. date: 01/16/2027 (MM/DD/YYYY): 07/15/20									
	 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.		st on a shee	and attach to	this form (s	ee instructions).				
		ITIN			IRSN	,	and			
	name under which it was is	ssued ►								
			t name	Mide	dle name		Last name			
	6g Name of college/university	or company (see ins	structions) 🕨							
	City and state Length of stay									
Sign Here	Under penalties of perjury, I (app documentation and statements, a information with my acceptance ag	nd to the best of my	knowledge a	nd belief, it is t	true, correct,	and complete. I	authorize the IRS to share			
Keep a copy for your records.	Signature of applicant (if d	lelegate, see instruc	tions)	Date (month /	day / year)	Phone numbe	r			
,	Name of delegate, if applie SIVANANDAREDDY			Delegate's related to applicant	ationship	X Parent	Court-appointed guardian torney			
Accentance	Signature			Date (month /	day / year)	Phone	· · · · · · · · · · · · · · · · · · ·			
Acceptance Agent's						Fax				
Use ONLY	Name and title (type or pri	nt)	Name of c	ompany	EIN		PTIN			

Office code

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

(nev. August 2013)									01110 110. 10 10 001	
Department of the Treas Internal Revenue Service		viduals who are r See sepa			permaner	it reside	ents.			
	taxpayer identification numl				ourposes	onlv.	Applica	tion t	ype (check one box):
Before you begin				-	-	-	XA	pply	for a new ITIN an existing ITIN	,.
-	ubmitting Form W-7. Read the ederal tax return with Form W								o, c, d, e, f, or g, y	ou
_	alien required to get an ITIN to cla	-				000)	inotidotioi	10).		
	alien filing a U.S. federal tax retur									
c 🗌 U.S. residen	t alien (based on days present in	the United State	s) filing a U.S	S. federa	al tax retur	n				
d 🛛 Dependent o	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/res	ident alien	(see ins	structions)	SO:	N	
e 🗌 Spouse of U		d or e, enter name SIVANANDA RI				resident	alien (see i		tions) ► 021-08-0203	
f 🗌 Nonresident	alien student, professor, or resear	cher filing a U.S. f	ederal tax re	turn or d	claiming ar	n except	ion			
g 🗌 Dependent/s	spouse of a nonresident alien hold	ing a U.S. visa								
	nstructions) ►									
	on for a and f : Enter treaty country 1a First name		lle name	and	d treaty art		nber ► name			
Name	RAUDHRARAM REDDY	IVIICE	lie name				LARAPU			
(see instructions) Name at birth if	1b First name	Mido	lle name			_	name			
different ►										
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2525 RIVER PLAZA DR Apt 37									
Address	City or town, state or province	e, and country. Inc	lude ZIP co	de or po					05000	
	SACRAMENTO 3 Street address, apartment nu	mbor or rural rout	a number F	on't un	CA	USZ			95833	
Foreign (non-	3 Street address, apartment nu	mber, or rural rout	e number. D	ontus	e a P.O. b	ox numi	ber.			
U.S.) Address (see instructions)	City or town, state or province	e, and country. Inc	lude postal	code wh	ere appro	oriate.				
		-,								
Birth	4 Date of birth (month / day / year)	Country of birth		City an	d state or	province	e (optional)	5	X Male	
Information	12/17/2014	INDIA							Female	
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (if	any)	6с Туре Н4	of U.S. v	risa (if any), R0685		er, and expiration dat 09/30/202	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United Sta								h	
	Issued by: INDIA No.: V6968244 Exp. date: 01/16/2027 (MM/DD/YYYY): 07/15/2022 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								<u>د</u>	
	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 ► I	τιν			IR	SN			ć	and
	name under which it was issu	ued ►	name							
					Middle n	ame			Last name	
	6g Name of college/university or company (see instructions) ►									
	City and state				Length of					
Sign Here	Under penalties of perjury, I (applied documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief	, it is true,	correct,	and comple	te. I a	uthorize the IRS to sl	
Keep a copy for your records.	Signature of applicant (if del	egate, see instruct	tions)	Date (m	onth / day ,	′ year)	Phone nu	mber		
	Name of delegate, if application	ble (type or print)		-	te's relation	ship	X Parent		Court-appointed guard	lian
	SIVANANDAREDDY M	YLARAPU		to appli			Power	of atto	orney	
Acceptance	Signature			Date (m	ionth / day /	′ year)	Phone	Phone		
Agent's	Name and title (type or print)	1	Name of a				Fax			
Use ONLY	Name and title (type or print))	Name of co	лпрапу		EIN	odo		PTIN	
	/		1			Office code				

REV 03/02/23 PRO

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.

Department of the Treas Internal Revenue Service		See sep	arate instruc		ermaner	it reside	ins.				
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	r U.S. feder	al tax p	urposes	only.			ype (check one b	oox):	
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social se					nber (SS	SN).		for a new ITIN an existing ITII	N		
	ubmitting Form W-7. Read the derived the derived the derived text return with Form								o, c, d, e, f, or g	j, you	
	t alien required to get an ITIN to c		efit								
_	t alien filing a U.S. federal tax retu										
	nt alien (based on days present i										
d Dependent	of U.S. citizen/resident alien	t d, enter relations	hip to U.S. ci	lizen/resi	dent alien	(see ins	tructions) •				
e 🛛 Spouse of L		If d or e , enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►									
f 🗌 Nonresident	t alien student, professor, or resea	archer filing a U.S.	federal tax re	turn or c	aiming ar	n excepti	ion				
_	spouse of a nonresident alien hol	ding a U.S. visa									
h 🗌 Other (see in	·										
	on for a and f : Enter treaty countr					nber ►					
Name (see instructions)	ARCHANA	NIC.				RNATAKAM					
Name at birth if different	1b First name	Mid				_	t name				
Applicant's	Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	2525 RIVER PLAZA DR Apt 37										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SACRAMENTO CA USA 95833										
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)											
Birth	4 Date of birth (month / day / yea	r) Country of birth		City and	d state or	province	e (optional)	5	Male		
Information	08/10/1987	INDIA					Female				
Other Information	6a Country(ies) of citizenship INDIA							ca (if any), number, and expiration date R0685621 09/30/2023			
mormation	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.										
	USCIS documentation										
	the United States										
		No.: L8407818			04/07/		(MM/DD/	YYYY): 07/15/20)22	
	 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										
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying 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.										
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number										
,	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant			Parent	Parent Court-appointed guardian			
A	Signature			Date (month / day / year)			Phone	- ,			
Acceptance Agent's							Fax	Fax			
Agent's Use ONLY	Name and title (type or print)			Name of company EIN			PTIN				
USC UNEI	🖊		(ffice code					

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