| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 55, 373. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income . . 11 55, 373. • 12 25, 900. 12 Standard deduction or itemized deductions (from Schedule A) . 12 25, 900. | 1040 | | rtment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | rn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use Only | —Do not w | vrite or staple | in this space. |
|---|--|------------|---|-------------|------------|----------------|------------|------------------|--------|---------------|-----------------------------|-----------------|----------------|
| SRINU NAMANI 655-60-2160 If joint return, spouse's first name and middle initial Last name Spouse's social's security number UDELLIN APL no. APL no. APL no. 2513 NRA MATRIX APL no. Presidential Election Campaign 2513 NRA MATRIX APL no. Presidential Election Campaign City, town, or post office, if you have a foreign address, also complete spaces below. State 2P code Toging country name Foreign province/state/country Foreign postal code You is social social filling jointly, want 3S Standard Someone can collemic: You as dependent You as dependent You as dependent Dependents Someone can collemic: You as dependent You as born before January 2, 1958 Is blind Dependents Gene instructions; Quart beind Spouse itemizes on a separate return or you were a dual-status allen Appaid Appaid Attach Formély (I) Flet name Last name Spouse; (Was born before January 2, 1958) Is blind Dependents Iiii fill Spouse itemizes on a separate return or you were a dual-status allon <t< td=""><td>Check only</td><td>lf yo</td><td>u checked the MFS box, enter the na</td><td>ame of yc</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>spo</td><td>use (QSS)</td><td>0</td></t<> | Check only | lf yo | u checked the MFS box, enter the na | ame of yc | - | | | | | | spo | use (QSS) | 0 |
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| 2513 WAR ADMIRAL ST Check here if you or your " Check here if you or you and office, if you have a foreign address, also complete spaces below. TX ZIP code Check here if you, or your " Digo the filling plotty, want 33 to go to this fund. Checking a togo to filling plotty, want 33 togo to this fund. Checking a togo to filling plotty, want 33 togo to this fund. Checking a your tax or refund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Be instructions). Yes No Standard Someone can claim: | GUDELLI | | | URMII | ΓA | | | | | | APPL | IED FO | R |
| C2L True True C2L True spouse if filling jointly, want S3 C2L TNA TX TS009 bg ot this kind. Checking a box below will not change a trongen address, also complete spaces below. State TX TS009 box below will not change a trongen address, also complete spaces below. Foreign province/state/county Foreign province/state | Home address (| (numbe | r and street). If you have a P.O. box, see | instructior | ns. | | | | A | Apt. no. | Preside | ntial Election | on Campaigr |
| CELINA TX 75009 box below will not change ⁻ Foreign province/state/county Foreign province/state/county Foreign province/state/county box below will not change ⁻ Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, vou Spouse Assets Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents Someone can claim: You as a dependent Your spouse Was born before January 2, 1958 Is blind Dependents Someone can claim: You as a dependent QI Social security (Pleationship) (Pleationship) Child tax credit Credit for dher dependent Age/Blindness You: Nore on the form form (s) W-2, box 1 (see instructions) Ia 63, 2.95. If more trace forms 1a Total amount from Form(s) W-2, box 1 (see instructions) Ia 63, 2.95. Attach Form(s) V-2, box 1 (see instructions) Ia 63, 2.95. Ia W-20 and tarb form Wages from Form S019, Iine 6 Immore Ia 63, 2.95. Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Ia 63, | | | | mplete spa | aces belo | ow. | Sta | te | ZIP c | ode | spouse | if filing join | itly, want \$3 |
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| If more than four dependents, see instructions and check here Image: the set of the se | | | • | | (2) S | | | | 11 | , | | fies for (see | instructions): |
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| household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 29,473 | | 10 | • | | | | | | | | | | |
| \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 25,900. 14 25,900. • If you checked any box under Standard 14 25,900. 14 25,900. • If you checked any box under Standard 15 29,473 15 29,473 | Head of household | | | • | | - | | | | | | | |
| any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 29,473 | \$19,400 | | | | | | , | | • • | | | | 25,900. |
| Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 29,473 | If you checked any box under | | | ion from I | Form 89 | 95 or Form | 899 | 5-A | | | | | |
| | Standard | | | •••• | • • | | • | | • • | | | | |
| | | 15 | Subtract line 14 from line 11. If zer | o or less, | , enter - | u This is y | our | axable incom | e. | | . 15 | | 29,473. |

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 | 3,126. |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | . 17 | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 3,126. |
| | 19 | Child tax credit or credit for o | ther dependent | ts from Sched | ule 8812 | | | . 19 | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | |
| | 22 | Subtract line 21 from line 18. | If zero or less, | enter -0 | | | | . 22 | 3,126. |
| | 23 | Other taxes, including self-em | ployment tax, | from Schedule | e 2, line 21 | | | . 23 | 0. |
| | 24 | Add lines 22 and 23. This is ye | our total tax | | | | | . 24 | 3,126. |
| Payments | 25 | Federal income tax withheld f | | | | | | | |
| ,, | а | Form(s) W-2 | | | | 25a | 6,42 | 28. | |
| | b | Form(s) 1099 | | | | 25b | · · · · | | |
| | с | Other forms (see instructions) | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 6,428. |
| | 26 | 2022 estimated tax payments | | | | | | . 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) . | | • | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit fi | | | | 29 | | | |
| | 30 | Reserved for future use | | - | | 30 | | | |
| | 31 | Amount from Schedule 3, line | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. | | | | I | dits . | . 32 | |
| | 33 | Add lines 25d, 26, and 32. Th | • | - | - | | | | 6,428. |
| Defined | 34 | If line 33 is more than line 24, | | | | | | . 34 | 3,302. |
| Refund | 35a | Amount of line 34 you want re | | | | • | | 35a | 3,302. |
| Direct deposit? | b | Routing number 0 8 1 | | | | Checking | 🗌 Savi | nas | |
| See instructions. | d | Account number 3 5 5 | | | | | | J | |
| | 36 | Amount of line 34 you want a | | · · · · · · · · | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. | This is the amo | ount vou owe | | | | | |
| You Owe | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | . 37 | | |
| | 38 | Estimated tax penalty (see ins | | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | uss this retur | n with the IRS? | See | | | |
| Designee | | structions | | | | | es. Comp | lete below. | × No |
| Ū | | signee's | | Phone | | | | identification | |
| | nai | ne | | no. | | | number (F | PIN) | |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and comp | | | | | | | |
| Here | | | iele. Declaration (| | | | rmation of | | , , |
| | Yo | ur signature | | Date | Your occupation | | | | ent you an Identity PIN, enter it here |
| Joint return? | | | | | SOFTWARE E | ENGINEER | | (see inst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, b o | oth must sign. | Date | Spouse's occupati | on | | | ent your spouse an |
| Keep a copy for your records. | | | | | | | | | tection PIN, enter it here |
| your records. | | | | | HOME MAKEF | | | (see inst.) | |
| | | one no. (816) 808-6704 | | Email address | SRINU.NAMA | | | | |
| Paid | | | Preparer's signat | | | Date | PT | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TALLAM | 03/08/20 | 023 PO | 2082703 | Self-employed |
| Use Only | Fin | m's name GLOBAL TAX | | | | | | | (678)965-9522 |
| | | m's address 245 ROONEY | | NSWICK N | J 08816 | | | Firm's EIN | 84-3171965 |
| Go to www.ire a | ov/Form | 1040 for instructions and the latest | information | | | | | | Earm 1040 (2022) |

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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. 01 social security number

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | | | | | |
|---|-------------|--|--|--|--|
| SRINU NAMANI & GUDELLI URMILA | 655-60-2160 | | | | |
| | | | | | |

| 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 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -7,922. |
| 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 | | |
| 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 | | |
| n | | 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 | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | l, or 1040-NR, line 8 | 10 | -7,922. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | | | |
|-----|--|---------|------------|----------|--------|-----------------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | e-basi | s gov | ernment | | |
| | 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) | 24a | | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | |
| | and USOC prize money reported on line 8m | 24c | | | | |
| d | Reforestation amortization and expenses | 24d | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | |
| | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | |
| 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) | 24h | | | | |
| 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 | 24i | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | |
| | 1041) | 24k | | | | |
| 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 | e. Ente | er here | e and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | | | 26 | |
| | BAA | REV (| 02/24/23 P | RO | Schedu | le 1 (Form 1040) 2022 |

| SCHE (Form | DULE E | Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | | | | OMB No | . 1545-0074 | |
|---------------|--|--|---|------------|----------|----------|----------|----------|--------------------|--------------|---------------|----------------|
| • Departm | ent of the Treasury Revenue Service | | Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. | | | | | | | | | |
| | shown on return | | do to www.irs.gov/3chet | | moure | | | itest in | | our socia | al security i | |
| ., | U NAMANI & | GUDELI | LI URMILA | | | | | | | | 0-2160 | |
| Part | | | From Rental Real Est | tate an | d Ro | valties | | | | | 0 1100 | |
| | Note: If yo | ou are in th | e business of renting persona | al propert | ty, use | Schedule | e C. See | instru | ctions. If you are | an indiv | idual, rep | ort farm |
| | | | from Form 4835 on page 2, | | | | | | | | | |
| | | | ts in 2022 that would requ | | | . , | | | | | | |
| | | | u file required Form(s) 109 | | | | • • | • • | | • • | 1e | |
| _1a | | | ch property (street, city, s | | | | | | | | | |
| Α | 3-50/15,G | RAM PAN | ICHAYATROAD KONDAN | MALLEP | ALLY | Y NAI | GOND. | A IN | 508243 | | | |
| <u> </u> | | | | | | | | | | | | |
| <u>C</u> | | | | | | | | _ | | | | |
| 1b | Type of Prope (from list below | | For each rental real estat above, report the numbe | | | | | ⊦a | ir Rental | Person Da | al Use | QJV |
| Α | 3 | ~~ | personal use days. Chec | | | | Α | | 365 | Du | y 3 | |
| B | | | if you meet the requireme | | | | B | | | | 0 | |
| С | | | qualified joint venture. Se | e instru | ctions | 5. | С | | | | | |
| Туре | of Property: | I | | | | | | 1 | I | | I | |
| 1 | Single Family R | esidence | 3 Vacation/Short-Te | erm Rent | tal | 5 Lanc | ł | | Self-Rental | | | |
| 2 | Multi-Family Re | sidence | 4 Commercial | | | 6 Roya | alties | 8 | Other (describ | e) | | |
| | | | | | | | | | Properties | | | |
| Incom | e: | | | | | | Α | | В | | | С |
| 3 | Rents received | d | | | 3 | | 8 | 41. | | | | |
| 4 | Royalties recei | ived | | | 4 | | | | | | | |
| Expen | | | | | | | | | | | | |
| 5 | - | | | | 5 | | | | | | | |
| 6 | | | ructions) | | 6 | | | | | | | |
| 7 | • | | nce | | 7 | | 1,6 | 25. | | | | |
| 8 | | | | | 8 | | | | | | | |
| 9 | | | | | 9 | | | | | | | |
| 10 11 | • | | ional fees | | 10 11 | | <u> </u> | 1 / | | | | |
| 12 | - | | o banks, etc. (see instruc | | 12 | | 2,3 | 14. | | | | |
| 13 | Other interest | • | | 10113) | 13 | | | | | | | |
| 14 | Repairs | | | | 14 | | 2,1 | 14. | | | | |
| 15 | • | | | | 15 | | 1,4 | | | | | |
| 16 | Taxes | | | | 16 | | | | | | | |
| 17 | Utilities | | | | 17 | | 1,2 | 89. | | | | |
| 18 | - | expense o | r depletion | | 18 | | | | | | | |
| 19 | | | | | 19 | | | | | | | |
| 20 | • | | es 5 through 19 | | 20 | | 8,7 | 63. | | | | |
| 21 | | | e 3 (rents) and/or 4 (royal structions to find out if yo | | | | | | | | | |
| | file Form 6198 | | | | 21 | | -7,9 | 22 | | | | |
| 22 | | | state loss after limitation, | | 21 | | 115 | | | | | |
| | | | ructions) | | 22 | (| 7,92 | 2.) | (|) | (|) |
| 23a | | - | orted on line 3 for all renta | | | | | 23a | - | 841. | | / |
| b | | | orted on line 4 for all roya | | | | | 23b | | | | |
| С | | | orted on line 12 for all pro | | | | | 23c | | | | |
| d | | - | orted on line 18 for all pro | - | | | | 23d | | | | |
| е | | | orted on line 20 for all pro | | | | | 23e | 8, | 763. | | |
| 24 | | | mounts shown on line 21 | | | | | | | 24 | / | |
| 25 | | | es from line 21 and rental r | | | | | | | 25 | (| 7,922.) |
| 26 | | | and royalty income or and line 40 on page 2 | | | | | | | | | |
| | | | , line 5. Otherwise, includ | | | | | | | 26 | | -7,922. |
| For Pa | | | tice, see the separate instr | | | NE NE | | | -7,922. | | edule E (E | orm 1040) 2022 |

Schedule E (Form 1040) 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 | | See sepa | | | permanen | treside | nts. | | | |
|---|---|---------------------------------------|--------------------------------------|-----------|----------------|-----------|-----------------|-------------------------------|----------------------------------|------|
| An IRS individual | l taxpayer identification numbe | er (ITIN) is for | U.S. feder | al tax p | ourposes | only. | Applicati | on typ | e (check one b | ox): |
| Before you begin | I: is form if you have, or are eligible | to get alls | social sec | urity nu | mbor (SS | · \/) | | | r a new ITIN an existing ITIN | J |
| Reason you're su | ubmitting Form W-7. Read the i | instructions for | r the box y | ou cheo | k. Cauti | on: If yo | ou check b | ox b, | | |
| _ | ederal tax return with Form W- a alien required to get an ITIN to claim | | | of the e | xception | IS (See I | Instructions | 5). | | |
| _ | alien filing a U.S. federal tax return | r tax treaty bene | | | | | | | | |
| _ | at alien (based on days present in th | ne United State | s) filing a U.S | S. federa | al tax returi | า | | | | |
| d 🗌 Dependent d | of U.S. citizen/resident alien) If d, | enter relationsh | ip to U.S. cit | izen/res | ident alien | (see ins | tructions) 🕨 | | | |
| e 🛛 Spouse of U | | or e, enter name INU NAMANI | | | S. citizen/r | | | | ons)► 55-60-2160 | |
| | alien student, professor, or research | - | ederal tax re | turn or c | laiming ar | i except | ion | | | |
| | spouse of a nonresident alien holding | g a U.S. visa | | | | | | | | |
| , | nstructions) \blacktriangleright on for a and f : Enter treaty country \blacktriangleright | | | | | | bor b | | | |
| Name | 1a First name | | lle name | and | treaty art | | name | | | |
| (see instructions) | GUDELLI | | | | | URI | MILA | | | |
| Name at birth if different | 1b First name | Midd | lle name | | | Last | name | | | |
| Applicant's | 2 Street address, apartment numl | ber, or rural rout | e number. If | you ha | ve a P.O. I | oox, see | e separate i | nstruc | tions. | |
| Mailing | 2513 WAR ADMIRAL S | | | | | | | | | |
| Address | City or town, state or province, and country. Include ZIP code or postal code where appropriate. | | | | | | | | | |
| | CELINA TX USA 75009 | | | | | | | | | |
| 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 province, and country. Include postal code where appropriate. | | | | | | | | | |
| Birth | 4 Date of birth (month / day / year) | Country of birth | | Citv an | d state or | province | e (optional) | 5 | Male | |
| Information | 07/24/1996 | INDIA | | | | | . () | | Female | |
| Other Information | 6a Country(ies) of citizenship 6 INDIA 6 | b Foreign tax I.[| D. number (if | any) | 6c Type | of U.S. v | isa (if any), n | umber, | , and expiration d | late |
| | 6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D. | | | | | | | | | |
| | USCIS documentation Other Date of entry into | | | | | | | | | |
| | | | | | | | | | _ | |
| | Issued by: INDIA No.: W0605461 Exp. date: 05/19/2032 (MM/DD/YYYY): | | | | | | | | | |
| | 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 ► ITII | | | | | SN | | , | | and |
| | name under which it was issue | d► | | | | | | | | |
| | 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 (applicar documentation and statements, and to information with my acceptance agent in | the best of my | knowledge a | nd belief | , it is true, | correct, | and complete | e. I aut | horize the IRS to | |
| Keep a copy for your records. | Signature of applicant (if deleg | tions) | Date (month / day / year) | | | Phone num | iber | | | |
| | Name of delegate, if applicable | e (type or print) | Delegate's relationship to applicant | | | ship | | Parent Court-appointed guardi | | |
| Acceptance | Signature | | | Date (m | onth / day / | year) | Phone | | | |
| Agent's | Name and title (type or print) | | Name of co | mnany | | EIN | Fax | | | |
| Use ONLY | | | . , | | | e code | | | | |

REV 02/24/23 PRO