E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning	, 2023, ending				, 20		See separate instructions.			
Your first name and middle initial Last name									Your so	ocial security i	number	
SRIKIRAN	1		VADI	ĹΑ					329	17 399	94	
If joint return, s	pouse's	s first name and middle initial	Last na	ame						's social secur		
SHRUTHI			MUGA	ALA					APP	LI ED	F	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ential Election	Campaign	
37228 KI	INGS	CROWN DR							Check I	here if you, or	your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code		•	if filing jointly		
ZEPHYRH]	ILLS				FL		33541		•	o this fund. Ch low will not ch	•	
Foreign country name Foreign province/state/county							Foreign postal			x or refund.	3.	
										You	Spouse	
Filing Status	, [Single				Head of h	ousehold (HO	H)				
Check only	_	Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS) Qualifying surviving spouse (QSS)										
	If y	you checked the MFS box, enter the	name o	of your spouse. If you	u che	cked the HOH	or QSS box,	enter	the ch	ild's name if	the	
	qu	alifying person is a child but not you	ır deper	ndent:								
Distrib	Λ+ οι	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	navm	ant for propo	rty or convices	1: or (h) coll			
Digital Assets		nange, or otherwise dispose of a digi									⊠ No	
		neone can claim: You as a de						Ction	3.)			
Standard Deduction		Spouse itemizes on a separate return		·		a dependent						
Deduction	Ш,	Spouse iternizes on a separate return	ii or you	i were a duar-status a	allell							
Age/Blindness	You	: Were born before January 2, 19	959	Are blind Spo	ouse:	Was bor	n before Janu	ary 2,	, 1959	Is blind	b	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the bo	x if qual	ifies for (see in	-	
If more	(1) F	irst name Last name		number		to you	Child	tax cre	edit	Credit for other	dependents	
than four											1	
dependents, see instructions	s ——										<u> </u>	
and check	, —										<u> </u>	
here L											1	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)					1a	<u>. 79</u>	686.	
Attach Form(s)	b	Tip income not reported on line 1a (see instructions))		
W-2 here. Also	С									;		
attach Forms W-2G and	d									i		
1099-R if tax	е)		
was withheld.	f	Employer-provided adoption bene							1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .							19			
W-2, see	h	Other earned income (see instructi	,						1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				7.0		
	<u>z</u>								1z		,686.	
Attach Sch. B if required.	2a	'	2a			axable interest			2b			
ii required.	3a_		3a			rdinary divider			3b			
Standard	4a		4a			axable amount			4b			
Deduction for—	5a		5a			axable amount			5b			
Single or Married filing	6a	,	6a			axable amount	τ		6b	,		
separately, \$13,850	c	If you elect to use the lump-sum el		•	•	,		•	- -			
Married filing	7	Capital gain or (loss). Attach Schedule						. ∟	7		7/0	
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	,						8		748.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		9,938.	
Head of	10	Adjustments to income from Sche							10		020	
household, [11	Subtract line 10 from line 9. This is	•	-					11		9 <u>,938.</u> 7,700	
If you checked	12	Standard deduction or itemized				 5 A			12		7,700.	
any box under Standard	13	Qualified business income deducti		II OIIII 0990 OF FORM	0995	J-A			13		7,700.	
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 /OUr ! /	 avahla incom			14		2,238.	
		Sabilasi mie 14 nom mie 11. n Zer	2 01 168	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jui Li				10	, +∠	,,	

Form 1040 (202)	3)						_		Page Z	
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,627.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	4,627.	
	19	Child tax credit or credit for c	ther dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20	200.	
	21	Add lines 19 and 20						21	200.	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	4,427.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	4,427.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 10) , 507.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions))			25c				
	d	Add lines 25a through 25c .						25d	10,507.	
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit f	rom Form 8863	3, line 8		29				
	30	Reserved for future use								
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	10,507.	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	6,080.	
	35a	-							6,080.	
Direct deposit?	b	Routing number 0 7 1			c Type:	Checking	Savings			
See instructions.	d	Account number 3 7 1	1 1 1 9	2 0						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions.			37		
	38	Estimated tax penalty (see in:				38				
Third Party		you want to allow another	•						N	
Designee		structions		Phone			omplete		⊠ No	
		signee's me		no.			onal ident ber (PIN)	incation		
Sign	Un	der penalties of perjury, I declare the	at I have examined	d this return and	accompanying sche	dules and statemer	its, and to	the best	of my knowledge and	
Here	be	lief, they are true, correct, and comp	lete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whic	h prepar	er has any knowledge.	
11010	Yo	ur signature		Date	Your occupation			nt you an Identity		
					COEMMADE	ETTEL ODED		tection P e inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, be	oth must sign	Date	SOFTWARE I				nt your spouse an	
Keep a copy for	Sμ	ouse's signature. If a joint return, b	Date	Spouse's occupan	OH			ection PIN, enter it here		
your records.				HOME MAKER				inst.)		
	Ph	one no. (989) 444-8567		Email address	SRIKIRANVAI	LA@GMAIL.C	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/27/2024 P02					P0208	2703	Self-employed	
Use Only	Fir	Firm's name GLOBAL TAXES LLC P						Phone no. (678) 965-9522		
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965	
o	/-	10101 : 1 1: 11							= 1040 ()	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01** Your social security number

SRIK	IRAN VADLA & SHRUTHI MUGALA		3	329-17-3	994				
Par	t I Additional Income								
1	Taxable refunds, credits, or offsets of state and local income taxes								
	Alimony received			2 a					
b									
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. Atta	ach S	Schedule E	. 5	-9,748.				
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							
I	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	Section 951(a) inclusion (see instructions)	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							
	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. This is your additional income. Enter	r here	e and on F	orm					
	1040, 1040-SR, or 1040-NR, line 8			10	-9,748.				

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis g			
	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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
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			
J	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
0E	Total other adjustments. Add lines 24s through 24z		OF	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter he Form 1040, 1040-SR, or 1040-NR, line 10	iere and on	26	
	1 01111 1040, 1040-011, 01 1040-1111, 1111 0 10		20	

REV 01/21/24 PRO

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **03**

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

SRI	KIRAN VADLA & SHRUTHI MUGALA		329-1	7-399	94
Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441		Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	200.
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2		5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
ı	Amount on Form 8978, line 14. See instructions	6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
Z	Other nonrefundable credits. List type and amount:				
7	Total other nonrefundable credits. Add lines 6a through 6z	6z 		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040, 1040-	SR, or	8	200.

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

SRIE	KIRAN VADLA & SHRUTHI MUGALA						32	9-1	7-3994		
Par											
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you a	are a	n indiv	idual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.	+ - £1 -		0000	.	4				- V	
	 A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions B If "Yes," did you or will you file required Form(s) 1099?										
В								•	. 🗀 Үе	s No	0
1a	Physical address of each property (street, city, state, ZIF	ode	e)								
Α	F NO:203, VLR FORTUNE APT TEACHERS COI	L,SII	DDIPET	TELA	NGAN.	A IN 502	103				
В											
С											
1b	Type of Property 2 For each rental real estate prope	erty list	ted		Fa	ir Rental	Pe	erson	al Use	0.11/	
	(from list below) above, report the number of fair	rental	and			Days		Da	ys	QJV	
Α	personal use days. Check the Q			Α		365			0		
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	quained joint venture. See institu	ictions	· ·	С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	l	7	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)				
						Propert					
Incon	201			Α		В	162.			С	
3	Rents received	3			90.	ь				<u> </u>	
4	Royalties received	4			50.						
	nses:	T									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2.0	47.						
8	Commissions	8		2,0	- / ·						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1.5	30.						
12	Mortgage interest paid to banks, etc. (see instructions)	12			01.						
13	Other interest	13									
14	Repairs	14		1,8	70.						
15	Supplies	15			20.						
16	Taxes	16									
17	Utilities	17		2,4	70.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		10,4	38.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must										
	file Form 6198	21		-9 , 7	48.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22	(9,74	18.)	()()
23 a	Total of all amounts reported on line 3 for all rental prope	erties			23a		69	90.			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
С	Total of all amounts reported on line 12 for all properties				23c		6(01.			
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	10	,43	38.			
24	Income. Add positive amounts shown on line 21. Do not		-				. [24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses he	re	25		9,748	.)
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no						on				
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	mount	in the to	tal on li	na /11	on nage 2		06		_0 7/	Ω

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Name(s) shown on return

Go to www.irs.gov/Form8880 for the latest information.

Your social security number 329-17-3994

(a) You

SRIKIRAN VADLA & SHRUTHI MUGALA

You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

							(a) I ou	(b) I oui s	pouse	
1	Traditional an designated be									
2	Flective defen	rals to a 401(k) or other qualified e	mployer plan, volunta	rv emplovee	1				
_				for 2023 (see instruct		2	4,200	•		
3	Add lines 1 an	d2				3	4,200			
4	Certain distributions) of both spouses									
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5	4,200			
6			·	00		6	2,000			
7				take this credit					,000.	
8				040-NR, line 11*	1	I .	,938.		,	
9			amount from the table			0.5	73331			
•	Littor the appr	icabic accimal	amount nom the tabl	C DCIOW.						
	If line	8 is-		And your filing status	is-		7			
	Over-	But not over—	Married filing jointly	Head of household	Single, Marr separate Qualifying survi	ly, or				
				line 9—	, ,					
		\$21,750	0.5	0.5	0.5					
	\$21,750	\$23,750	0.5	0.5	0.2					
	\$23,750	\$32,625	0.5	0.5	0.1		9	X	.1	
	\$32,625	\$35,625	0.5	0.2	0.1					
	\$35,625	\$36,500	0.5	0.1	0.1					
	\$36,500	\$43,500	0.5	0.1	0.0					
	\$43,500	\$47,500	0.2	0.1	0.0					
	\$47,500	\$54,750	0.1	0.1	0.0					
	\$54,750	\$73,000	0.1	0.0	0.0					
	\$73,000		0.0	0.0	0.0					
		Note:	f line 9 is zero, stop ;	you can't take this cre	edit.					
10	Multiply line 7	by line 9 .					10		200.	
11			ity. Enter the amount	from the Credit Limit	Worksheet in t	he instruc	tions 11	4.	,627.	
12										
	2 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4									

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

REV 01/21/24 PRO



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 number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):												
Before you begin • Don't submit th	Before you begin: Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). X Apply for a new ITIN ☐ Renew an existing ITIN											
	ubmitting Form Wederal tax return w								ox b, c, d, e, f, or g, you s).			
a Nonresident	alien required to get	an ITIN to cla	aim tax treaty	benefit		-	•		•			
b Nonresident	alien filing a U.S. fed	eral tax returi	n									
c U.S. residen	t alien (based on day	s present in	the United S	States) filing a U.	S. federal ta	ax return						
d Dependent	of U.S. citizen/residen	nt alien) If	d, enter relati	onship to U.S. cit	izen/reside	nt alien (see inst	ructions) 🕨				
e 🛛 Spouse of U	e ▼ Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) SRIKIRAN VADLA 329-17-3994											
f 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 in	nstructions) 🕨											
Additional information	on for a and f : Enter tr	eaty country			and tre	eaty artic						
Name	1a First name			Middle name			Last n					
(see instructions)	SHRUTHI							SALA				
Name at birth if different ▶	1b First name			Middle name			Last n					
Applicant's	2 Street address, a		-	l route number. I 1	you have	a P.O. bo	ox, see	separate i	nstructions.			
Mailing	37228 KINGS CROWN DR											
Address	City or town, sta											
	ZEPHYRHIL					FL	USA		33541			
Foreign (non- U.S.) Address		Street address, apartment number, or rural route number. Don't use a P.O. box number. City or town, state or province, and country. Include postal code where appropriate.										
(see instructions)	,			y. Include postal	code where	appropi	riate.					
Birth	4 Date of birth (mont			oirth	City and s	tate or p	rovince	(optional)	5 Male			
Information	03/21/199		INDIA						▼ Female			
Other Information	6a Country(ies) of c	itizenship	6b Foreign t	tax I.D. number (it	fany) 60	Type o	f U.S. vis	sa (if any), n	umber, and expiration date			
	6d Identification document(s) submitted (see instructions) ✓ Passport ✓ Driver's license/State I.D.											
	☐ USCIS doc	umentation	Other_					Date of er	ntry into			
								the United	•			
	Issued by: IN	DIA N	lo.: R0117	906 Ex	p. date: 04	1/21/2	027	(MM/DD/Y	YYY):			
	6e Have you previous	usly received	an ITIN or ar	n Internal Revenue	e Service N	umber (II	RSN)?					
	✓ No/Don't k	now. Skip lir	ne 6f.									
	Yes. Comp	lete line 6f. If	more than or	ne, list on a sheet	and attach	to this fo	orm (see	e instructio	ns).			
	6f Enter ITIN and/o	r IRSN ► I	TIN			IRS	N		and			
	name under wh	ich it was issi	ued ▶									
				First name	N	1iddle na	me		Last name			
	6g Name of college.	/university or	company (se	ee instructions) 🕨								
	City and state	•			Le	ngth of s	tay 🕨					
Sign Here		atements, and	to the best of	of my knowledge a	nd belief, it	is true, c	orrect, a	and complete	cation, including accompanying e. I authorize the IRS to share ntification Number.			
Keep a copy for	Signature of ap	plicant (if del	egate, see ins	structions)	Date (mont	h / day / y	vear)	Phone num	nber			
your records.	Name of delega	ate, if applica	ble (type or p	rint)	Delegate's to applican		nip [Court-appointed guardian			
	N Signatura				Date (mont		(OOr)		f attorney			
Acceptance	Signature				Date (ITION	ii/uay/}	′ ⊢	Phone				
Agent's	Name and title	(type or print)	1	Name of a	ompany	1.		Fax	DTIN			
Use ONLY	ivame and little	(type or print))	Name of company			EIN	PTIN				
	7						Office co	ode				