1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	23	OMB No. 1545	-0074	IRS Use On	ly—Do not w	vrite or staple in this	s space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate instructi	ions.
Your first name	and m	iddle initial	Last r	name						Your so	cial security nu	mber
PRAKASH			BOY	APPALI	Y					693	26 0807	7
	oouse's	s first name and middle initial	Last r								's social security	
SWAPNA			SAM	ALA						APP	LI ED F	7
	(numbe	er and street). If you have a P.O. box, see	-					A	pt. no.		ntial Election Ca	
2606 CEI) ARV	TITE CT							-		here if you, or yo	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		if filing jointly, v	
MIDLOTHI	AN					VA	4	231	12	· · ·	o this fund. Cheo ow will not char	•
Foreign country	name			Foreign p	rovince/state	/coun	ty		n postal code		k or refund.	ige
										-		Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)					· · ·			
one box.		Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If yo	u che			• •	. ,	ild's name if th	e
		alifying person is a child but not you										
	A 1 -											
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-			∏Yes ⊠	No
-		neone can claim: You as a de					a dependent	i): (00		5113.)		NO
Standard Deduction		Spouse itemizes on a separate return	•		-							
				_			_					
-		: Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 📋 Was bor		ore January		Is blind	
Dependents				(2) Social security (3) Relationship			ip (4		•	ifies for (see instr	,	
If more	(1) F	(1) First name Last name			number		to you		Child tax	credit	Credit for other de	spendents
than four dependents,									<u> </u>			
see instructions	s ——										<u> </u>	
and check												
here	4		- /-							4.		500
Income	1a ⊾	Total amount from Form(s) W-2, by	•		,					. 1a . 1b		500.
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a	•		.,					. 10		
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep			,			• •		. 10		
W-2G and	e u	Taxable dependent care benefits f			, ,	11500		• •		. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			· ·		• •		· 16			
If you did not								. 1g				
get a Form	9 h	Other earned income (see instructi				• •		• •		. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			•••						
	z	Add lines 1a through 1h								. 1z	80.	500.
Attach Sch. B	 2a	Ŭ I	2a			b Т	axable interest	t .		. 12		
if required.	3a		3a		36.		Ordinary divide			. 3b		36.
	4a		4a				axable amoun			. 4b		
Standard	5a		5a				axable amoun			. 5b		
 Deduction for — Single or 	6a		6a				axable amoun			. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here							
\$13,850	7	Capital gain or (loss). Attach Sche								7	3,	415.
 Married filing jointly or 	8	Additional income from Schedule		•			-			. 8		109.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		060.
\$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	84,	060.
\$20,800	12	Standard deduction or itemized	-							. 12		700.
If you checked any box under	13	Qualified business income deducti					5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	27,	700.
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or le</u>	ss, enter	-0 This is	your	taxable incom	<u>ie</u> .		. 15		360.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6,295.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	6 , 295.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	6,295.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	6,295.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 10	,293.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	10,293.
If you have a	26	2023 estimated tax payment	s 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				28			
	29	American opportunity credit	from Form 8863	B. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	10,293.
Refund	34	If line 33 is more than line 24						34	3,998.
lioidiid	35a	Amount of line 34 you want				, ,		35a	3,998.
Direct deposit?	b	Routing number 0 5 1	0 0 0 0	1 7			Savings		
See instructions.	d	Account number 4 3 5							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee							omplete be	low.	🗙 No
U	De	signee's		Phone			onal identific	ation	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief they are true correct and com							
Here			ploto. Doolaration o	of preparer (other than taxpayer) is based on all information of wh					, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see in		,
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion	If the II	RS ser	nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.					HOME MAKE	(see in	st.)		
		one no. (703) 945-924		Email address	PRAKASHREDDY.BC	YAPPALLY@GMAIL.C		,	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/22/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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

Your social security number

693-26-0807

Internal Revenue Service Go to www.irs.gov/For Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Name(s) sho	JWII OII FOIIII 102	ŧυ,	1040-36,0	
PRAKASH	BOYAPPALLY	&	SWAPNA	SAMALA

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	0.
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 S	chedule E .	5	
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			
u	Wages earned while incarcerated	8u			
z					
	Substitute Payment from 1099-Misc 109.	8z	109.		
9	Total other income. Add lines 8a through 8z		· · · · ·	9	109.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8			10	109.
For Pa	perwork Reduction Act Notice, see your tax return instructions.				le 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		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				
		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.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

PRAKASH BOYAPPALLY & SWAPNA SAMALA

Your social security number

693-26-0807

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) (e) Adjustment Proceeds Cost to gain or loss				
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	153,195.	150,001.		3,194.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from				
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	· ·	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		3,194.	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to (sales price) (or other basis) Fo				Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	2,723.	2,502.			221.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	• •	11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		•	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15	221.		

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 3,415.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
		Schedule D (Form 1040) 2023

REV 02/11/24 PRO BAA

Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
PRAKASH BOYAPPALLY & SWAPNA SAMALA	693-26-0807

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property		(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
(Examp	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Apex	Clearing	01/01/23	12/31/23	153,195.	150,001.			3,194.
neg Sch	als. Add the amounts in column ative amounts). Enter each tota nedule D, line 1b (if Box A above ove is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your ne 2 (if Box B	153 , 195.	150,001.			3,194.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2023) Attachment Sequence No. 12A F	Page 2
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRAKASH BOYAPPALLY & SWAPNA SAMALA

Social security number or taxpayer identification number 693-26-0807

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (Exam	(a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)				and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Apex	Clearing	01/01/23	12/31/23	2,723.	2,502.			221.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			2,723.	2,502.			221.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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		Notividuais who are ► See se	parate instru		permanen	it reside	ents.			
An IRS individua	I taxpayer identification nu	ımber (ITIN) is fo	r U.S. feder	al tax p	ourposes	only.			pe (check one bo	x):
Before you begin • Don't submit the	inible to get a LL	a U.S. social security number (SSN).					Apply for a new ITIN			
Reason you're si	ubmitting Form W-7. Read ederal tax return with Forn	the instructions f	or the box y	ou che	ck. Cauti	on: If y	ou check b	ox b ,		you
_	t alien required to get an ITIN to	-				0000		5).		
b 🗌 Nonresident	t alien filing a U.S. federal tax re	turn								
c 🗌 U.S. resider	nt alien (based on days presen	t in the United Sta	tes) filing a U.	S. federa	al tax retur	n				
d Dependent	of U.S. citizen/resident alien	If d, enter relations	ship to U.S. ci	tizen/res	ident alien	(see ins	structions) 🕨			
e 🛛 Spouse of L	J.S. citizen/resident alien	If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) PRAKASH BOYAPPALLY 693-26-0807 esearcher filing a U.S. federal tax return or claiming an exception								
- ·	spouse of a nonresident alien h	olding a U.S. visa								
h Other (see in										
	on for a and f : Enter treaty coun		and treaty article num			name				
Name (see instructions)	SWAPNA					SA	SAMALA			
Name at birth if different	1b First name	Mid				Last	st name			
Applicant's	2 Street address, apartment		ute number. I	you ha	ve a P.O.	box, see	e separate i	nstruo	ctions.	
Mailing	2606 CEDARVILLE CT									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	MIDLOTHIAN VA USA 23112									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / ye	/ year) Country of birth			City and state or province (optional)				Male	
Information	11/08/1997	INDIA					X Female			
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	`						r, and expiration dat	:e
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United States									
	Issued by: INDIA No.: X8781107 Exp. date: 05/18/2033 (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 ► 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 ►									
0' -1	City and state	anliaant/dalagata/aaaa	ntanco aconti	dooloro			d this applic	otion	including accompany	
Sign Here	documentation and statements, and to the best of my knowledge and belief, it is note, concert, and complete. I dationize the molite share									
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year)			nber		
	Name of delegate, if appl	icable (type or print	rint) Delegate's relat to applicant			iship	Parent Power o	Court-appointed guardian of attorney		
Acceptance	Signature			Date (month / day /			Phone			
Agent's							Fax			
Use ONLY	Name and title (type or print)			Name of company			PTIN			
	1 7		1			Office				

REV 02/11/24 PRO