1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not v	vrite or staple in t	this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate instru	ctions.
Your first name	and m	iddle initial	Last r	name						Your so	cial security	number
BHARGAVI	-		BAN	DARU						649	57 069	96
		s first name and middle initial	Last r							-	's social secu	
PRATAPKU	IMAR		BAN	DARU						677	99 372	2.4
		er and street). If you have a P.O. box, see						A	pt. no.		ntial Election	
2400 FTS	HER'	TON DRIVE						1	722	1	here if you, or	
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co		spouse	if filing jointly	/, want \$3
HENRICO			-				4	232	33		o this fund. Ch low will not ch	•
Foreign country	/ name			Foreign p	rovince/state/				n postal code		x or refund.	lange
											Vou [Spouse
Filing Status	. [Single					Head of h	ouseh	old (HOH)			
•		Married filing jointly (even if only or	ne hac	l income)								
Check only 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 you	u che				• •	ild's name if	the
		alifying person is a child but not you										
			• ,						· 、	(1) 11		
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi	•					•		. ,	Yes	XNo
		neone can claim: You as a de					a dependent	i): (0e		115.)		
Standard Deduction	_	Spouse itemizes on a separate return	•				•					
				_			_					
		: Were born before January 2, 1	959	Are bl	•	ouse		14	ore January		ifies for (see in	
-	S (see instructions): (2) Social security (3) Relationship (4) Check the box if (1) First name Last name number to you Child tax credit											r dependents
If more						D	-			ioun	X	
than four dependents,		HIT VAMSHI BANDARU			LIED FC		Son				X	
see instructions	$\frac{1A3}{2}$	SHA SREE BANDARU		APP	LIED FC)R	Daughter					
and check here												
-	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	tions)					. 1a		9,903.
Income	b	Household employee wages not re	`		,	•••		• •	• • •	. 1k		73001
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	-							. 10		
attach Forms	d	Medicaid waiver payments not rep								. 10		
W-2G and	e	Taxable dependent care benefits f						• •	• • •	. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 11		
If you did not	g	Wages from Form 8919, line 6 .								. 10		
get a Form	h	Other earned income (see instructi								. 11		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					1	.				
	z	Add lines 1a through 1h								. 1z	99	903.
Attach Sch. B	2a	-	2a			bТ	axable interest	t.				<u> </u>
if required.	3a		3a			b C	Ordinary divide	nds .		. 3b)	
	4a		4a				axable amoun)	
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b)	
 Deduction for — Single or 	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b)	
Married filing separately,	С	If you elect to use the lump-sum el		method.	check here				[
\$13,850	7	Capital gain or (loss). Attach Schee							[7		
 Married filing jointly or 	8	Additional income from Schedule		-	-					. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		9,903.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		9,903.
\$20,800	12	Standard deduction or itemized	-		-					. 12		7,700.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13		
Standard Deduction,	14									. 14		7,700.
see instructions.	15	Subtract line 14 from line 11. If zer										2,203.
					,							

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	8,227.
Credits	17	Amount from Schedule 2, line	e3				17	,
	18	Add lines 16 and 17					18	8,227.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	1,000.
	20	Amount from Schedule 3, lin	e8				20)
	21	Add lines 19 and 20					21	1,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			22	2 7,227.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .		23	B 0.
	24	Add lines 22 and 23. This is	your total tax				24	7,227.
Payments	25	Federal income tax withheld	from:					
•	а	Form(s) W-2				25a 14	,395.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	d 14,395.
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				29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin	e15			31		
	32	Add lines 27, 28, 29, and 31.				undable credits	32	2
	33	Add lines 25d, 26, and 32. Th						
Refund	34	If line 33 is more than line 24					34	7,168.
	35a	Amount of line 34 you want						
Direct deposit?	b	Routing number 0 8 1					Savings	
See instructions.	d	Account number 0 0 2					Ū I	
	36	Amount of line 34 you want a		2024 estimate	d tax	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					37	,
	38	Estimated tax penalty (see in	-	-		38		
Third Party	Do	you want to allow another				See		
Designee		structions	•				omplete belov	v. 🗙 No
J	De	signee's		Phone			onal identificatio	n
	nar			no.			oer (PIN)	
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com						
Here				I.			1	
	Yo	ur signature		Date	Your occupation			sent you an Identity PIN, enter it here
Joint return?					SALESFORCI	E CONSULTAN	(+)	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat			sent your spouse an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,	5				Identity Pr	otection PIN, enter it here
your records.					SOFTWARE 1	DEVELOPER	(see inst.)	
	Ph	one no. (781) 619-4716	6	Email address	BHARGAVIBANDA	RU0227@GMAIL.CC	M	
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/30/2024	P0208270	3 Self-employed
Use Only	Firi	m's name GLOBAL TAX	KES LLC				Phone no.	(678)965-9522
	Firi	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm's EIN	l
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)

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 104(1040-SR	or 1040-NR.
ALLACTILU	F0/111 1040	, iu4u-an,	01 1040-116.

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

2023 Attachment Sequence No. 47

Name(s) shown on return	Your	social s	ecurity number
BHAR	GAVI & PRATAPKUMAR BANDARU	649	-57-0)696
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	99,903.
2a	Enter income from Puerto Rico that you excluded			Ľ
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	99,903.
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. resi	dent		
	alien. Also, do not include anyone you included on line 4.			
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.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 ∫		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	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.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	8,227.
14	Enter the smaller of line 12 or line 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 additio	nal cł	nild tax	k credit

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 03/07/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023			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 line	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child ta and II-B. Enter -0- on line 27		16a	0
b 17 18a b 19 20	Number of qualifying children under 17 with the required social security number: Enter the result. If zero, stop here; you cannot claim the additional child tax credit. S Enter -0- on line 27	x \$1,600. kip Parts II-A and II-B. u used for line 4. 18a 19	16a 16b 17 20	0.
Part	 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 Otherwise, go to line 21. II-B Certain Filers Who Have Three or More Qualifying Children and 		s of I	Puerto 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, or if you are a bona fide resident of Puerto Rico, see instructions.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22		
23	Add lines 21 and 22	23		
24	1040 and1040-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.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the larger of line 20 or line 25		26	
	Next, enter the smaller of line 17 or line 26 on line 27.			
	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or	,	27	
	BAA REV 03/07/24	PRO Sch	edule 8	3812 (Form 1040) 2023

	2267	
Form		

(Rev. November 2023)

Department of the Treasury Internal Revenue Service Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information. OMB No. 1545-0074

For tax year **20** 23

Attachment	
Sequence No. 70	

	-		
Taxpayer name(s) shown of	n return	Taxpayer identification	n number
BHARGAVI & PRA	ATAPKUMAR BANDARU	649-57-0690	õ
Preparer's name		Preparer tax identifica	tion number
SYAM PRIYA RAM	I SAGAR GUPTA	P02082703	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC X CTC/ACTC/ODC oturn ha-**D** . . alata tha

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	×		
3	 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 			
4	status and to figure the amount(s) of any credit(s)	×		
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		X	
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?			

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			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	Yes	No	N/A
	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.)			
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)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not	claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
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	alified	Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to) Part \	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
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 HOH	l filing	status
			لا من مالل	
	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	or HOH	urn or filing

- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under Document Retention.
 - 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 certit	fy tl	hat	all	of	the	ar	ISW	ers	on	thi	s F	orn	ו 88	867	are	, to) the	e be	est	of	yo	ur ŀ	kno	wle	edg	e, i	true	e, c	cori	rect	t, a	nd	Yes	No	
	complete?																																	X		

REV 03/07/24 PRO

Form **8867** (Rev. 11-2023)

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

Application for IRS Individual Taxpayer Identification Number

(Hev. August 2019)	For use by individuals who are not U.S. citizens or permanent residents.								01010 100. 1040-0074	
Department of the Treas Internal Revenue Service	Pror use by individuals who are not 0.5. citizens or permanent residents. ► See separate instructions.									
	taxpayer identification numb	•			urposes	only.	Applicatio	on tvn	e (check one box):	
Before you begin	efore you begin:						ply fo	v for a new ITIN w an existing ITIN		
	ubmitting Form W-7. Read the	-					u check bo	эх b,	c, d, e, f, or g, you	
	ederal tax return with Form W								, , , , , , , , , , , , , , , , , , , 	
a 🗌 Nonresident	alien required to get an ITIN to clai	m tax treaty bene	efit							
b 🗌 Nonresident	alien filing a U.S. federal tax return									
c 🗌 U.S. residen	t alien (based on days present in t	the United State	s) filing a U.S	6. federal	l tax retur	ı				
d 🛛 Dependent o	of U.S. citizen/resident alien	I, enter relationsh	ip to U.S. cit	izen/resid	dent alien	(see inst	ructions) 🕨	SON		
e 🗌 Spouse of U		l or e, enter name HARGAVI BAN		IN of U.S	3. citizen/ı	esident a	alien (see ins		ons)► 19-57-0696	
f 🗌 Nonresident	alien student, professor, or researc	cher filing a U.S. f	ederal tax re	turn or c	laiming ar	excepti	on			
g 🗌 Dependent/s	spouse of a nonresident alien holdir	ng a U.S. visa								
h 🗌 Other (see ir	nstructions) 🕨									
Additional information	on for a and f : Enter treaty country	f: Enter treaty country ► and treaty article number ►				ber 🕨	►			
Name	1a First name	Midd	lle name	me Last na						
(see instructions)	MOHIT VAMSHI					BAN	IDARU			
Name at birth if different ►	1b First name	Midd	lle name			Last r	ame			
Applicant's	2 Street address, apartment num			you hav	e a P.O. I	oox, see	separate in	struc	tions.	
Mailing	2400 FISHERTON DRIVE APT 1722									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	HENRICO VA USA 23233								3233	
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.									
		<u></u>		0.1			(.:. n)		1	
Birth Information	4 Date of birth (month / day / year) 01/13/2012	Country of birth INDIA		City and	d state or	province	(optional)		Male	
Information) number (if	0014	6a Turna	of LLC vi	an (if any) nu		Female	
Other Information	6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date INDIA INDIA INDIA INDIA INDIA INDIA									
	6d Identification document(s) sub		ctions) 🔀	Passpo	ort	Driver's	s license/Sta	ate I.D		
	USCIS documentation	Other					Date of ent	try into)	
	the United State							States	6	
	Issued by: INDIA No.: V7388881 Exp. date: 02/07/2027 (MM/DD/YYY)							YYY):	08/26/2022	
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	X 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 (applica documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief,	it is true,	correct, a	and complete	. I aut	horize the IRS to share	
Keep a copy for your records.	Signature of applicant (if dele	ions)	Date (month / day / year) Phone numbe			ber				
	Name of delegate, if applicable (type or print)			to applicant				Parent Court-appointed guardian		
Accontance	Signature			Date (month / day / year)			Phone			
Acceptance							Fax			
Agent's	Name and title (type or print)		Name of company			EIN		P	TIN	
Use ONLY				Office						

REV 03/07/24 PRO

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 Servic			re not U.S. citiz separate instruc		permanent reside	ents.				
An IRS individua	l taxpayer identification nui	nber (ITIN) is	for U.S. feder	al tax p	urposes only.			e (check one box):		
Before you begin:						r a new ITIN an existing ITIN				
Reason you're s	ubmitting Form W-7. Read t	he instructions	s for the box y	ou chec	k. Caution: If y	ou check b	ox b ,	c, d, e, f, or g, you		
	ederal tax return with Form									
	t alien required to get an ITIN to o		penefit							
	t alien filing a U.S. federal tax ret									
	nt alien (based on days present									
d 🛛 Dependent	of U.S. citizen/resident alien	If d, enter relation	onship to U.S. ci	tizen/resi	dent alien (see ins	structions) ►	DAUG	GHTER		
e 🗌 Spouse of L	J.S. citizen/resident alien	lf d or e, enter n BHARGAVI		ons)► 19-57-0696						
f 🗌 Nonresiden	t alien student, professor, or rese	archer filing a U	.S. federal tax re	eturn or c	laiming an excep [.]	tion				
g Dependent/ h Other (see in	spouse of a nonresident alien ho nstructions) ►	lding a U.S. visa								
Additional information	on for a and f : Enter treaty count	y 🕨			I treaty article nun	nber 🕨				
Name	1a First name		Middle name			ast name				
(see instructions)	YASHA SREE				BA	BANDARU				
Name at birth if different ►	1b First name	N	Middle name			ast name				
Applicant's Mailing Address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2400 FISHERTON DRIVE APT 1722									
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. HENRICO VA USA 23233									
Foreign (non- U.S.) Address (see instructions)	3 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.									
Birth Information	4 Date of birth (month / day / yea 09/13/2013	ar) Country of bi INDIA	rth					Male Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign ta	ax I.D. number (i	fany)	6c Type of U.S.	visa (if any), n	umber,	and expiration date		
mormadon	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
		the					e United States			
	Issued by: INDIA	No.: V73893	29 Ex	p. date:	02/07/2027	(MM/DD/Y	YYY):	08/26/2022		
	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						at name			
	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 / yea				onth / day / year)	Phone number				
	Name of delegate, if applie	cable (type or print) Delegate's relationship Parent Co to applicant Power of attorn			urt-appointed guardian					
Acceptance	Signature				onth / day / year)	Phone Fax	Phone			
Agent's	A News and the feature	1)	NL C	L						

Use ONLY

Name and title (type or print)

Name of company

REV 03/07/24 PRO

EIN

Office code

PTIN