1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	oarate	instructions.
Your first name	and mi	 ddle initial	Last na	ame						Your so	cial sec	urity number
SOUJANYA			KAKI							-		
		first name and middle initial	Last na								1 -	security number
RAMU			СНАС	GANTI						APP	Т.Т	ED F
	numbe	r and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign
1102 W F	OT N.S	SETT ST							58			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces bel	low.	Sta	te	ZIP c	-			jointly, want \$3
GREER						sc		296	50			nd. Checking a not change
Foreign country	name			Foreign pr	rovince/state/c	count	ty		n postal code	your tax		
											🗌 Yo	ou 🗌 Spouse
Filing Status		Single	I				Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	oouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	Atar	ny time during 2023, did you: (a) rece	eive (as	a reward	award, or	navr	ment for prope	rtv or	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a digi	•					•	,	.,	🗌 Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	<u> </u>	s blind
Dependents	ndents (see instructions): (2) Social security (3) Relationship (4) Check the box if			ox if quali	fies for (see instructions):						
If more	(1) Fi	rst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four	BHA	VESH SAI CHAGANTI		987	-92-9002	2	Son					×
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b			,					. <u>1a</u>		90,117.
Attach Form(s)	b	Household employee wages not re	•		.,					. <u>1b</u>		
W-2 here. Also	c	Tip income not reported on line 1a	•				· · · ·			. <u>1</u> c	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep								. 1d		
1099-R if tax	e	Taxable dependent care benefits f		,						. 1e	_	
was withheld.	T	Employer-provided adoption bene			-					. 1f	_	
lf you did not get a Form	g L	Wages from Form 8919, line 6 .				•		• •		. 1g		0.
W-2, see	h i	Other earned income (see instructi Nontaxable combat pay election (s	,			•	· · · · ·	· ·		. <u>1h</u>		0.
instructions.	z	Add lines 1a through 1h	566 1151	indenons)		•				. 1z		90,117.
Attach Sch. B	2a	-	2a		· · · · ·	ьт	axable interest	• •		. 12 . 2b	-	
if required.	2a 3a	· ·	3a				Ordinary divider				-	
	4a	-	4a				axable amoun				-	
Standard	5a	-	5a				axable amoun			. 5b	-	
Deduction for – Single or	6a		6a				axable amoun				-	
Married filing separately,	c	If you elect to use the lump-sum e		method.					[
\$13,850	7	Capital gain or (loss). Attach Scher							[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		90,117.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		90,117.
\$20,800	12	Standard deduction or itemized	-							. 12		27,700.
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	o or les	ss, enter	-0 This is y	our I	taxable incom	<u>e</u> .		. 15		62,417.

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	7,051.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	7,051.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	500.
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	6,551.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	6,551.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	12,90	.00	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	12,900.
If you have a	26	2023 estimated tax payment	ts 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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	s, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts.	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	12,900.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpa	id.	. 34	6,349.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here		35a	6,349.
Direct deposit?	b	Routing number 0 3 1	0 0 0 5	0 3	c Type: 🛛 🗙] Checking [Savi	ngs	
See instructions.	d	Account number 3 1 3	1 7 5 1	7 9 8					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 Yes	. Comp	lete below.	× No
	De nai	signee's		Phone no.			ersonal i umber (F	dentification	
Ciara		der penalties of perjury, I declare tl	nat I have examined		accompanying sche			,	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
								Protection P	IN, enter it here
Joint return?					PROJECT M	ANAGER		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.					LIONE MAKEI	D		(see inst.)	ection PIN, enter it here
	Dh	00000 (160)201 050	0	Email addross	HOME MAKE		COM		
		one no. (469) 301-050 eparer's name	8 Preparer's signat	Email address	SOUJI.KAKK	Date	PTI	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						2082703	Self-employed
Preparer				NAMI SAGAK	GUFIA IALLAM	101/21/202	.4 20.		
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOWTOV N	J 08816				(678) 965-9522
Co to unit in a				N AJIWAN				Firm's EIN	84-3171965 Form 1040 (2023)
GO LO WWW.Irs.go	JVIFOM	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PF	RO		Form 1040 (2023)

REV 01/12/24 PRO

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 1040	. 1040-SR	or 1040-NR.
/	1 01111 10 10	,	

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

20 E Attachment Sequence No. 47

Internal I	Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.		Se	equence No. 41
Name(s)	shown on return	Your s	social s	ecurity number
SOUJA	ANYA KAKKERA & RAMU CHAGANTI	107-	97-9	739
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	90,117.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [3	90,117.
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			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid alien. Also, do not include anyone you included on line 4.	ent		
-			-	500
7	Multiply line 6 by \$500	-	7	500.
8	Add lines 5 and 7	·	8	500.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			400 000
10	• All other filing statuses— $$200,000 \int \dots $	·	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		10	0
11	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. $\int \dots \dots \dots \dots \dots$	· L	10	0.
11 12	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	dit.		
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	. [13	7,051.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. [14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal ch	ild tay	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. Schedule 8812 (Form 1040) 2023 REV 01/12/24 PRO BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: 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 tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the on line 27 . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Nontaxable combat pay (see instructions). 18b Is the amount on line 18a more than \$2,500? . No. Leave line 19 blank and enter -0- on line 20.	16b 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	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		
24 25	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. 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.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 01/12/24 PRO Sch	edule 8	812 (Form 1040) 2023

Form	886	7
(Rev. I	November 20	23)

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 Department of the Treasury To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. OMB No. 1545-0074 For tax year

Attachment

For	tax year
20	23

	Internal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information.			Sequence No. 70		
Taxpayer name(s) shown on return Taxpayer ident				n number		
SOUJANYA KAKKERA & RAMU CHAGANTI 10				107-97-9739		
	Preparer's name		Preparer tax identifica	tion number		
	SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	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). X CTC/ACTC/ODC 🗌 НОН EIC

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	×		
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?	X		
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 and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If "No," go to question 5.)		X	
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		
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?			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	×		
7	(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 01/12/24 PRO

Form 88	167 (Rev. 11-2023)			Page 2
Part	I Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go t	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		_	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and/ on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	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 886 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

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

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

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

REV 01/12/24 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 by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	July	See sepa	arate instruc		permanen	it reside	nts.			
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	U.S. feder	al tax p	ourposes	only.			vpe (check one b	oox):
Before you begin:						N //		X Apply for a new ITIN ☐ Renew an existing ITIN		
• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you										
	ederal tax return with Form								, c, a, e, ī, or g	, you
	t alien required to get an ITIN to c	-						-,-		
	t alien filing a U.S. federal tax retu	-								
c 🗌 U.S. resider	nt alien (based on days present i	n the United State	s) filing a U.S	S. federa	al tax retur	n				
d Dependent	of U.S. citizen/resident alien	f d, enter relationsh	nip to U.S. cit	izen/res	ident alien	(see ins	tructions) 🕨			
e 🛛 Spouse of L		f d or e, e nter name SOUJANYA KA					alien (see ins		tions) ► 07-97-9739)
	t alien student, professor, or resea	-	federal tax re							
	spouse of a nonresident alien hole	ding a U.S. visa								
h Other (see in	nstructions) ► on for a and f : Enter treaty countr					iolo num	hor N			
Name	1a First name		and treaty article numb Middle name							
(see instructions)	DANII			CHZ				AGANTI		
Name at birth if different ►	1b First name	b First name Middle name				Last	name			
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.									
Mailing	liloz w POINSETT ST APT 58									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. GREER SC USA 29650									
	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
Foreign (non- U.S.) Address										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
				0.11			(
Birth Information	4 Date of birth (month / day / year 06/06/1983		City and state or province (optional) 5 Male							
		06/06/1983 INDIA Ga Country(ies) of citizenship 6b Foreign tax I.D. num								
Other Information	INDIA									
mormation	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.									
	USCIS documentation									
	the United States						es	_		
	Issued by: INDIA No.: N7824491 Exp. date: 02/15/2026 (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 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 (m	ionth / day /	′ year)	Phone num	lber		
	Name of delegate, if applic		Delegate's relationship to applicant				Parent Court-appointed guardian Power of attorney			
Acceptance	Signature			Date (month / day			Phone			
Agent's		*)	Newsort	T			Fax			
Use ONLY	Name and title (type or prin	Name of company			EIN	PTIN				
	1 7	1				Office code				

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