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



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending				, 20		See se	parate instructions.	
Your first name and middle initial				Last name					Your social security number		
VENU MAI	OHAV	A	PEJ <i>I</i>	AVAR		146 51 4391					
If joint return, s	pouse's	s first name and middle initial	Last na	ame						's social security numb	 oer
NIDHI			DWAE	RAKANATH					APPLIED FOR		
	(numbe	er and street). If you have a P.O. box, see					Apt. no.		Presidential Election Campaig		
275 MEDE	ORD	STREET					UNIT-	в	Check 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	e	ZIP code		spouse if filing jointly, want \$3		
SOMERVILLE					MA		02143		-	this fund. Checking a low will not change	4
Foreign country	/ name		Foreign province/state/o	county	y	Foreign postal	code				
									You Spou	se	
Filing Status	, [Single			[Head of h	ousehold (HC	H)			
Check only	_	Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)			[☐ Qualifying	surviving spo	ouse (QSS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS box	, ente	r the ch	ild's name if the	
	qu	alifying person is a child but not you	ır depe	ndent:							_
Distribut	Λ+ οι	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	nov/m	ant for propo	rty or convice	c). or	(b) coll		_
Digital Assets		nange, or otherwise dispose of a digi								☐ Yes	
	_	neone can claim: You as a de		_ <u>`</u>			1): (000 1113111	action	13.)		_
Standard Deduction		Spouse itemizes on a separate return	•	•		a dependent					
Deduction	Ш,	Spouse iternizes on a separate return	ii oi yo	u were a duar-status	allell						_
Age/Blindness	You	: Were born before January 2, 19	959	Are blind Spo	ouse:	☐ Was bor	n before Janı	uary 2	, 1959	☐ Is blind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the bo	x if qual	ifies for (see instruction	-
If more	(1) F	irst name Last name		number to			Child	Child tax cre		Credit for other depender	nts
than four											
dependents, see instructions	s ——										
and check	, —										
here L											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	53,743	
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2.					1b)	_
W-2 here. Also	С	Tip income not reported on line 1a	10	;							
attach Forms W-2G and	d	Medicaid waiver payments not rep	10	1	_						
1099-R if tax	е	Taxable dependent care benefits f	1e		_						
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	0	<u>.</u>
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				F2 742	
	<u>z</u>		 . i						1z	250	
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	ι		6b	•	_
separately, \$13,850	c	If you elect to use the lump-sum el		· ·	•	,		• -	- -		
Married filing	7	Capital gain or (loss). Attach Sched						. L			
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	•						8		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9	<u> </u>	<u>.</u>
Head of	10	Adjustments to income from Sche							10		_
household, [11	Subtract line 10 from line 9. This is	•						11		
If you checked	12	Standard deduction or itemized							12	· ·	•
any box under Standard	13	Qualified business income deducti		III OIIII 0990 OF FORM	0995	J-A			13		
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 /OU!* * *	 avahla incom			14		
		Sabtrast mile 14 Horn IIIIE 11. Il 28	J 01 168	,,, oritor -o-, iiilo io y	Jui La	avanie iiicoiii			10	, LU, JJ/	•

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	2 , 725.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	2,725.	
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. I	If zero or less,	enter -0				22	2,725.	
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is yo	our total tax					24	2,725.	
Payments	25	Federal income tax withheld for	rom:							
-	а	Form(s) W-2				25a	7,447.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	7,447.	
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 fr	om Form 8863	, 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. The	ese are your to	tal payments				33	7,447.	
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	4,722.	
	35a	Amount of line 34 you want re			is attached, chec	k here		35a	4,722.	
Direct deposit?	b	Routing number 0 1 1				Checking	Savings			
See instructions.	d	Account number 4 6 6	0 1 4 8	2 6 9	6 6					
	36	Amount of line 34 you want ar	oplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe	00	For details on how to pay, go	_	-		1 1		37		
	38	Estimated tax penalty (see ins				38				
Third Party Designee		o you want to allow another particular in the structions of the structions of the structures.					omplete	halow	⊠ No	
Designee		esignee's		Phone			omplete onal identi		i no	
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare tha lief, they are true, correct, and compl								
Here	Υn	ur signature		Date	Your occupation	l If the	e IRS sei	nt you an Identity		
		rour signature		Dato	Tour occupation		Prot	ection P	IN, enter it here	
Joint return?					FINANCIAL	COORDINATO	OR (see	inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupati		Iden	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (857) 919-3146		Email address	VENUMADHAVA		JM	•		
			Preparer's signat		^ TIMITIMI V F	Date	PTIN		Check if:	
Paid					GUPTA TAT.T.AM	02/17/2024	P0208	2703	Self-employed	
Preparer								Phone no. (678) 965-9522		
Use Only									84-3171965	
<u> </u>		40406		J JI. 11			1	i's EIN	- 4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	ocial security number									
VENU	MADHAVA PEJAVAR & NIDHI DWARAKANATH		146-5	51-43	391						
Par	t I Additional Income										
1	Taxable refunds, credits, or offsets of state and local income taxes			1							
2a	Alimony received			2a							
b											
3	Business income or (loss). Attach Schedule C										
4	Other gains or (losses). Attach Form 4797			4							
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	Ε.	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									
	Section 951(a) inclusion (see instructions)	8n									
	Section 951A(a) inclusion (see instructions)	80									
р	Section 461(I) excess business loss adjustment	8p									
•	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 (١								
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (4							
·	a nongovernmental section 457 plan	8t									
u	Wages earned while incarcerated	8u									
	Other income. List type and amount:	- Ju									
~		8z	2.								
9	Total other income. Add lines 8a through 8z			9	2.						
10	Combine lines 1 through 7 and 9. This is your additional income . Enter										

10

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	í	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)			
İ	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	
			20	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 146-51-4391 VENU MADHAVA PEJAVAR & NIDHI DWARAKANATH Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box B checked 14. 0. 14. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 0. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 10. Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 2. • 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 • 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? X 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

Form **8949**

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.

2023 Attachment Sequence No. 12A

OMB No. 1545-0074

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

VENU MADHAVA PEJAVAR & NIDHI DWARAKANATH

146-51-4391

Social security number or taxpayer identification number

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.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

(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 you enter an enter a co	(h) Gain or (loss) Subtract column (e				
(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).			
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	14.	14.			0.			
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li i	lude on your ne 2 (if Box B	14.	14.			0.			

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.

Form 8949 (2023) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENU MADHAVA PEJAVAR & NIDHI DWARAKANATH

Social security number or taxpayer identification number 146-51-4391

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 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co					
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions.	(f) Code(s) from instructions (g) Amount of adjustment					
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	10.	8.			2.			
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked).	al here and inc e is checked), lir	lude on your ne 9 (if Box E	10.	8.			2.			

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.

above is checked), or line 10 (if Box F above is checked) .



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	l taxp	payer identification nun	nber (ITIN) i	s for U.S. fe	eder	al tax p	urposes	only.		ion type (check one box):	
Before you begin • Don't submit th		m if you have, or are elig	ible to get, a	a U.S. social	sec	urity nui	mber (SS	N).	·	oply for a new ITIN enew an existing ITIN	
		tting Form W-7. Read that tax return with Form								ox b, c, d, e, f, or g, you s).	
a Nonresident	alien	required to get an ITIN to c	aim tax treaty	y benefit			-				
b ☐ Nonresident alien filing a U.S. federal tax return											
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return											
d ☐ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶											
e 🛛 Spouse of U	J.S. ci			name and SS HAVA PEJ					alien (see in		
f Nonresident	alien	student, professor, or resea	archer filing a	U.S. federal t	ax re						
g Dependent/s	spous	se of a nonresident alien hole	ding a U.S. vi	sa							
h Other (see in	nstruc	tions) ►									
Additional information	on for	a and f: Enter treaty country					treaty art	icle num	nber 🕨		
Name	1a F	First name		Middle name	е			Last	name		
(see instructions)		NIDHI						DW	ARAKANA'	ГН	
Name at birth if different ▶	1b F	First name		Middle name	е			Last	name		
Applicant's	2 9	Street address, apartment n	umber, or rura	al route numb	er. If	you hav	/e a P.O. I	oox, see	e separate i	nstructions.	
Mailing		275 MEDFORD STRE		UNIT-B							
Address	City or town, state or province, and country. Include ZIP code or postal code where approp							opropriate.			
		SOMERVILLE					MA	USA	A 02143		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	(City or town, state or provinc	ce, and count	ry. Include po	ostal	code wh	ere appro	oriate.			
Birth	4 [Date of birth (month / day / year) Country of	birth		City an	d state or	province	e (optional)	5 Male	
Information		03/04/1997	INDIA							▼ 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, a INDIA						umber, and expiration date				
illolliadoli	6d	6d Identification document(s) submitted (see instructions)									
		USCIS documentation Other Date of entry into									
									the United	,	
									(MM/DD/Y		
	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						SN	and			
		name under which it was is:	sued >								
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ▶										
	City and state ► Length of stay ►										
Sign	docu	mentation and statements, an	d to the best	of my knowled	dge a	nd belief,	it is true,	correct,	and complete	eation, including accompanying	
Here	Inforr	mation with my acceptance age	iii in order to pe	eriect this Form	vv-/,	Application	on for IRS I	idividual	raxpayer ider	iuiication ivumber.	
Keep a copy for your records.		Signature of applicant (if de	elegate, see ir	nstructions)		Date (month / day / year)			Phone num	nber	
		Name of delegate, if applic	able (type or _l	print)		Delegate to applie	e's relation cant	ship	hip Parent Court-appointed guard Power of attorney		
A	N.	Signature				Date (m	onth / day /	year)	Phone	·	
Acceptance							ŕ	•	Fax		
Agent's	<u> </u>	Name and title (type or prin	t)	Name	of co	ompany		EIN		PTIN	
Use ONLY							ce code				