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 S		See separate instructions.				
Your first name and middle initial			Last name				٠,	Your social security number					
ROHIT				BIRHADE						730 75 2091			
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number				
AASHLESHA DIGAMBAR SHIROLE										APPI	TED FOR	\	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Ap	t. no.	ı	Preside	ntial Election	n Campaign	
151 SIP AVE 8 Che							Check here if you, or your						
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP coc	е		spouse if filing jointly, want \$3 to go to this fund. Checking a			
JERSEY C	CITY				NJ	г	0730	6		0	ow will not c		
Foreign country	name			Foreign province/state/o	count	у	Foreign	postal c			or refund.	3.	
										You Spous		Spouse	
Filing Status	, 🗆	Single				Head of ho	ousehol	d (HOI					
Check only		Married filing jointly (even if only or	` ,										
one box.		Married filing separately (MFS)				☐ Qualifying	survivir	g spoi	use (C	QSS)			
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	cked the HOH	or QSS	S box,	enter	the chi	ld's name i	f the	
	qu	alifying person is a child but not you	ır depei	ndent:									
Digital	Δtan	ny time during 2023, did you: (a) rece	aiva (as	a reward award or	navn	nent for proper	rtv or se	rvices): or (h	المء (م			
Digital Assets		ange, or otherwise dispose of a digi					-				Yes	⊠ No	
Standard		eone can claim: You as a de					.,. (oo			,			
Deduction		Spouse itemizes on a separate return				а асренает							
					ancii								
Age/Blindness	You:	Were born before January 2, 19	959	Are blind Spo	ouse:	: U Was bor	n before	Janua	ary 2,	1959	Is blir	ıd	
Dependents				(2) Social security	,	(3) Relationsh	ip (4)				fies for (see in	-	
If more	(1) Fi	rst name Last name		number		to you		Child t	ax cre	dit	Credit for other	r dependents	
than four											L]	
dependents, see instructions	s ——								_		<u>_</u>		
and check									_		<u>_</u>		
here L											L		
Income	1a	Total amount from Form(s) W-2, bo	`	,						1a		5 , 962.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b				
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d									1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene								1f			
If you did not get a Form	9	Wages from Form 8919, line 6.								1g		0.	
W-2, see	h	Other earned income (see instructi	,				· ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>					1.4	5,962.	
	<u>z</u>				 L T					1z		24.	
Attach Sch. B if required.	2a	· —	2a			axable interest				2b			
	3a_		3a 4a			rdinary divider axable amount				3b 4b			
Standard	4a 5a		т а 5а			axable amount				5b			
Deduction for—	5а 6а		6a			axable amount				6b			
Single or Married filing	C	If you elect to use the lump-sum el		method check here									
separately, \$13,850	7	Capital gain or (loss). Attach Sched		*	•	,				7	7	3,814.	
Married filing	8	Additional income from Schedule 1							. Ц	8	+	<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•							9	1 4	9,800.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•						10		-,	
Head of household,	11	Subtract line 10 from line 9. This is								11		9,800.	
\$20,800	12	Standard deduction or itemized	-							12		7,700.	
If you checked any box under	13	Qualified business income deducti		,	,	5-A .				13		. , , 50 .	
Standard Deduction,	14	Add lines 12 and 13								14		7,700.	
see instructions.	15	Subtract line 14 from line 11. If zero		ss, enter -0 This is y	our t	axable incom	ie .			15		2,100.	

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	17,477.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	17,477.
	19	Child tax credit or credit for	other dependen	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	17,477.
	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	17,477.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 24	1,876.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	24,876.
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 Schedule 8812							
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31,	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	24,876.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	7,399.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	7,399.
Direct deposit?	b	Routing number 1 1 1	9 0 0 6	5 9	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 5 4 3	1 1 3 9	6 0 8					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, go	o to www.irs.go	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee							•		⊠ No
		esignee's me		Phone no.			onal ident ber (PIN)	ification	
Sign	Un	der penalties of perjury, I declare th	nat I have examine	d this return and	accompanying sche	dules and statemen	ts, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whic	h prepar	er has any knowledge.
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity	
				D				ection P	IN, enter it here
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Data	DATA SCIEN	1131			nt your spouse an
Keep a copy for	Sp	iouse's signature. It a joint return, t	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here	
your records.			STUDENT			(see	inst.)		
	Ph	one no. (979) 739-982	6	Email address	BIRHADE.ROHIT	1610@GMAIL.C	OM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/19/2024	P0208	2703	Self-employed
Preparer	Fir	Firm's name GLOBAL TAXES LLC PI						Phone no. (678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965
<u> </u>		4040 ()							- 1040

SCHEDULE D (Form 1040)

Department of the Treasury

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 730-75-2091 ROHIT BIRHADE & AASHLESHA DIGAMBAR SHIROLE 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 8,471. 4,294. 4,177. 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 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 7 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 4,177. 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 16,612. 16,249. -363. 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

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

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

-363.

11

12

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14

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Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 3,814. 16 Combine lines 7 and 15 and enter the result 16 • 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? ☐ **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. 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.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

e latest information.

Attachment Sequence No. 12A

Social security number or taxpayer identification number

Name(s) shown on return 730-75-2091 ROHIT BIRHADE & AASHLESHA DIGAMBAR SHIROLE 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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/23 12/31/23 8,471. 4,294. 4,177.

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 10 (ff Box A above is checked), line 2 (ff Box B above is checked) or line 3 (ff Box C above is checked).

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** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ROHIT BIRHADE & AASHLESHA DIGAMBAR SHIROLE

Social security number or taxpayer identification number 730-75-2091

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.

(a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	16,249.	16,612.			-363.

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) .

16,249.

16,612.

Form **8889**

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachm
Sequence

2023
Attachment
Sequence No. 52

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

ROHIT BIRHADE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 730-75-2091

Betoi	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Ins	surance Contracts, i	requir	ed.
Part	HSA Contributions and Deduction. See the instructions before com and both you and your spouse each have separate HSAs, complete a			
1	Check the box to indicate your coverage under a high-deductible health plan (See instructions		☐ Self	only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including unextended due date of your tax return that were for 2023. Do not include empontributions through a cafeteria plan, or rollovers. See instructions	ployer contributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every mor were, or were considered, an eligible individual with the same coverage, enter family coverage). All others , see the instructions for the amount to enter	3	7 , 750.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 20 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any tir include any amount contributed to your spouse's Archer MSAs	me during 2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate H			
	coverage under an HDHP at any time during 2023, see the instructions for the am		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse under an HDHP at any time during 2023, enter your additional contribution amount	had family coverage	7	·
8	Add lines 6 and 7	8	7,750.	
9	Employer contributions made to your HSAs for 2023	9 500.		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	7,250.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form Caution: If line 2 is more than line 13, you may have to pay an additional tax. See		13	0.
Part	HSA Distributions. If you are filing jointly and both you and your spo a separate Part II for each spouse.	ouse each have sepa	arate H	SAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also contributions (and the earnings on those excess contributions) included on withdrawn by the due date of your return. See instructions	line 14a that were	14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enteramount in the total on Schedule 1 (Form 1040), Part I, line 8f	0 Also, include this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions include are subject to the additional 20% tax. Also, include this amount in the total o 1040), Part II, line 17c	uded on line 16 that n Schedule 2 (Form	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Covera completing this part. If you are filing jointly and both you and your sp complete a separate Part III for each spouse.	ge. See the instruct		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 104		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total of 1040). Part II, line 17d.	on Schedule 2 (Form	21	

BAA



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual	taxpayer identification n	umber (ITIN) i	s for U.S. feder	al tax purposes	only.		ion type (check one box):			
Before you begin • Don't submit th	: is form if you have, or are e	ligible to get, a	a U.S. social sec	urity number (SS	SN).	⋉ Ap	oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Read ederal tax return with Forn									
	alien required to get an ITIN to		-	•	`		,			
b ☐ Nonresident alien filing a U.S. federal tax return										
c U.S. resident alien (based on days present in the United States) filling a U.S. federal tax return										
d Dependent	of U.S. citizen/resident alien	If d, enter relat	tionship to U.S. cit	izen/resident alien	(see instr	uctions) 🕨				
e 🗵 Spouse of U	I.S. citizen/resident alien	If d or e , enter	DIIIDE	TN of U.S. citizen/						
f Nonresident	alien student, professor, or res	searcher filing a								
g Dependent/s	spouse of a nonresident alien h	olding a U.S. vi	sa							
h Other (see in										
Additional information	on for a and f : Enter treaty cour	ntry ►		and treaty art	_					
Name	1a First name		Middle name		Last na					
(see instructions)	AASHLESHA DIGAN	IBAR				ROLE				
Name at birth if different ▶	1b First name		Middle name		Last na					
Applicant's	2 Street address, apartment		al route number. I 1	you have a P.O.	oox, see s	separate i	nstructions.			
Mailing		PT 8								
Address	City or town, state or prov	rince, and count	ry. Include ZIP co	•		ropriate.	0.700.6			
	JERSEY CITY			NJ	USA		07306			
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 prov	rince, and count	ry. Include postal	code where appro	priate.					
Birth	4 Date of birth (month / day / y	ear) Country of	birth	City and state or	province (optional)	5 Male			
Information	11/02/1996	INDIA					▼ Female			
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (if	fany) 6c Type	of U.S. vis	a (if any), n	number, and expiration date			
	6d Identification document(s) submitted (see instructions)									
	USCIS documentation Other Date of entry into									
						the United	•			
	Issued by: INDIA No.: Z6466341 Exp. date: 10/10/2031 (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		IR	SN		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	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanyi documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha									
Here	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	structions)	Date (month / day / year)		Phone number					
	Name of delegate, if app	licable (type or p	orint)	Delegate's relation to applicant		_	Court-appointed guardian			
Accontance	Signature			Date (month / day /	year) F	Phone				
Acceptance	7				F	ax				
Agent's Use ONLY	Name and title (type or p	rint)	Name of co	ompany	EIN		PTIN			
USC VILLI				Office		code				