Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)			
Taxpayer's name	Social securit	y number	
VAMSI K MANNEMELA	854-10-	-2319	
Spouse's name	Spouse's soc	ial security r	number
DEEPIKA PONKA	APPLIE	D FOR	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you a	re author	izing.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	
1 Adjusted gross income		1	71,145.
2 Total tax		2	4,571.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,029.
4 Amount you want refunded to you		5	2,458.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a			return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ameny knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, it to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generation to enter or generation to enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. Your signature Date	ended) I am now autil I above are the amoransmitter, or electrofor rejection of the truthe U.S. Treasury ar ant indicated in the astitution to debit the minate the authorization requests must be in the processing of the payment. I furted) I am now authoriated am now authorizer am now authorizer method. The ERC	norizing, an punts from morizing, an punts from minic return of ansmission and its designax preparation. To refer eccived in the electrocher acknowling and, if a large five digits it enter all zeng. Check	that to the best of the income tax originator (ERO), (b) the reason mated Financial ion software for is account. This voke (cancel) a no later than 2 onic payment of wiedge that the applicable, my as my s, but zeros
Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	Ent dor am now authorizin		zeros this box only
Spouse's signature ▶ Date			
Practitioner PIN Method Returns Only—continue b	elow		
Part III Certification and Authentication — Practitioner PIN Method Only			
	Don't ente	6 0 8 er all zeros	2 7 1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inconsumers authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this retu	rn in accor	rdance with the
ERO's signature ▶ Date	e▶		
ERO Must Retain This Form — See Instruction			

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		5	See se	parate in:	structions.	
Your first name	and mi	iddle initial	Last na	Last name				١	Your social security number				
VAMSI K			MANNEMELA						854 10 2319				
If joint return, s	pouse's	s first name and middle initial	Last name					5	Spouse's social security numb				
DEEPIKA			PONE	KΑ						APP	LI	ED F	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. i	10.	F	Preside	ntial Elec	tion Campaign	
1328 N J	EFFE	RSON ST					305			Check h	here if you	u, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code			spouse if filing jointly, want			
MILWAUKEE					WI		53202			•	ow will no	d. Checking a ot change	
Foreign country	name			Foreign province/state/o	count	у	Foreign po	stal co			c or refund	•	
								You	Spouse				
Filing Status	, [Single				Head of ho	ousehold	(HOH	 l)				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	spou	ıse (Q	(SS)			
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	cked the HOH	l or QSS l	oox, e	enter	the chi	ild's nam	e if the	
	qu	alifying person is a child but not you	r deper	ndent:									
Digital	Δt ar	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navn	nent for prope	rtv or serv	vices)	· or (h	n) sell			
Assets		ange, or otherwise dispose of a digi									Yes	s 🗵 No	
Standard	_	eone can claim: You as a dep		_ ` _			, ,						
Deduction		Spouse itemizes on a separate return		•									
				_									
		Were born before January 2, 19	959 [Are blind Spo	ouse:	:	n before				_	blind	
Dependents				(2) Social security	<i>'</i>	(3) Relationsh	ip		ne box ax cred		· '	ee instructions): other dependents	
If more	(1) ⊢	irst name Last name		number		to you		niia ta	ax cred	uit	Credit for d		
than four dependents,								L	┽			片	
see instructions	s —							L	┽			片	
and check								<u>L</u>	 			\vdash	
here L	4.0	Total amount from Form(a) W 2 ha	1 /o.o	a inaterrational				L		140	$\overline{}$	71,145.	
Income	1a	Total amount from Form(s) W-2, bo	•	,				•		1a		/1,143.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b			
W-2 here. Also attach Forms	c d									1d			
W-2G and	e									1e			
1099-R if tax was withheld.	f									1f			
If you did not	g g	Wages from Form 8919, line 6.						•		1g			
get a Form	h	Other earned income (see instructi						•		1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	İ	•					
motraotiono.	z	Add lines to through th								1z		71,145.	
Attach Sch. B		1	2a	ĺ	b Ta	axable interest				2b			
if required.	3a	· —	За			rdinary divider				3b			
	4a	IRA distributions	l a			axable amount				4b	,		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b	,		
Single or	6a	Social security benefits	3a			axable amount				6b	,		
Married filing separately,	С	If you elect to use the lump-sum el	ection	method, check here	(see i	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	uired,	check here			. 🗆	7			
Married filing jointly or	8	Additional income from Schedule 1	I, line 1	0						8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come					9		71,145.	
\$27,700	10	Adjustments to income from Sched	dule 1,	line 26						10			
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11		71,145.	
\$20,800 If you checked r	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		27,700.	
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13								14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our t	axable incom	e			15	,	43,445.	

Form 1040 (202)	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,771.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	4,771.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20	200.	
	21	Add lines 19 and 20						21	200.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,571.	
	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	4,571.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7,029			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	7,029.	
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	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, 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 payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	7,029.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,458.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							2,458.	
Direct deposit?	b	Routing number 0 7 5	s							
See instructions.	d	Account number 1 8 2 8 9 7 0 7 3 0 8 2								
	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 to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•			_				
Designee							•	e below.	⊠ No	
		signee's me		Phone no.			sonal ide nber (PIN	ntification		
Sign	Un	der penalties of perjury, I declare the	nat I have examine	d this return and	accompanying sche	dules and stateme	nts, and t	o 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 informat	ion of wh	ich prepar	er has any knowledge.	
Here	Yo	ur signature		Date Your occupation			If the IRS sent you an Identity			
							1		IN, enter it here	
Joint return? See instructions.		avec's signature If a laint vature I	a a 41a marro ta ai am	Dete	SOFTWARE E		(see ins			
Keep a copy for		ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here	
your records.				HOME MAKER	2	(se	ee inst.)			
	Ph	one no. (414)249-708	2	Email address	VAMSIKRISHNA)9547@GMAIL.(COM			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/05/2024 P0208					82703	Self-employed		
Preparer	Fir							Phone no. (678)965-9522		
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965	
<u> </u>	-/-	1010 ()	11.6						- 1040	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VAMSI K MANNEMELA & DEEPIKA PONKA

Your social security number 854-10-2319

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	200.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	Sa		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	Sc		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	Se		
f	Clean vehicle credit. Attach Form 8936	Sf .		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936.	m		
z	Other nonrefundable credits. List type and amount:			
		Sz		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10-	40, 1040-SR, or		
	1040-NR, line 20		8	200.
		(0	ontinue	d on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

Form **8880**

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 54

Name(s) shown on return

Your social security number

854-10-2319

VAMSI K MANNEMELA & DEEPIKA PONKA

You cannot take this credit if either of the following applies.



- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

						(a) You	l	(b) You	r spous
Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. Do not include rollover contributions										
Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) 2										
								65.		
Certain distribextensions) of	outions receive your 2023 tax	ed after 2020 and return (see instruction oth columns. See instruction	before the due dans). If married filing jo	ointly, include	4		1,5	<u> </u>		
Subtract line 4	from line 3. If	zero or less, enter -0-			5		4,5	65.		
		naller of line 5 or \$2,00			6		2,0			
		zero, stop ; you can't						7		2,000
		1040, 1040-SR, or 10 amount from the table		8		71,	145.			
тиег ине арри	icable decimal	amount from the table	e below.							
If line	8 is-	Α	nd your filing status	s is—						
Over-	But not	Married filing jointly	Head of household	Single, Marr separate		ng				
Over-	But not over—		household		ly, or					
Over—		filing jointly	household	separate	ly, or ving sp					
	over—	filing jointly Enter on	household line 9—	separate Qualifying survi	ly, or ving sp					
	over— \$21,750	filing jointly Enter on 0.5	household line 9—	separate Qualifying survi 0.5	ly, or ving sp			9	x	.1
 \$21,750	over— \$21,750 \$23,750	filing jointly Enter on 0.5 0.5	household line 9— 0.5 0.5	separate Qualifying survi 0.5 0.2	ly, or ving sp			9	x	.1
\$21,750 \$23,750	s21,750 \$23,750 \$32,625	filing jointly Enter on 0.5 0.5 0.5	household line 9— 0.5 0.5 0.5	separate Qualifying surviii 0.5 0.2 0.1	ly, or ving sp			9	x	.1
\$21,750 \$23,750 \$32,625	\$21,750 \$23,750 \$32,625 \$35,625	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5	household line 9— 0.5 0.5 0.5 0.5	separate Qualifying survi 0.5 0.2 0.1 0.1	ly, or ving sp			9	×	.1
\$21,750 \$23,750 \$32,625 \$35,625	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5	household line 9— 0.5 0.5 0.5 0.5 0.2 0.1	separate Qualifying survi 0.5 0.2 0.1 0.1	ly, or ving sp			9	×	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500	s21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5	household line 9— 0.5 0.5 0.5 0.2 0.1 0.1	separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.0	ly, or ving sp			9	x	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.	household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1	separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.0 0.0	ly, or ving sp			9	X	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.	household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0	ly, or ving sp			9	×	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ly, or ving sp			9	×	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000	filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ly, or ving sp			9	×	.1

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

200.

and on Schedule 3 (Form 1040), line 4



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

Application type (check one box):

Before you begin • Don't submit th	n: nis form if you have, or are elig	iible to get, a U.S	. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Read t ederal tax return with Form									
a Nonresident	t alien required to get an ITIN to o	laim tax treaty ben	efit							
b Nonresident	t alien filing a U.S. federal tax retu	ırn								
_	nt alien (based on days present i		_							
	of U.S. citizen/resident alien									
e ⊠ Spouse of U		f d or e, enter name VAMSI K MAN		TN of U.S. citizen/			structions) ► 854-10-2319			
f Nonresident	t alien student, professor, or rese									
	spouse of a nonresident alien hol			· ·	•					
h Other (see in	nstructions) ▶									
Additional information	on for a and f : Enter treaty countr			and treaty ar	ticle numb	er ►				
Name	1a First name	Mide	dle name		Last na					
(see instructions)	DEEPIKA				PON					
Name at birth if different ▶	1b First name	Mide	dle name		Last na	ame				
Applicant's	2 Street address, apartment n 1328 N JEFFRSON	,	te number. If	you have a P.O.	box, see	separate i	nstructions.			
Mailing	City or town, state or provin		oludo ZID oo	do or postal anda	whore one	roprioto				
Address	MILWAUKEE	ce, and country. In	Clude ZIP Co	WI	Where app USA	огорпате.	53202			
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 provin	ce, and country. In	clude postal	code where appro	priate.					
Birth Information	4 Date of birth (month / day / yea 06/30/1993	r) Country of birth INDIA		City and state or	province	(optional)	5 ☐ Male			
Other	6a Country(ies) of citizenship	6b Foreign tax I.	tax I.D. number (if any) 6c Type of U.S. vis			risa (if any), number, and expiration date				
Information	INDIA									
		6d Identification document(s) submitted (see instructions)								
	USCIS documentation Other Date of entry into									
	the United States									
	Issued by: INDIA No.: U7846384 Exp. date: 03/27/2032 (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.		st on a sheet	and attach to this	form (see	instruction	ns).			
		ITIN			RSN		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	f stay 🕨					
Sign Here	Under penalties of perjury, I (app documentation and statements, ar information with my acceptance age	d to the best of my	knowledge a	nd belief, it is true,	correct, a	nd complete	e. I authorize the IRS to share			
Keep a copy for your records.	Signature of applicant (if de	elegate, see instruc	tions)	Date (month / day	/ year) I	Phone num	nber			
your rootus.	Name of delegate, if applic	able (type or print)		Delegate's relation to applicant	nship	Parent	Court-appointed guardian			
Accentance	Signature			Date (month / day	/ year)	Phone				
Acceptance Agent's	7					Fax				
Use ONLY	Name and title (type or prin	nt)	Name of co	ompany	EIN		PTIN			
	7			Offic		code				