

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br>PRANAV SANJAY KATARIYA | Social security number<br>649-45-5992          |
| Spouse's name<br>RAASHI AJIT BHANDARI     | Spouse's social security number<br>APPLIED FOR |

## Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

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.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 171,285. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 22,203.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 33,643.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 11,440.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |          |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 5 | 9 | 9 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial PRANAV SANJAY Last name KATARIYA Your social security number 649 45 5992

If joint return, spouse's first name and middle initial RAASHI AJIT Last name BHANDARI Spouse's social security number APP LI ED F

Home address (number and street). If you have a P.O. box, see instructions. 588 EL CAMINO REAL Apt. no. 414 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. SANTA CLARA State CA ZIP code 95050

Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign

Filing Status Single, Married filing jointly (checked), Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No (checked)

Standard Deduction Someone can claim: You as a dependent, Your spouse as a dependent, Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959, Are blind, Spouse: Was born before January 2, 1959, Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with rows 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15, including Capital gain or (loss), Additional income from Schedule 1, Adjustments to income, Standard deduction or itemized deductions, Qualified business income deduction

|                        |  |   |           |         |
|------------------------|--|---|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b>  | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . . . . | <b>16</b> | 22,203. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3 . . . . .  | <b>17</b> |         |
|                        | <b>18</b>  | Add lines 16 and 17 . . . . .   | <b>18</b> | 22,203. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812 . . . . .  | <b>19</b> |         |
|                        | <b>20</b>  | Amount from Schedule 3, line 8 . . . . .  | <b>20</b> |         |
|                        | <b>21</b>  | Add lines 19 and 20 . . . . .   | <b>21</b> |         |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .   | <b>22</b> | 22,203. |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .  | <b>23</b> | 0.      |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> . . . . . | <b>24</b>   | 22,203.   |         |

|                 |   |   |            |         |
|-----------------|---|---|------------|---------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2 . . . . .   | <b>25a</b> | 33,643. |
|                 | <b>b</b>  | Form(s) 1099 . . . . .  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions) . . . . .                                  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c . . . . .                                       | <b>25d</b> | 33,643. |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return . . . . . | <b>26</b>  |         |
|                 | <b>27</b>   | Earned income credit (EIC) . . . . .                                      | <b>27</b>  |         |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812 . . . . .                  | <b>28</b>  |         |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8 . . . . .              | <b>29</b>  |         |
|                 | <b>30</b>   | Reserved for future use . . . . .   | <b>30</b>  |         |
| <b>31</b>       | Amount from Schedule 3, line 15 . . . . .   | <b>31</b>   |            |         |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>   |            |         |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .                                 | <b>33</b>   | 33,643.    |         |

|               |  |   |            |         |
|---------------|--|---|------------|---------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .                        | <b>34</b>  | 11,440. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .             | <b>35a</b> | 11,440. |
|               | <b>b</b>   | Routing number 0 4 3 0 0 0 0 9 6 . . . . . <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |         |
|               | <b>d</b>   | Account number 1 0 7 1 9 3 2 2 9 9 . . . . .  |            |         |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . . | <b>36</b>   |            |         |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . . | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions) . . . . .  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |  |  |   |
|---|--|--|---|
| Your signature _____  | Date _____                               | Your occupation<br>SOFTWARE DEVELOPMENT ENGI | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. _____ | Date _____                               | Spouse's occupation<br>HOME MAKER            | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (412) 304-5672  | Email address PRANAVKATARIYA95@GMAIL.COM |  |   |

**Paid Preparer Use Only**

|   |  |                    |                   |   |
|---|--|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA   | Date<br>03/29/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC               | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816 |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN                                    |  |                    |                   |   |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return: PRANAV SANJAY KATARIYA & RAASHI AJIT BHANDARI  
Your social security number: 649-45-5992

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 13,965.                          | 14,117.                         |   | -152.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> -152.  |

**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 lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|   |           |          |
|---|-----------|----------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b> | -152.    |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |           |          |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>   | <b>18</b> |          |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>   | <b>19</b> |          |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>   |           |          |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>   | <b>21</b> | ( 152. ) |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>  |           |          |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form8949) for instructions and the latest information.

|   |  |
|---|--|
| Name(s) shown on return<br><b>PRANAV SANJAY KATARIYA &amp; RAASHI AJIT BHANDARI</b> | Social security number or taxpayer identification number<br><b>649-45-5992</b> |
|---|--|

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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|---|--|---|--|--|--|--|--------------------------------|--|
|   |  |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|   | ZOOM VIDEO COMMUNICATIONS                                    | 09/09/23                                | 09/11/23   | 13,965.  | 14,117.  |  |                                | -152.  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
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|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
|   |  |   |  |  |  |  |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |  |   |  | 13,965.  | 14,117.  |  |                                | -152.  |

**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.

# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ 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.**

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• **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 check box **b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty 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.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_  
 PRANAV SANJAY KATARIYA 649-45-5992
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

|                                   |                                     |             |                       |
|-----------------------------------|-------------------------------------|-------------|-----------------------|
| <b>Name</b><br>(see instructions) | <b>1a</b> First name<br>RAASHI AJIT | Middle name | Last name<br>BHANDARI |
|                                   | <b>1b</b> First name                | Middle name | Last name             |

**Applicant's Mailing Address**

**2** Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**  
 588 EL CAMINO REAL APT 414

City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 SANTA CLARA CA USA 95050

**Foreign (non-U.S.) Address**  
(see instructions)

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

|                          |   |                           |                                       |  |
|--------------------------|---|---------------------------|---------------------------------------|--|
| <b>Birth Information</b> | <b>4</b> Date of birth (month / day / year)<br>12/15/1998 | Country of birth<br>INDIA | City and state or province (optional) | <b>5</b> <input type="checkbox"/> Male<br><input checked="" type="checkbox"/> Female |
|--------------------------|---|---------------------------|---------------------------------------|--|

**Other Information**

**6a** Country(ies) of citizenship: INDIA

**6b** Foreign tax I.D. number (if any):

**6c** Type of U.S. visa (if any), number, and expiration date:

**6d** Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_ Date of entry into the United States (MM/DD/YYYY): 02/05/2024

Issued by: INDIA No.: P8757773 Exp. date: 04/05/2027

**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 ▶ \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

|                                    |  |   |              |
|------------------------------------|--|---|--------------|
| Keep a copy for your records.      | Signature of applicant (if delegate, see instructions) | Date (month / day / year)   | Phone number |
|                                    | Name of delegate, if applicable (type or print)        | Delegate's relationship to applicant<br><input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian<br><input type="checkbox"/> Power of attorney |              |
| <b>Acceptance Agent's Use ONLY</b> | Signature  | Date (month / day / year)   | Phone        |
|                                    | Name and title (type or print)                         | Name of company   | Fax          |
|                                    |  | EIN   | PTIN         |
|                                    |  | Office code   |              |