## Federal Tax Return

#### REDDEPPA EDDALA KRISHNA and BABITHA KAMASANI VENKA

2023

IdealPay Inc 1412 Frenchmans Bend Dr Naperville, IL 60564 Phone: (630) 780-4341 idealpayinc@gmail.com

For the year Jan.	1–Dec.	. 31, 2023, or other tax year begi	nning		•	, 2023, endin	q	, 20	5	See sepa	rate insti	ructions.	
Your first name				ast name						our socia			
REDDEPPA	and mid	alo ililiai			KRISHNA					04-57-22	-	Hallibor	
	ouse's f	irst name and middle initial		ast name	TATALOTTIVA					pouse's s		urity nun	nber
BABITHA					NI VENKA					83-40-58		<b>,</b>	
	number	and street). If you have a P.O. b						Apt. n		residentia		n Campai	gn
351 STATE	HWY,	121 BYPASS						32		heck here			_
		If you have a foreign address, a	lso complete	e spaces b	elow.	State		ZIP code	s	pouse if fili			
LEWISVILLE						TX		75067	b	ox below v	vill not cha		
Foreign country	name			Foreign	province/state/c	ounty		Foreign posta		our tax or i	retuna.		
											Y	ou	Spouse
Filing Status	;	Single		•			He	ad of househol	d (HOH)				
Ū			if anh ana	had income	-)				,				
Check only one box.		X Married filing jointly (even if only one had income)											
		Married filing separately (	MFS)				Qu	ualifying survivir	ng spouse (	(QSS)			
		If you checked the MFS box, e		me of your	spouse. If you ch	necked the H	OH or QSS	box, enter the	child's nam	e if the qua	alifying pe	rson is	
		a child but not your dependent	i:										
Digital	Α	t any time during 2023, did y	ou: (a) rec	eive (as a	a reward, awar	d, or payme	ent for prop	perty or service	ces); or (b	) sell,			
Assets	e	xchange, or otherwise dispo	se of a dig	ital asset	(or a financial i	nterest in a	digital ass	et)? (See ins	tructions.	)	Y	'es	X No
Standard	S	omeone can claim:	ou as a d	ependent	t You	r spouse as	s a depen	dent					
Deduction		Spouse itemizes on a se	parate retu	urn or vol	u were a dual-s	status alien	·						
	<u> </u>	<u>-</u>						_					
Age/Blindnes	s Y	ou: Were born before	January 2	2, 1959	Are blin	id <b>Spo</b>	use:	Was born b	efore Jan	uary 2, 1	959		Is blind
Dependent	<b>S</b> (s	see instructions):			(2) Social se	ecurity	(3) Re	elationship	(4) Check	the box if	qualifies	for (see in	structions):
	(	1) First name La	ast name		number to you Child tax			d tax credi	it C	Credit for ot	her dependents		
If more than four	S	OURISH REDDY ED	DALA				Son						X
dependents,	В	BENNY REDDY EDDALA				Son						Х	
see instruction										Ħ			
and check here	1 —												
	1	T. 1 (6 E (1))	0 1 1 /						<u> </u>				<u></u> 211,362
Income	1a	Total amount from Form(s) W-									1a		211,302
Attach Form(s) W-2 here. Also	b	Household employee wages n	-							• •	1b		
attach Forms	C	Tip income not reported on line  Medicaid waiver payments not	,	•						• •	1c 1d		
W-2G and 1099-R if tax	d	, ,	•	. ,	•	,							
was withheld.	e	Taxable dependent care benefits from Form 2441, line 26							Γ	1e			
	f										1f		
If you did not	g	Wages from Form 8919, line 6 Other earned income (see inst								· ·	1g 1h		
get a Form W-2, see	h i	Nontaxable combat pay election	,					.   <sub>1i</sub>			111		
instructions.	z	Add lines 1a through 1h	•	-				·			1z		211,362
Attach Sch. B	<u>-</u> 2a	Tax-exempt interest		2a				est			2b		211,002
if required.	3a	Qualified dividends		3a				lends		T I	3b		
	4a	IRA distributions		4a			•	unt		T I	4b		
Standard	5a	Pensions and annuities		5a				unt		T I	5b		
Deduction for—	6a	Social security benefits		6a				unt		· ·	6b		
Single or	С	If you elect to use the lump-su	<u> </u>		eck here (see ins					i i			
Married filing separately,					•					Ħ l	7		
\$13,850  • Married filing	7	Capital gain or (loss). Attach S			•					<b>└</b>	8		
jointly or Qualifying	8	Add lines 17, 2h, 3h, 4h, 5h, 6l									9		211,362
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6l		-						Ī	10		211,002
• Head of		Adjustments to income from S								Γ	11		211,362
household, \$20,800	12	Subtract line 10 from line 9. The	•							_			27,700
If you checked	12	Standard deduction or itemi:		-	•						12		21,100
any box under Standard	13	Qualified business income dec								-	13		27,700
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. I								Ī	14		183,662
						vahla incom	3						

27,700

183,662

Form 1040 (2023)	ı	REDDEPPA EDDALA	KRISHNA and	BABITHA KAN	IASANI VE	ENKA		804-57	7-2237		Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any fro	om Form(s):	1 8814 <b>2</b>	4972	3				16	31,021
Credits	17	Amount from Schedule 2, line 3	. ,							17	
	18	Add lines 16 and 17								18	31,021
	19	Child tax credit or credit for other depe	ndents from Sche	edule 8812						19	1,000
	20	Amount from Schedule 3, line 8								20	
	21	Add lines 19 and 20								21	1,000
	22	Subtract line 21 from line 18. If zero or	less, enter -0							22	30,021
	23	Other taxes, including self-employmen	t tax, from Sched	ule 2, line 21						23	
	24	Add lines 22 and 23. This is your <b>total</b>	tax							24	30,021
Payments	25	Federal income tax withheld from:									
-	а	Form(s) W-2				2	25a		25,791		
	b	Form(s) 1099	Form(s) 1099								
	С	Other forms (see instructions)				2	25c				
	d	Add lines 25a through 25c								25d	25,791
If you have a	26	2023 estimated tax payments and amo	ount applied from	2022 return						26	
If you have a qualifying child,	27	2023 estimated tax payments and amount applied from 2022 return									
attach Sch. EIC.	28	Additional child tax credit from Schedu	le 8812			[	28				
	29	American opportunity credit from Form 8863, line 8									
	30	Reserved for future use									
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits						32	4,288		
	33	Add lines 25d, 26, and 32. These are y	our <b>total payme</b> ı	nts						33	30,079
Refund	34	If line 33 is more than line 24, subtract	line 24 from line	33. This is the amoun	t you <b>overpa</b>	aid			<u></u>	34	58
Refulid	35a	Amount of line 34 you want refunded	to you. If Form 88	388 is attached, chec	k here	· <u></u> ·		· <u></u>	, 🔲 📗	35a	
Direct deposit? See instructions.	b	Routing number c Type: Checking Savings									
	d	Account number									
	36	Amount of line 34 you want applied to	your 2024 estim	nated tax			36				
Amount	37	Subtract line 33 from line 24. This is the	e <b>amount you o</b> v	we.							
You Owe		For details on how to pay, go to www.i	rs.gov/Payments	or see instructions .						37	0
	38	Estimated tax penalty (see instructions	3)				38		58		
Third Party		Oo you want to allow another person to di	scuss this return v	with the IRS?			_				_
Designee	S	See instructions					Х	Yes. Co	omplete below	. [	No
		Designee's		Phone					ersonal identific		
		<sup>name</sup> Viju Parakkadan		no.	(630) 78				mber (PIN)	122	247
Sign		Under penalties of perjury, I declare that I have belief, they are true, correct, and complete. Dec							-		
Here		our signature									entity Protection
		3							PIN, enter it	_	,
Joint return? See instructions.	_	Spouse's signature. If a joint return, <b>both</b>	must sign	Date	SOFTW/	Occupation	/ELOP	EK	here (see inst.)		entity Protection
Keep a copy for	٥	spouse's signature. If a joint return, <b>both</b>	must sign.	Date	1	•			PIN, enter it	you an id	entity Protection
your records.	_							here (see inst.)	1		
		Phone no. (469) 473-5921	1_	Email address		1		_		-	
Paid	F	Preparer's name	Preparer's sign	ature		Date		PTIN		Ch	eck if:
Preparer	<u>\</u>	/iju Parakkadan	Viju Parakka	adan		7/3/2	2024	P00	841246		Self-employed
Use Only	F	Firm's name IdealPay Inc	•						Phone no.	(630)	780-4341
OSE OILLY	Firm's address 1412 Frenchmans Bend Dr. Naperville, II, 60564 Firm's FIN								26-	-3759814	

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	4,288
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	0
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	4,288

Schedule 3 (Form 1040) 2023

#### **SCHEDULE 8812** (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

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

Sequence No. 47 Your social security number

RED	REDDEPPA EDDALA KRISHNA and BABITHA KAMASANI VENKA 8					
Pa	rt I Child Tax Credit and Credit for Other Dependents					
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	211,362			
2a	Enter income from Puerto Rico that you excluded	0				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0				
С	Enter the amount from line 15 of your Form 4563	0				
d	Add lines 2a through 2c	2d	0			
3	Add lines 1 and 2d	3	211,362			
4	Number of qualifying children under age 17 with the required social security number	0				
5	Multiply line 4 by \$2,000	5	0			
6	Number of other dependents, including any qualifying children who are not under age					
	17 or who do not have the required social security number	2				
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident					
	alien. Also, do not include anyone you included on line 4.					
7	Multiply line 6 by \$500	7	1,000			
8	Add lines 5 and 7	8	1,000			
9	Enter the amount shown below for your filing status.					
	• Married filing jointly—\$400,000 }					
	• All other filing statuses—\$200,000 $\int$	9	400,000			
10	Subtract line 9 from line 3.					
	• If zero or less, enter -0					
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For					
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0			
11	Multiply line 10 by 5% (0.05)	11	0			
12	Is the amount on line 8 more than the amount on line 11?	12	1,000			
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.					
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.					
	X Yes. Subtract line 11 from line 8. Enter the result.					
13	Enter the amount from Credit Limit Worksheet A	13	31,021			
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	1,000			
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.					
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional chi	ld tax c	redit			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR throu	igh line	27			
	(also complete Schedule 3, line 11) before completing Part II-A.					

Part	II-A Additional Child Tax Credit for All Filers		
Cauti	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0
b	Number of qualifying children under 17 with the required social security number: 0_ x \$1,600.		
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	0
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	0
18a	Earned income (see instructions)	<u>)</u>	
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	0
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
D	Otherwise, go to line 21.	-16	December Dise
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Reside	nts or	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions		
22		<u>'</u> -	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	,	
23	Add lines 21 and 22	-	
24	1040 and	4	
44	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR.		
	line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	0
26	Enter the <b>larger</b> of line 20 or line 25	26	0
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0

Schedule 8812 (Form 1040) 2023

### 8867

(Rev. November 2023)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074

For tax year
20 23

Attachment Sequence No. **70** 

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

REDDEPPA EDDALA KRISHNA and BABITHA KAMASANI VENKA

804-57-2237

Preparer's name Preparer tax identification number Viju Parakkadan P00841246 **Due Diligence Requirements** Part I Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC X CTC/ACTC/ODC **AOTC** HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes No N/A Х If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit Х Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. · Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. · Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Χ Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure Х List those documents provided by the taxpayer, if any, that you relied on: **PASSPORT** VISA 194 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Χ Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . Χ (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and Χ

Form 88	367 (Rev. 11-2023) REDDEPPA EDDALA KRISHNA and BABITHA KAMASANI VENKA	804	-57-2237	Page <b>2</b>
Part I	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, g	o to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer			
	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part I	· · · · · · · · · · · · · · · · · · ·	t claim C	TC, ACT	C,
	or ODC, go to Part IV.)	T	1	
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent	Yes	No	N/A
	who is a citizen, national, or resident of the United States?	Χ		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's	1		
40	custodial parent has released a claim to exemption for the child?	Χ		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or			
	similar statement to the return?	X		
Part I			Dort \/\	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualifie		Yes	No
13	tuition and related expenses for the claimed AOTC?			
Dort	·		Dowt V/I \	
Part	The Programme described of the state of the		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax years and provided many than help of the post of leaving up a home for the year for a gualifying page 2.		Tes	NO
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part \				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and status on the return of the taxpayer identified above if you:	l/or HOH 1	filing	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respons in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);			
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist credit(s) claimed and HOH filing status, if claimed;</li> </ul>	for any ap	oplicable	
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 under <i>Document Retention</i> .	' instructio	ns	

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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



**Application for IRS Individual** 

Taxpayer Identification Number

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

► See separate instructions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Before you begin:	axpayer identification number ( is form if you have, or are eligib	•	•	•	•	X Apply	i type (check one box): for a new ITIN w an existing ITIN	
you must file a U.S. a Nonresident b Nonresident c U.S. resident	omitting Form W-7. Read the S. federal tax return with Formalien required to get an ITIN to clause filing a U.S. federal tax returnt alien (based on days present inf U.S. citizen/resident alien	m W-7 unle aim tax treat n n the Unite	ess you meet on y benefit	e of the o	exceptions (	(see instruction		
f Nonresident g Dependent/s h Other (see in		REDDEPPArcher filing a ing a U.S. vi		HNA,804	-57-2237 niming an exce	,		
Name	1a First name		Middle name			_ast name		
(see instructions)	BENNY REDDY				Е	DDALA		
Name at birth if different •	<b>1b</b> First name		Middle name		l	Last name		
Applicant's	2 Street address, apartment n	ıumber, or rı	ıral route number. I	f you hav	e a P.O. box	, see separate	instructions.	
Mailing	351 STATE HWY, 121 BYPAS							
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.  LEWISVILLE, TX 75067							
	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>							
Foreign (non-	14-8 , BODIREDDY KANDRIGA, NELLEPALLE,GANGADHARA NELLORE							
U.S.) Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.							
(see instructions)	CHITTOOR, ANDRA PRADES	H, 517167						
Birth	4 Date of birth (month / day / year)	of birth City and state or pro			rovince (optional) 5 X Male			
Information	2/9/2021	ANDRA PRADESH			H Female			
Other Information	<b>6a</b> Country(ies) of citizenship INDIA	6b Fore	ign tax I.D. number (if a		<b>6c</b> Type of U.S	S. visa (if any), num	ber, and expiration date 9/30/2025	
momation	6d Identification document(s) s USCIS documentation Issued by: No.:	Date of entry into United States				/ into the s		
	6e Have you previously receive	: V314499	<u> </u>		09/15/2026		11) 02/10/2023	
	X No/Don't know. Skip lin	ne 6f.						
	Yes. Complete line 6f. If		one, list on a sheet	and attac		`	,	
	6f Enter ITIN and/or IRSN ►				IRSN		and	
	name under which it was iss		st name	Mic	ddle name	la	st name	
	6g Name of college/university of			► IVIIC	aule Hairie	La	St Hallie	
	City and state ►	or company	(see mstructions)	Leng	th of stay 🕨			
Sign Here	Under penalties of perjury, I (applican documentation and statements, and t information with my acceptance agen	o the best of n	ny knowledge and beli	ef, it is true,	correct, and cor	mplete. I authorize	the IRS to share	
Keep a copy for your records.	Signature of applicant (if de	legate, see i	nstructions)	Date (mo	onth / day / ye	ear) Phone nu	mber	
-	Name of delegate, if applica	ble (type or	print) Delegate's relationsh			ship X Parent Court-appointed guardian		
	REDDEPPA EDDALA KF	RISHNA		to applic	ant	Power of attorney		
Acceptance	Signature			Date (mo	onth / day / ye			
Agent's	Name and title /tune or print	-)   NI	amo of company		EINI	Fax		
Use ONLY	Name and title (type or print	me of company EIN Office cod			PTIN de			



**Application for IRS Individual** 

Taxpayer Identification Number

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

OMB No. 1545-0074

Internal Revenue Service		See Se	eparate instructio	ns.			<u> </u>			
An IRS individual to	axpayer identification number (IT	IN) is for	U.S. federal tax p	urposes (	only.			check one box):		
Before you begin:  ■ X Apply for a new ITIN  ■ Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).  ■ Renew an existing ITIN										
Don't submit the	is form if you have, or are eligible	to get, a	U.S. social secu	rity numb	er (SSN).	Rene	w an e	xisting ITIN		
Reason you're su	bmitting Form W-7. Read the ins	structions	for the box you	check. Ca	aution: If you ch	neck box <b>b</b> ,	c, d, e	;, <b>f</b> , or <b>g</b> ,		
you must file a U.	S. federal tax return with Form	W-7 unle	ss you meet on	e of the e	exceptions (see	e instruction	าร).			
a Nonresident	Nonresident alien required to get an ITIN to claim tax treaty benefit									
<b>b</b> Nonresident	b Nonresident alien filing a U.S. federal tax return									
c U.S. residen	U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return									
<b>d</b> X Dependent of	of U.S. citizen/resident alien	<b>i</b> , enter rel	ationship to U.S. c	itizen/resid	dent alien (see ins	structions)	<b>&gt;</b>			
e Spouse of U	S. citizen/resident alien	l or <b>e</b> , ente	er name and SSN/I	TIN of U.S	6. citizen/resident	alien (see i	nstructio	ons) ▶ <sub></sub>		
			A EDDALA KRISI							
— <del>—</del>	alien student, professor, or research	_		turn or cla	iming an exception	on				
* <b>=</b> '	pouse of a nonresident alien holding	g a U.S. vis	sa							
	nstructions) ► n for <b>a</b> and <b>f:</b> Enter treaty country ►	ΙΝΠΙΔ			and treaty ar	ticle number				
	<b>1a</b> First name	INDIA	Middle name			name				
Name (see instructions)	SOURISH REDDY		Wildale Hame		EDD					
·	<b>1b</b> First name		Middle name		_	name				
Name at birth if different										
Annlicentle	2 Street address, apartment nur	mber, or ru	ıral route number. I	f you hav	e a P.O. box, se	e separate	instru	ctions.		
Applicant's Mailing	351 STATE HWY, 121 BYPASS, APT 3213									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Address	LEWISVILLE, TX 75067									
Foreign (non	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>									
Foreign (non- U.S.) Address	14-8 , BODIREDDY KANDRIGA, NELLEPALLE,GANGADHARA NELLORE									
(see instructions)	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	CHITTOOR, ANDRA PRADESH,									
Birth	4 Date of birth (month / day / year)	Country	of birth	City and	state or province	e (optional)	5 X	Male		
Information	4/25/2014	INDIA			PRADESH		Щ	Female		
Other	6a Country(ies) of citizenship	6b Forei	ign tax I.D. number (if a		Sc Type of U.S. vis	a (if any), num	ber, and			
Information	INDIA									
	6d Identification document(s) submitted (see instructions)    X   Passport									
	USCIS documentation Other Date of entry into the United States									
	,	V314498			09/15/2026	(MM/DD/YY	YY)	02/10/2023		
	<b>6e</b> Have you previously received		r an Internal Reven	ue Servic	e Number (IRSN)	?				
	X No/Don't know. Skip line						,			
	Yes. Complete line 6f. If m		one, list on a sneet	and attac		e instruction	S).			
	6f Enter ITIN and/or IRSN ► IT name under which it was issue				IRSN			and		
	rianie under which it was issue		st name	Mic	ldle name		st name	<del></del>		
	<b>6g</b> Name of college/university or			<b>•</b>	idio fidino		<u>st ridirio</u>	<u>,                                      </u>		
	City and state ▶	, , , , , , , , , , , , , , , , , , ,	(55551 451.51.5)	Leng	th of stay					
Sign	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign	documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share									
Here	information with my acceptance agent in	n order to pe	errect this Form VV-7, A	pplication to	or IRS Individual Tax	cpayer identific	ation Nu	mber.		
Keep a copy for	Signature of applicant (if deleg	gate, see ii	nstructions)	Date (mo	onth / day / year)	Phone nu	mber			
your records.	<b>/</b>					<u> </u>				
	Name of delegate, if applicable	e (type or	print)	Delegate's relationship X Parent Court-appointed			ırt-appointed guardian			
	REDDEPPA EDDALA KRIS	SHNA		to applica	ant	Power of attorney				
Acceptance	Signature			Date (mo	onth / day / year)	' <del></del>				
Agent's	<b>7</b>	1.,	•	<u> </u>		Fax				
Use ONLY	Name and title (type or print)	Na	ame of company		EIN	I P	ΓIN			
	<b> </b>				Office code					