

**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 beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial: REDDEPPA Last name: EDDALA KRISHNA Your social security number: 804-57-2237

If joint return, spouse's first name and middle initial: BABITHA Last name: KAMASANI VENKA Spouse's social security number: 683-40-5831

Home address (number and street). If you have a P.O. box, see instructions. 351 STATE HWY, 121 BYPASS Apt. no. 3213 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Filing Status [ ] Single [ ] Head of household (HOH) [X] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

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 [X] No

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. Rows include SOURISH REDDY and BENNY REDDY.

Income table with columns for line numbers and amounts. Rows include 1a (Total amount from Form(s) W-2, box 1), 2a (Tax-exempt interest), 3a (Qualified dividends), 4a (IRA distributions), 5a (Pensions and annuities), 6a (Social security benefits), 7 (Capital gain or (loss)), 8 (Additional income from Schedule 1, line 10), 9 (Total income), 10 (Adjustments to income), 11 (Adjusted gross income), 12 (Standard deduction or itemized deductions), 13 (Qualified business income deduction), 14 (Total income), 15 (Taxable income).

Tax and Credits

Table with 2 columns: Line number and Amount. Rows 16-24 showing tax calculations: 16 Tax (see instructions) 31,021; 17 Amount from Schedule 2, line 3; 18 Add lines 16 and 17 31,021; 19 Child tax credit 1,000; 20 Amount from Schedule 3, line 8; 21 Add lines 19 and 20 1,000; 22 Subtract line 21 from line 18 30,021; 23 Other taxes 0; 24 Add lines 22 and 23 30,021.

Payments

Table with 2 columns: Line number and Amount. Rows 25-33 showing payments: 25 Federal income tax withheld 25,791; 26 2023 estimated tax payments 0; 27 Earned income credit 0; 28 Additional child tax credit 0; 29 American opportunity credit 0; 30 Reserved for future use 0; 31 Amount from Schedule 3, line 15 4,288; 32 Add lines 27, 28, 29, and 31 4,288; 33 Add lines 25d, 26, and 32 30,079.

Refund

Table with 2 columns: Line number and Amount. Rows 34-36 showing refund: 34 If line 33 is more than line 24, subtract line 24 from line 33 58; 35a Amount of line 34 you want refunded to you 58; 36 Amount of line 34 you want applied to your 2024 estimated tax 0.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows 37-38 showing amount owed: 37 Subtract line 33 from line 24 0; 38 Estimated tax penalty 58.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? [X] Yes. Complete below. [ ] No. Designee's name: Viju Parakkadan, Phone no: (630) 780-4341, Personal identification number (PIN): 12247.

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: [Signature], Date: [Date], Your occupation: SOFTWARE DEVELOPER. Spouse's signature: [Signature], Date: [Date], Spouse's occupation: SOFTWARE ENGINEER.

Paid Preparer Use Only

Preparer's name: Viju Parakkadan, Preparer's signature: Viju Parakkadan, Date: 7/3/2024, PTIN: P00841246, Check if: [ ] Self-employed, Firm's name: IdealPay Inc, Firm's address: 1412 Frenchmans Bend Dr, Naperville, IL 60564, Phone no: (630) 780-4341, Firm's EIN: 26-3759814.

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	4,288
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	0
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	4,288

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Attachment  
Sequence No. **47**

Name(s) shown on return: **REDDEPPA EDDALA KRISHNA and BABITHA KAMASANI VENKA**  
Your social security number: **804-57-2237**

<b>Part I Child Tax Credit and Credit for Other Dependents</b>			
<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .	<b>1</b>	211,362
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>	0
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>	0
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	211,362
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	0
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	0
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	2
<b>Caution:</b> 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.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	1,000
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	1,000
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000
<b>10</b>	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. }	<b>10</b>	0
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	1,000
<input type="checkbox"/> <b>No. STOP.</b> 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.			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	31,021
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	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 child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.



# 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.

Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Taxpayer name(s) shown on return <b>REDDEPPA EDDALA KRISHNA and BABITHA KAMASANI VENKA</b>	Taxpayer identification number <b>804-57-2237</b>
Preparer's name <b>Viju Parakkadan</b>	Preparer tax identification number <b>P00841246</b>

## Part I Due Diligence Requirements

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  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 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 claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> 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," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> 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 information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> 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 the amount(s) of the credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: <u>PASSPORT</u> <u>VISA</u> <u>I94</u>			
<b>6</b> 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 return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> 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)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> 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 custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 instructions under *Document Retention*.
  - 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).**

<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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# 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.**  
**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

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

**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) ▶ \_\_\_\_\_  
**REDEPPA EDDALA KRISHNA, 804-57-2237**
- 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 ▶ **INDIA** and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions)	<b>1a</b> First name BENNY REDDY	Middle name	Last name EDDALA
	<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.**  
 351 STATE HWY, 121 BYPASS, APT 3213  
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 LEWISVILLE, TX 75067

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

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**  
 14-8, BODIREDDY KANDRIGA, NELLEPALLE, GANGADHARA NELLORE  
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 CHITTOOR, ANDRA PRADESH, 517167

**Birth Information**

<b>4</b> Date of birth (month / day / year) 2/9/2021	Country of birth INDIA	City and state or province (optional) ANDRA PRADESH	<b>5</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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**Other Information**

<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date H4 9/30/2025
<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: _____ No.: V3144992 Exp. date: 09/15/2026 (MM/DD/YYYY) 02/10/2023 Date of entry into the United States		
<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
<b>6f</b> Enter ITIN and/or IRSN ▶ <b>ITIN</b> _____ <b>IRSN</b> _____ and name under which it was issued ▶ _____ First name Middle name Last name		
<b>6g</b> 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.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print) REDEPPA EDDALA KRISHNA	Delegate's relationship to applicant <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney	

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone Fax
Name and title (type or print)	Name of company	EIN PTIN Office code

# 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.**  
**Before you begin:**

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

• **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) ► .....  
 REDDEPPA EDDALA KRISHNA, 804-57-2237
- 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 ► **INDIA** and treaty article number ► .....

<b>Name</b> (see instructions)	<b>1a</b> First name	Middle name	Last name
	SOURISH REDDY		EDDALA
Name at birth if different . . . ►	<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.**  
 351 STATE HWY, 121 BYPASS, APT 3213  
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 LEWISVILLE, TX 75067

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

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**  
 14-8 , BODIREDDY KANDRIGA, NELLEPALLE,GANGADHARA NELLORE  
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 CHITTOOR,ANDRA PRADESH, 517167

<b>Birth Information</b>	<b>4</b> Date of birth (month / day / year)	Country of birth	City and state or province (optional)	<b>5</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	4/25/2014	INDIA	ANDRA PRADESH	

**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: H4 9/30/2025

**6d** Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other .....

Issued by: INDIA No.: V3144980 Exp. date: 09/15/2026 (MM/DD/YYYY) 02/10/2023

**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.

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  Parent  Court-appointed guardian  
 REDDEPPA EDDALA KRISHNA  Power of attorney

**Acceptance Agent's Use ONLY**

Signature Date (month / day / year) Phone Fax

Name and title (type or print) Name of company EIN PTIN Office code