

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **NEERAJ** Last name: **SAXENA** Your social security number: **324-57-4366**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: **YUKTI** Last name: **JUNEJA** Spouse's social security number: \_\_\_\_\_

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **3990 VIRTUVIAN WAY** Apt. no. **439** Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **ADDISON TX 75001** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>NITARA</b>	<b>SAXENA</b>	<b>031-63-6361</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		<b>SOFTWARE ENGINEER</b>	
		<b>HOME MAKER</b>	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
<b>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</b>		<b>P02090332</b>		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ <b>GLOBAL TAXES LLC</b>		Phone no.		<input type="checkbox"/> Self-employed
Firm's address ▶ <b>2530 Pebble Creek Ln Cumming GA 30041</b>				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	97,536.
<b>2a</b>	Tax-exempt interest	<b>2b</b>	4,696.
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	102,232.
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	102,232.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	24,000.
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	78,232.
<b>11</b>	<b>a</b> Tax (see inst.) <u>9,089.</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	9,089.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	2,000.
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <u>2,000.</u> <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	7,089.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	7,089.
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	16,183.
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>17</b>	
<b>18</b>	Add any amount from Schedule 5	<b>18</b>	16,183.
<b>19</b>	Add lines 16 and 17. These are your total payments	<b>19</b>	9,094.
<b>20a</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>20a</b>	9,094.
<b>21</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>22</b>	
<b>23</b>	Estimated tax penalty (see instructions)	<b>23</b>	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for—**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

**SCHEDULE B**  
**(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040.

Name(s) shown on return

NEERAJ SAXENA & YUKTI JUNEJA

Your social security number

324-57-4366

**Part I**  
**Interest**

(See instructions and the instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

WELLS FARGO  
ICICI Bank  
CitiBank  
Punjab National Bank  
State Bank of India  
ICICI Bank

		Amount
<b>1</b>		2.
		3,197.
		743.
		64.
		660.
		30.

**2** Add the amounts on line 1 . . . . . **2** 4,696.  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b . . ► **4** 4,696.

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer ►

		Amount
<b>5</b>		
<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ►	<b>6</b>

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Foreign Accounts and Trusts**

(See instructions.)

**7a** At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . . **X**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . . **X**

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ► IN India

**8** During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . . **X**

	Yes	No
<b>7a</b>	<b>X</b>	
	<b>X</b>	
<b>8</b>		<b>X</b>

**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, 1040NR, 1040SS, or 1040PR.**  
**► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Taxpayer name(s) shown on return <b>NEERAJ SAXENA &amp; YUKTI JUNEJA</b>	Taxpayer identification number <b>324-57-4366</b>
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Enter preparer's name and PTIN <b>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</b>	PTIN <b>P02090332</b>
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**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<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, 1040SS, 1040PR, or 1040NR 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>			
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.</li> </ul>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>			
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>b</b> Did you 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<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 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 compute the amount of the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<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 of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<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 type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>			
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>			
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>			

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

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<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"/> Yes <input type="checkbox"/> No			
<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

**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.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<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"/> Yes <input type="checkbox"/> No		
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

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

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

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

	EIC	CTC/ ACTC/ODC	AOTC	HOH
<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"/> Yes <input type="checkbox"/> No

**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, 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 determine the amount of the credit(s) claimed;
  - 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 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 eligibility for the credit(s) and/or HOH filing status;
    - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
    - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

<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"/> Yes <input type="checkbox"/> No
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**Statement of Specified Foreign Financial Assets**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

**2018**  
Attachment  
Sequence No. 175

For calendar year 20 18 or tax year beginning , 20 and ending , 20

If you have attached continuation statements, check here  Number of continuation statements 4

<b>1</b> Name(s) shown on return NEERAJ SAXENA & YUKTI JUNEJA		<b>2 Taxpayer Identification Number (TIN)</b> 324-57-4366
<b>3</b> Type of filer <b>a</b> <input checked="" type="checkbox"/> Specified individual <b>b</b> <input type="checkbox"/> Partnership <b>c</b> <input type="checkbox"/> Corporation <b>d</b> <input type="checkbox"/> Trust		
<b>4</b> If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)		
<b>a</b> Name	<b>b</b> TIN	

**Part I Foreign Deposit and Custodial Accounts Summary**

<b>1</b> Number of Deposit Accounts (reported in Part V)	5
<b>2</b> Maximum Value of All Deposit Accounts	\$ 118,626.
<b>3</b> Number of Custodial Accounts (reported in Part V)	
<b>4</b> Maximum Value of All Custodial Accounts	\$
<b>5</b> Were any foreign deposit or custodial accounts closed during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Other Foreign Assets Summary**

<b>1</b> Number of Foreign Assets (reported in Part VI)	
<b>2</b> Maximum Value of All Assets (reported in Part VI)	\$
<b>3</b> Were any foreign assets acquired or sold during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
<b>1</b> Foreign Deposit and Custodial Accounts	<b>1a</b> Interest	\$ 4,693.	INT	SCHEDULE-B, BOX-1
	<b>1b</b> Dividends	\$		
	<b>1c</b> Royalties	\$		
	<b>1d</b> Other income	\$		
	<b>1e</b> Gains (losses)	\$		
	<b>1f</b> Deductions	\$		
	<b>1g</b> Credits	\$		
<b>2</b> Other Foreign Assets	<b>2a</b> Interest	\$		
	<b>2b</b> Dividends	\$		
	<b>2c</b> Royalties	\$		
	<b>2d</b> Other income	\$		
	<b>2e</b> Gains (losses)	\$		
	<b>2f</b> Deductions	\$		
	<b>2g</b> Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets** (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 \_\_\_\_\_ 2. Number of Forms 3520-A \_\_\_\_\_ 3. Number of Forms 5471 \_\_\_\_\_  
4. Number of Forms 8621 \_\_\_\_\_ 5. Number of Forms 8865 \_\_\_\_\_

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary** (see instructions)

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation 006901560233	
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>b</b> <input type="checkbox"/> Account closed during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
<b>4</b> Maximum value of account during tax year	\$	83,609.
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.		
<b>(a)</b> Foreign currency in which account is maintained INDIAN RUPEES	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars 70.0000	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions) (continued)

<b>7a</b> Name of financial institution in which account is maintained ICICI BANK LIMITED	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. Ajay Chambers, Uppal Road,, Habsiguda,	
<b>9</b> City or town, state or province, and country (including postal code) Hyderabad IN 500007	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation		
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.			
<b>a</b> Date asset acquired during tax year, if applicable . . . . .			
<b>b</b> Date asset disposed of during tax year, if applicable . . . . .			
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse		<b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of asset during tax year (check box that applies)			
<b>a</b> <input type="checkbox"/> \$0-\$50,000		<b>b</b> <input type="checkbox"/> \$50,001-\$100,000	
<b>c</b> <input type="checkbox"/> \$100,001-\$150,000		<b>d</b> <input type="checkbox"/> \$150,001-\$200,000	
<b>e</b> If more than \$200,000, list value . . . . . \$			
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b> If you answered "Yes" to line 5, complete all that apply.			
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.			
<b>a</b> Name of foreign entity _____		<b>b</b> GIIN (Optional) _____	
<b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate			
<b>d</b> Mailing address of foreign entity. Number, street, and room or suite no.			
<b>e</b> City or town, state or province, and country (including postal code)			
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.			
<b>Note:</b> If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).			
<b>a</b> Name of issuer or counterparty _____			
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty			
<b>b</b> Type of issuer or counterparty			
<b>(1)</b> <input type="checkbox"/> Individual		<b>(2)</b> <input type="checkbox"/> Partnership	
<b>(3)</b> <input type="checkbox"/> Corporation		<b>(4)</b> <input type="checkbox"/> Trust	
<b>(5)</b> <input type="checkbox"/> Estate			
<b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person			
<b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.			
<b>e</b> City or town, state or province, and country (including postal code)			

**(Continuation Statement)**

Name(s) shown on return <b>NEERAJ SAXENA &amp; YUKTI JUNEJA</b>	TIN <b>324-57-4366</b>
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary** (see instructions)

<b>1</b> Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	<b>2</b> Account number or other designation <b>5172208225</b>	
<b>3</b> Check all that apply <b>a</b> <input type="checkbox"/> Account opened during tax year <b>b</b> <input type="checkbox"/> Account closed during tax year <b>c</b> <input type="checkbox"/> Account jointly owned with spouse <b>d</b> <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
<b>4</b> Maximum value of account during tax year . . . . . \$ <b>21,343.</b>		
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b> If you answered "Yes" to line 5, complete all that apply.		
<b>(a)</b> Foreign currency in which account is maintained <b>INDIAN RUPEES</b>	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars <b>70.0000</b>	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>7a</b> Name of financial institution in which account is maintained <b>CITI BANK</b>	<b>b</b> GIIN (Optional)	
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>G &amp; 1ST FLOOR, DLF CAPITOL POINT, BABA KHARAK SINGH MARG, CONNAUGHT PLACE</b>		
<b>9</b> City or town, state or province, and country (including postal code) <b>NEW DELHI IN 110001</b>		

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation	
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <b>a</b> Date asset acquired during tax year, if applicable . . . . . <b>b</b> Date asset disposed of during tax year, if applicable . . . . . <b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
<b>4</b> Maximum value of asset during tax year (check box that applies) <b>a</b> <input type="checkbox"/> \$0-\$50,000 <b>b</b> <input type="checkbox"/> \$50,001-\$100,000 <b>c</b> <input type="checkbox"/> \$100,001-\$150,000 <b>d</b> <input type="checkbox"/> \$150,001-\$200,000 <b>e</b> If more than \$200,000, list value . . . . . \$		
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b> If you answered "Yes" to line 5, complete all that apply.		
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of foreign entity <b>b</b> GIIN (Optional) <b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate <b>d</b> Mailing address of foreign entity. Number, street, and room or suite no. <b>e</b> City or town, state or province, and country (including postal code)		
<b>8</b> If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty <b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate <b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person <b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no. <b>e</b> City or town, state or province, and country (including postal code)		

(Continuation Statement)

Name(s) shown on return NEERAJ SAXENA & YUKTI JUNEJA TIN 324-57-4366

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

Form section for Part V with fields for account type, number, value, and exchange rate. Includes sub-sections for financial institution details.

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

Form section for Part VI with fields for asset description, value, and exchange rate. Includes sub-sections for foreign entity details.



(Continuation Statement)

Name(s) shown on return NEERAJ SAXENA & YUKTI JUNEJA TIN 324-57-4366

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

Form section for Part V with fields for account type, value, exchange rate, and financial institution details.

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

Form section for Part VI with fields for asset description, value, exchange rate, and issuer/counterparty details.

(Continuation Statement)

Name(s) shown on return NEERAJ SAXENA & YUKTI JUNEJA TIN 324-57-4366

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

1 Type of account [X] Deposit [ ] Custodial 2 Account number or other designation 025301566931
3 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year \$ 868.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained INDIAN RUPEES
(b) Foreign currency exchange rate used to convert to U.S. dollars 70.0000
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained ICICI BANK LIMITED b GIIN (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. Supertech Shopprix, Block C, Sector 61
9 City or town, state or province, and country (including postal code) NOIDA IN 201307

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

1 Description of asset 2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [ ] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [ ] \$0-\$50,000 b [ ] \$50,001-\$100,000 c [ ] \$100,001-\$150,000 d [ ] \$150,001-\$200,000
e If more than \$200,000, list value \$
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [ ] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate
c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

## 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 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).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

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 } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 324-57-4366
  - e** Spouse of U.S. citizen/resident alien } NEERAJ SAXENA
  - 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> (see instructions)	<b>1a</b> First name YUKTI	Middle name	Last name JUNEJA
	<b>1b</b> First name	Middle name	Last name
<b>Applicant's mailing address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 3990 VIRTUVIAN WAY Apt 439		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. ADDISON TX USA 75001		
<b>Foreign (non-U.S.) address</b> (if different from above) (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
<b>Birth information</b>	<b>4</b> Date of birth (month / day / year) 06 / 08 / 1990	Country of birth INDIA	City and state or province (optional) <b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	<b>6a</b> Country(ies) of citizenship INDIA		
<b>Other information</b>	<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 L9055003 08/27/2018	
	<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: INDIA No.: L6331094 Exp. date: 11/11/2023 Date of entry into the United States (MM/DD/YYYY): 11/11/2017		
	<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 _____			
<b>Sign Here</b>	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
Keep a copy for your records.	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney
	Signature	Date (month / day / year)	Phone Fax
<b>Acceptance Agent's Use ONLY</b>	Name and title (type or print)	Name of company	EIN PTIN Office Code