

# SNP Tax & Financials

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Santa Clara, CA 95054  
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Phone: (925)800-3561 | Fax:

July 15, 2025

Ananda B & Jyothi Paramkusam  
4715 Foppiano Lane  
Stockton, CA 95212

Ananda B & Jyothi Paramkusam:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$505 Refund	Direct Deposit to **0039
California Income Tax	\$1,939 Refund	Direct Deposit to **0039

The following returns will be e-filed and do not need to be mailed to the taxing authority:  
\* Federal Income Tax

The following returns were e-filed and accepted:  
\* California Income Tax - accepted April 03, 2025

Sincerely,

Lakshmi Silpa Thommandru  
SNP Tax & Financials

**TAX RETURN COMPARISON**  
**2022 / 2023 / 2024**

**2024**

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return <b>ANANDA B &amp; JYOTHI PARAMKUSAM</b>			Identifying number <b>719-70-4485</b>	
	2022	2023	2024	Difference 2023-2024
Filing Status . . . . .			Married Joint	
Number of Dependents . . . . .			2	2
<b>Income</b>				
Wages, salaries, tips, etc. . . . .			17,700	17,700
Taxable interest and dividends . . . . .				
Taxable state and local refunds . . . . .				
Alimony . . . . .				
Business income (loss) . . . . .				
Gains (losses) . . . . .				
Pensions and IRA distributions . . . . .				
Rent and royalty income (loss) . . . . .				
Part, S-corps, trusts income (loss) . . . . .				
Farm income (loss) . . . . .				
Unemployment compensation . . . . .				
Total SS benefits received . . . . .				
Taxable SS benefits . . . . .				
Other income (loss) . . . . .				
<b>Total Income . . . . .</b>			<b>17,700</b>	<b>17,700</b>
<b>Adjusted Gross Income</b>				
Half of self-employment tax . . . . .				
IRA deduction . . . . .				
Other adjustments . . . . .				
<b>Total Adjusted Gross Income . . . . .</b>			<b>17,700</b>	<b>17,700</b>
<b>Deductions</b>				
Medical deductions . . . . .				
State and local taxes . . . . .				
Interest . . . . .				
Contributions . . . . .				
Other deductions . . . . .				
Total itemized deductions . . . . .				
Standard deduction . . . . .			29,200	29,200
<b>Total deductions claimed . . . . .</b>			<b>29,200</b>	<b>29,200</b>
<b>Qualified Business Income Deduction . . . . .</b>				
<b>Tax and Credits</b>				
<b>Taxable Income . . . . .</b>				
Tax . . . . .				
Credits . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax . . . . .</b>				
<b>Payments</b>				
Withholdings . . . . .			493	493
Estimated tax payments . . . . .				
Earned income credit . . . . .				
Other payments and credits . . . . .			12	12
Estimated tax penalty . . . . .				
<b>Overpayment . . . . .</b>			<b>505</b>	<b>505</b>
Overpayment applied . . . . .				
<b>Refund . . . . .</b>			<b>505</b>	<b>505</b>
<b>Balance Due . . . . .</b>				
Marginal tax rate . . . . .			10.00	10.00
Effective tax rate . . . . .				

EFSTATUS	EF Transmission Status <small>(This page is not filed with the return. It is for your records only.)</small>	2024																																																																						
Name(s) as shown on return <b>ANANDA B &amp; JYOTHI PARAMKUSAM</b>		Tax ID Number <b>719-70-4485</b>																																																																						
<div>The following will be transmitted to the IRS.<div><div><input type="checkbox"/> 1040, 1040-SR 1040-NR, or 1040-SS</div><div><input type="checkbox"/> 1040-X (includes superseded)</div><div><input type="checkbox"/> 4868</div><div><input type="checkbox"/> 2350</div><div><input type="checkbox"/> 9465</div><div><input type="checkbox"/> FinCEN 114</div><div><input type="checkbox"/> Form 56</div></div></div>																																																																								
<div>The following state returns will be transmitted:</div> <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																								

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_

See separate instructions.

Your first name and middle initial <b>ANANDA B</b>		Last name <b>PARAMKUSAM</b>		Your social security number <b>719-70-4485</b>	
If joint return, spouse's first name and middle initial <b>JYOTHI</b>		Last name <b>PARAMKUSAM</b>		Spouse's social security number <b>901-60-6615</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>4715 FOPPIANO LANE</b>				Apt. no. <b></b>	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>STOCKTON</b>				State <b>CA</b>	
				ZIP code <b>95212</b>	
Foreign country name <b></b>		Foreign province/state/county <b></b>		Foreign postal code <b></b>	

☐ You ☐ Spouse

**Filing Status**

☐ Single ☐ Head of household (HOH)

Check only one box.

☒ 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: \_\_\_\_\_

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): \_\_\_\_\_

**Digital Assets**

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**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, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
<b>YASASRI</b>	<b>PARAMKUSAM</b>	<b>901-60-6670</b>	<b>DAUGHTER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>KHYATHISRI</b>	<b>PARAMKUSAM</b>	<b>901-60-6714</b>	<b>DAUGHTER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

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

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	17,700
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	17,700
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
b	Taxable interest	2b	
b	Ordinary dividends	3b	
b	Taxable amount	4b	
b	Taxable amount	5b	
b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	17,700
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	17,700
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	0

**Standard Deduction for-**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

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

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	<b>493</b>
	<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	
	<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	<b>493</b>
	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return . . . . .	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) . . . . . <b>NO</b>	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812 . . . . .	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
	<b>30</b>	Reserved for future use . . . . .	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15 . . . . .	<b>31</b>	<b>12</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . .	<b>32</b>	<b>12</b>
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	<b>505</b>

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . .	<b>34</b>	<b>505</b>									
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . <input type="checkbox"/>	<b>35a</b>	<b>505</b>									
	<b>b</b>	Routing number <table><tr><td>1</td><td>2</td><td>1</td><td>1</td><td>0</td><td>0</td><td>7</td><td>8</td><td>2</td></tr></table> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	1	0	0	7	8	2		
1	2	1	1	0	0	7	8	2					
	<b>d</b>	Account number <table><tr><td>0</td><td>7</td><td>5</td><td>5</td><td>4</td><td>0</td><td>0</td><td>3</td><td>9</td></tr></table>	0	7	5	5	4	0	0	3	9		
0	7	5	5	4	0	0	3	9					
	<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b> . . . . .	<b>36</b>										

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . .	<b>37</b>	<b>0</b>
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . <input checked="" type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>								
	Designee's name <b>Lakshmi Silpa Thommandru</b>	Phone no. <b>925-800-3561</b>	Personal identification number (PIN) <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>		1	2	3	4	5
	1	2	3	4	5				

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
	<b>93186</b>	<b>03-31-2025</b>	<b>HINDU PRIEST</b>						
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
	<b>87269</b>	<b>03-31-2025</b>	<b>HOME MAKER</b>						
	Phone no. <b>209-453-4115</b>	Email address <b>ANANDABABUPARAMKUSAM@GMAIL.COM</b>							

<b>Paid Preparer Use Only</b>	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
		<b>07-15-2025</b>	<b>P02138167</b>	
	Preparer's name <b>Lakshmi Silpa Thommandru</b>	Phone no. <b>925-800-3561</b>		
	Firm's name <b>SNP Tax &amp; Financials</b>			
	Firm's address <b>2238 Duval Ct</b>			
	<b>Santa Clara, CA 95054</b>	Firm's EIN <b>26-4095223</b>		

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](https://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2024**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number  
**719-70-4485**

**ANANDA B & JYOTHI PARAMKUSAM**

Part I		Nonrefundable Credits	
1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5a	Residential clean energy credit from Form 5695, line 15 . . . . .	5a	
b	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800 . . . . .	6a	
b	Credit for prior year minimum tax. Attach Form 8801 . . . . .	6b	
c	Adoption credit. Attach Form 8839 . . . . .	6c	
d	Credit for the elderly or disabled. Attach Schedule R . . . . .	6d	
e	Reserved for future use . . . . .	6e	
f	Clean vehicle credit. Attach Form 8936 . . . . .	6f	
g	Mortgage interest credit. Attach Form 8396 . . . . .	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	6h	
i	Qualified electric vehicle credit. Attach Form 8834 . . . . .	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	6k	
l	Amount on Form 8978, line 14. See instructions . . . . .	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . .	8	0
Part II		Other Payments and Refundable Credits	
9	Net premium tax credit. Attach Form 8962 . . . . .	9	12
10	Amount paid with request for extension to file (see instructions) . . . . .	10	
11	Excess social security and tier 1 RRTA tax withheld . . . . .	11	
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .	12	
13	Other payments or refundable credits:		
a	Form 2439 . . . . .	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years . . . . .	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j) . . . . .	13c	
d	Deferred amount of net 965 tax liability (see instructions) . . . . .	13d	
z	Other refundable credits (see instructions): _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . .	15	12

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2024

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

## Interest and Ordinary Dividends

**Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2024

Attachment  
Sequence No. **08**

<p><b>Your social security number</b></p>
-------------------------------------------

719-70-4485

ANANDA B &amp; JYOTHI PARAMKUSAM

## Part I

- 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:

(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.

Amount

1

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

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

Amount

## Part II

- 5 List name of payer:

## 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

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .

**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

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

- 7a** At any time during 2024, 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 . . . . .
- 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 . . . . .
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: \_\_\_\_\_
- 8** During 2024, 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 . . . . .

Yes	No
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<b>X</b>	

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	<b>X</b>

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	<b>x</b>
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**For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule B (Form 1040) 2024

SCHEDULE 8812  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Credits for Qualifying Children  
and Other Dependents

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.

OMB No. 1545-0074

2024

Attachment  
Sequence No. 47

Name(s) shown on return

ANANDA B & JYOTHI PARAMKUSAM

Your social security number

719-70-4485

Part 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	17,700
2a	Enter income from Puerto Rico that you excluded . . . . .	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	2b	
c	Enter the amount from line 15 of your Form 4563 . . . . .	2c	
d	Add lines 2a through 2c . . . . .	2d	
3	Add lines 1 and 2d . . . . .	3	17,700
4	Number of qualifying children under age 17 with the required social security number . . . . .	4	
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 . . . . .	6	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.			
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 } . . . . .	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	
12	Is the amount on line 8 more than the amount on line 11? . . . . . <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.	12	1,000
13	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	13	0
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents.</b> . . . . .	14	0

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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2024

EEA



**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	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 . . . . .	<input type="checkbox"/>
<b>16a</b>	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 . . . . .	<b>16a</b> 1,000
<b>b</b>	Number of qualifying children under age 17 with the required social security number: . . . . . x \$1,700. 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 . . . . .	<b>16b</b> 0
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$5,100 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> 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. Otherwise, go to line 21.	<b>20</b>

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	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 . . . . .	<b>21</b>
<b>22</b>	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 . . . . .	<b>22</b>
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b> 0
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ANANDA B PARAMKUSAM

719-70-4485

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box. . . ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions . . . . .	1	4
2a	Modified AGI. Enter your modified AGI. See instructions . . . . .	2a	17,700
b	Enter the total of your dependents' modified AGI. See instructions . . . . .	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .	3	17,700
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	30,000
5	Household income as a percentage of federal poverty line (see instructions) . . . . .	5	59 %
6	Reserved for future use . . . . .		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . .	7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	
8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. ☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	483	496	0	496	483	482
13 February	483	496	0	496	483	482
14 March	483	496	0	496	483	482
15 April	483	496	0	496	483	482
16 May	483	496	0	496	483	482
17 June	483	496	0	496	483	482
18 July	483	496	0	496	483	482
19 August	483	496	0	496	483	482
20 September	483	496	0	496	483	482
21 October	483	496	0	496	483	482
22 November	483	496	0	496	483	482
23 December	483	496	0	496	483	482
24 Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here . . . . .					24	5,796
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here . .					25	5,784
26 Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .					26	12

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions) . . . . .	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	

2024 Form 4868 Extension Voucher and Filing Instructions  
ANANDA B & JYOTHI PARAMKUSAM

Filing method:

The extension has been e-filed.

Due date:

04-15-2025

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

DETACH HERE

Form	<b>4868</b>	<b>Application for Automatic Extension of Time To File U.S. Individual Income Tax Return</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		For calendar year 2024, or other tax year beginning , 2024, and ending ,		<b>2024</b>
<b>Part I</b>	<b>Identification</b>	<b>Part II</b>	<b>Individual Income Tax</b>	
ANANDA B & JYOTHI PARAMKUSAM 4715 FOPPIANO LANE STOCKTON CA 95212  2 Your social security number 719-70-4485 3 Spouse's social security number 901-60-6615		4	Estimate of total tax liability for 2024 . . . . \$	0
		5	Total 2024 payments . . . . .	505
		6	Balance due. Subtract line 5 from line 4. See instructions . . . . .	0
		7	Amount you're paying (see instructions) . . .	
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions . . . . .	<input type="checkbox"/>
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding . . . . .	<input type="checkbox"/>
For Privacy Act and Paperwork Reduction Act Notice, see instructions. EEA				
Form 4868 (2024)				

719704485 QP PARA 30 0 202412 670

**Application for IRS Individual  
Taxpayer Identification Number**

For use by individuals who are not U.S. citizens or permanent residents.  
Go to [www.irs.gov/Form W7](http://www.irs.gov/Form W7) for instructions and the latest information.

OMB No. 1545-0074

**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 (you must also check and complete box h (see instructions))

**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)

**ANANDA BABU PARAMKUSAM**

**719-70-4485**

**f** ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception (if claiming an exception, you must also check and complete box h (see instructions))

**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	Middle name	Last name
	<b>JYOTHI</b>	<b>N/A</b>	<b>PARAMKUSAM</b>
Name at birth if different . . . .	<b>1b</b> First name	Middle name	Last name
	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<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>
	<b>4715 FOPPIANO LANE</b>
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <b>STOCKTON, CA 95212</b>

<b>Foreign (non-U.S.) Address</b> (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 postal code where appropriate.

<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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	<b>04/22/1986</b>	<b>INDIA</b>	<b>ZAMPANI/ANDHRA PRAD</b>	

<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date
	<b>INDIAN</b>	<b>N/A</b>	<b>R2 U7959661 05/19/2025</b>

<b>6d</b> Identification document(s) submitted (Complete for the first document submitted. For multiple documents, 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: <b>INDIA</b> Date of entry into the United States
Number: <b>V8382098</b> Exp. date: <b>02/22/2031</b> (MM/DD/YYYY) <b>07/05/2024</b>

<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 N/A IRSN N/A</b>
and name under which it was issued <b>N/A N/A N/A</b>
First name Middle name Last name

<b>6g</b> Name of college/university or company (see instructions) <b>N/A</b>
City and state <b>N/A</b> Length of stay <b>N/A</b>

<b>Sign Here</b>  Keep a copy for your records.	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
			<b>209-453-4115</b>

<b>Acceptance Agent's Use ONLY</b>	Name of delegate, if applicable (type or print)		Delegate's relationship to applicant	
			<input type="checkbox"/> Parent <input type="checkbox"/> Power of attorney <input type="checkbox"/> Court-appointed guardian	
	Signature		Date (month / day / year)	Phone <b>408-829-7973</b>
			<b>07-15-2025</b>	Fax
	Name and title (type or print)		Name of company	EIN <b>26-4095223</b> PTIN
	<b>LAKSHMI SILPA THOMMANDRU, PRE</b>		<b>SNP SOFTTECH INC DE</b>	Office code <b>00946525</b>

**Application for IRS Individual  
Taxpayer Identification Number**

For use by individuals who are not U.S. citizens or permanent residents.  
Go to [www.irs.gov/Form W7](http://www.irs.gov/Form W7) for instructions and the latest information.

OMB No. 1545-0074

**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 (you must also check and complete box h (see instructions))

**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) **DAUGHTER**

**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)

**ANANDA BABU PARAMKUSAM**

**719-70-4485**

**f** ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception (if claiming an exception, you must also check and complete box h (see instructions))

**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	Middle name	Last name
	<b>YASASRI</b>	<b>N/A</b>	<b>PARAMKUSAM</b>
Name at birth if different . . . .	<b>1b</b> First name	Middle name	Last name
	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<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>
	<b>4715 FOPPIANO LANE</b>
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <b>STOCKTON, CA 95212</b>

<b>Foreign (non-U.S.) Address</b> (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 postal code where appropriate.

<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 type="checkbox"/> Male
	<b>12/23/2011</b>	<b>INDIA</b>	<b>TENALI/ANDHRA PRADE</b>	<input checked="" type="checkbox"/> Female

<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date	
	<b>INDIAN</b>	<b>N/A</b>	<b>R2</b>	<b>U7959662 05/19/2025</b>
	<b>6d</b> Identification document(s) submitted (Complete for the first document submitted. For multiple documents, 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: <b>INDIA</b> Date of entry into the United States			
	Number: <b>V7338049</b> Exp. date: <b>03/03/2027</b> (MM/DD/YYYY) <b>07/05/2024</b>			
	<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 N/A IRSN N/A</b>			
and name under which it was issued <b>N/A N/A N/A</b>				
First name Middle name Last name				
<b>6g</b> Name of college/university or company (see instructions) <b>N/A</b>				
City and state <b>N/A</b> Length of stay <b>N/A</b>				

<b>Sign Here</b>  Keep a copy for your records.	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
			<b>209-453-4115</b>

<b>Acceptance Agent's Use ONLY</b>	Name of delegate, if applicable (type or print)		Delegate's relationship to applicant	
			<input type="checkbox"/> Parent <input type="checkbox"/> Power of attorney <input type="checkbox"/> Court-appointed guardian	
	Signature		Date (month / day / year)	Phone <b>408-829-7973</b>
			<b>07-15-2025</b>	Fax
Name and title (type or print)		Name of company	EIN <b>26-4095223</b>	PTIN
<b>LAKSHMI SILPA THOMMANDRU, PRE</b>		<b>SNP SOFTTECH INC DE</b>	Office code <b>00946525</b>	

**Application for IRS Individual  
Taxpayer Identification Number**

For use by individuals who are not U.S. citizens or permanent residents.  
Go to [www.irs.gov/Form W7](http://www.irs.gov/Form W7) for instructions and the latest information.

OMB No. 1545-0074

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):

**Before you begin:**

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

☒ 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 (you must also check and complete box **h** (see instructions))

**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) **DAUGHTER**

**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)

**ANANDA BABU PARAMKUSAM**

**719-70-4485**

**f** ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception (if claiming an exception, you must also check and complete box **h** (see instructions))

**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	Middle name	Last name
	<b>KHYATHISRI</b>	<b>N/A</b>	<b>PARAMKUSAM</b>
Name at birth if different . . . .	<b>1b</b> First name	Middle name	Last name
	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<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>
	<b>4715 FOPPIANO LANE</b>
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <b>STOCKTON, CA 95212</b>

<b>Foreign (non-U.S.) Address</b> (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 postal code where appropriate.

<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 type="checkbox"/> Male
	<b>06/18/2022</b>	<b>INDIA</b>	<b>VIJAYAWADA/ANDHRA P</b>	<input checked="" type="checkbox"/> Female

<b>Other Information</b>	<b>6a</b> Country(ies) of citizenship	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date	
	<b>INDIAN</b>	<b>N/A</b>	<b>R2</b>	<b>U7959663 05/19/2025</b>
	<b>6d</b> Identification document(s) submitted (Complete for the first document submitted. For multiple documents, 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: <b>INDIA</b> Date of entry into the United States			
	Number: <b>W5045110</b> Exp. date: <b>10/05/2027</b> (MM/DD/YYYY) <b>07/05/2024</b>			
<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 N/A IRSN N/A</b>			
	and name under which it was issued <b>N/A N/A N/A</b>			
<b>6g</b> Name of college/university or company (see instructions)	<b>N/A</b>			
	City and state <b>N/A</b> Length of stay <b>N/A</b>			

<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.			<b>209-453-4115</b>

<b>Acceptance Agent's Use ONLY</b>	Name of delegate, if applicable (type or print)		Delegate's relationship to applicant	
	<b>ANANDA BABU PARAMKUSAM</b>		<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Power of attorney <input type="checkbox"/> Court-appointed guardian	
	Signature		Date (month / day / year)	Phone <b>408-829-7973</b>
			<b>07-15-2025</b>	Fax
	Name and title (type or print)		Name of company	EIN <b>26-4095223</b> PTIN
	<b>LAKSHMI SILPA THOMMANDRU, PRE</b>		<b>SNP SOFTTECH INC DE</b>	Office code <b>00946525</b>

Form **9325**  
(January 2017)

Department of the Treasury - Internal Revenue Service

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

**ANANDA B & JYOTHI PARAMKUSAM**

Taxpayer address (optional)

**4715 FOPPIANO LANE**  
**STOCKTON, CA 95212**

1. ☐ Your federal income tax return for **2024** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **SNP Tax & Financials**.
2. ☐ Your return was accepted on \_\_\_\_\_ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is \_\_\_\_\_.
3. ☐ Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-16-2025**. The Submission ID assigned to your extension is **9465252025106grnwme**.  
**DCN: 00-946525-000565**

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect.

TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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### **Instructions for Electronic Return Originators**

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**Line 2** - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3** - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4** - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5** - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

**ANANDA B & JYOTHI PARAMKUSAM**



		<b>a</b> Employee's social security number <b>719-70-4485</b>		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>		<b>IRS e-file</b>		Visit the IRS website at <b>www.irs.gov/efile</b>	
<b>b</b> Employer identification number (EIN) <b>01-0927505</b>				<b>1</b> Wages, tips, other compensation <b>17,700</b>		<b>2</b> Federal income tax withheld <b>493</b>					
<b>c</b> Employer's name, address, and ZIP code <b>STOCKTON HINDU CULTURAL AND COMMUN</b>  <b>4715 FOPPIANO LANE</b> <b>STOCKTON</b> <b>CA</b> <b>95212</b>				<b>3</b> Social security wages <b>17,700</b>		<b>4</b> Social security tax withheld <b>1,097</b>					
				<b>5</b> Medicare wages and tips <b>17,700</b>		<b>6</b> Medicare tax withheld <b>257</b>					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial <b>ANANDA B</b>  <b>4715 FOPPIANO LANE</b> <b>STOCKTON</b> <b>CA</b> <b>95212</b>  <b>f</b> Employee's address and ZIP code				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C o d e					
				<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o d e					
				<b>14</b> Other		<b>12c</b> C o d e					
						<b>12d</b> C o d e					
<b>15</b> State Employer's state ID number <b>CA</b> <b>80043748</b>		<b>16</b> State wages, tips, etc. <b>17,700</b>		<b>17</b> State income tax <b>186</b>		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2024

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.  
EEA  
The information on this Form W-2 was used to prepare the taxpayer's 2024 Federal tax return by SNP Tax & Financials

# Credit Limit Worksheet A

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

ANANDA B & JYOTHI PARAMKUSAM

719-70-4485

## Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR . . . . . 1. 0

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	.....	+	_____
Schedule 3, Line 2	.....	+	_____
Schedule 3, Line 3	.....	+	_____
Schedule 3, Line 4	.....	+	_____
Schedule 3, line 5b	.....	+	_____
Schedule 3, line 6d	.....	+	_____
Schedule 3, line 6f	.....	+	_____
Schedule 3, line 6i	.....	+	_____
Schedule 3, line 6m	.....	+	_____

Enter the total. 2. \_\_\_\_\_

3. Subtract line 2 from line 1 . . . . . 3. \_\_\_\_\_

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.

- a. Mortgage interest credit, Form 8396.
- b. Adoption credit, Form 8839.
- c. Residential clean energy credit, Form 5695, Part I.
- d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B . . . . . 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 . . . . . 5. 0

## Modified AGI Worksheets for Form 8962

(This page is not filed with the return. It is for your records only.)

**2024**

Tax ID Number

**719-70-4485**

Name(s) as shown on return

**ANANDA B & JYOTHI PARAMKUSAM**

### Worksheet 1-1. Taxpayer's Modified AGI Worksheet - Line 2a

1. Enter your adjusted gross income (AGI) from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . . 1. 17,700
2. Enter any tax-exempt interest from Form 1040, 1040-SR, or 1040-NR, line 2a . . . . . 2. \_\_\_\_\_
3. Enter any amounts from Form 2555, lines 45 and 50 . . . . . 3. \_\_\_\_\_
4. **Form 1040 or 1040-SR filers:** If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result . . . . . 4. \_\_\_\_\_
5. Add lines 1 through 4. Enter here and on Form 8962, line 2a . . . . . 5. 17,700

### Worksheet 1-2. Dependents' Combined Modified AGI - Line 2b

1. Enter the AGI for your dependents from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . . 1. \_\_\_\_\_
2. Enter any tax-exempt interest for your dependents from Form 1040, 1040-SR, or 1040-NR, line 2a . . . . . 2. \_\_\_\_\_
3. Enter any amounts for your dependents from Form 2555, lines 45 and 50 . . . . . 3. \_\_\_\_\_
4. **For each dependent filing Form 1040 or 1040-SR:**  
If line 6a is more than line 6b, subtract line 6b from line 6a and enter the result . . . . . 4. \_\_\_\_\_
5. Add lines 1 through 4. Enter here and on Form 8962, line 2b . . . . . 5. \_\_\_\_\_

### Worksheet 2. Household Income as a Percentage of the Federal Poverty Line

1. Enter the amount from line 3 of Form 8962 . . . . . 1. 17,700
2. Enter the amount from line 4 of Form 8962 . . . . . 2. 30,000
3. Multiply the amount on line 2 by 4.0 . . . . . 3. 120,000
4. Is the amount on line 1 more than the amount on line 3?
  - **Yes.** The amount on line 1 above is more than 400% of the federal poverty line. Enter **401** here and on line 5 of Form 8962.
  - **No.** Divide the amount on line 1 above by the amount on line 2 above. **Do not** round; instead, multiply this number by 100 (to express it as a percentage) and then drop any numbers after the decimal point. For example, for 0.9984, enter the result as 99; for 1.8565, enter the result as 185; and for 3.997, enter the result as 399. Enter the result here and on line 5 of Form 8962 . . . . . 4. 59

**Carryover Worksheet**  
**List of items that will carryover to the 2025 tax return**

(This page is not filed with the return. It is for your records only.)

**2024**

Name(s) as shown on return

Tax ID Number

**ANANDA B & JYOTHI PARAMKUSAM**

**719-70-4485**

**Itemized Deductions**

Carryover Amount

Contributions subject to 100% of AGI limitations . . . . .	_____
Contributions subject to 60% of AGI limitations . . . . .	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) . . . . .	_____
Contributions subject to 30% of AGI limitations . . . . .	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) . . . . .	_____
Taxable state and local refunds to Schedule 1 (Form 1040) line 1 . . . . .	_____
State/local taxes paid in 2025 to flow to the Schedule A . . . . .	_____
State donations and contributions carryover . . . . .	_____
State overpayment applied to next year . . . . .	_____

**Expenses**

Office in home operating expenses . . . . .	_____
Office in home excess casualty losses and depreciation . . . . .	_____
Disallowed investment interest expense . . . . . AMT _____ Reg. Tax _____	
Section 179 expense . . . . .	_____
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	_____
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	_____

**Losses**

Short-term capital loss . . . . . AMT _____ Reg. Tax _____	
Long-term capital loss . . . . . AMT _____ Reg. Tax _____	
Net operating loss . . . . . AMT _____ Reg. Tax _____	
Excess business loss from Form 461 (becomes part of NOL next year) . . . . . AMT _____ Reg. Tax _____	
Qualified REIT and PTP loss carryover . . . . .	_____
QBI loss carryover . . . . .	_____
Nonrecaptured net section 1231 losses from WK_1231C . . . . . AMT _____ Reg. Tax _____	

**Credits**

Mortgage interest credit . . . . .	_____
Credit for prior year minimum tax . . . . .	_____
Foreign Tax credit . . . . . AMT _____ Reg. Tax _____	
District of Columbia first time home owner's credit . . . . .	_____
Residential clean energy credit . . . . .	_____

**Other**

Preparer Fee . . . . .	_____
Overpayment applied to next year's estimates . . . . .	_____
Estimated Tax Payment 1 _____ Estimated Tax Payment 2 _____	
Estimated Tax Payment 3 _____ Estimated Tax Payment 4 _____	
Federal tax liability for 2210 calculation . . . . .	<b>0</b>
State tax liability for state 2210 calculation . . . . .	_____
IRA basis . . . . . Taxpayer _____ Spouse _____	
Disaster distributions taxable in 2025 . . . . . Taxpayer _____ Spouse _____	
Disaster distributions taxable in 2026 . . . . . Taxpayer _____ Spouse _____	
Excess repayments from 8915-F . . . . . Taxpayer _____ Spouse _____	

**Passive Activity**

**At Risk Limitations**

1040	Individual Diagnostic Summary	2024
Name(s) ANANDA B & JYOTHI PARAMKUSAM		Taxpayer Tax ID Number 719-70-4485
		Spouse Tax Id Number 901-60-6615
Mailing Address: 4715 FOPPIANO LANE STOCKTON, CA 95212	Taxpayer Date of Birth: 05-24-1983 Age on 12/31/2024: 41 Daytime Phone: 209-453-4115 Evening Phone: Cell Phone: 209-453-4115 Taxpayer email: ANANDABABUPARAMKUSAM@GMAIL.COM Spouse email:	Spouse 04-22-1986 38
Resident State: CA		

Dependent Information If more than 5 dependents, see last page of summary.

Name	SSN	Relationship	Date of Birth	Age	Status
YASASRI PARAMKUSAM	901-60-6670	DAUGHTER	12-23-2011	13	Dependent
KHYATHISRI PARAMKUSAM	901-60-6714	DAUGHTER	06-18-2022	2	Dependent

Preparer: Lakshmi Silpa Thommandru Invoice # and Amount: Date: 07-15-2025

Return Information Form Type: 1040

Item on Return	2024 Federal	2023 Federal (if available)
Filing Status	2	
Exemptions (suspended until tax year 2025)	N/A	N/A
Total Income	17,700	
AGI	17,700	
Deductions	29,200	
Taxable Income		
Tax (before credits)		
Tax Rate Percentage	10	
SE Tax		
Tax (after credits)		
EIC		
Additional CTC		
Overpayment	505	
Refund	505	
Refund Applied to ES		
Balance Due		

Form of Refund/Payment: The client will receive the refund by direct deposit.

State/City Information	Taxable	Refund/
T/S/J	Income	(Balance Due)
State/City		
CA540	17,700	6,620
		1,939

**Account Transaction Summary****2024**

Name(s) as shown on return

ANANDA B &amp; JYOTHI PARAMKUSAM

Tax ID Number

XXX-XX-4485

Account #1

**Financial Institution**

BANK OF THE WEST

**Routing Transit Number**

121100782

**Account Number**

075540039

**Account Type**

checking

Federal Main Form

Federal Deposit

505

State Main Form(s)

CA Deposit

1,939

**Net Deposit****2,444**

## PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

**This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.**

I have reviewed the above information and certify that this information is correct and authorize **SNP Tax & Financials** to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

Form <b>W-7 (COA)</b> (July 2023) Department of the Treasury Internal Revenue Service	<b>Certificate of Accuracy for IRS Individual Taxpayer Identification Number</b> See Publication 4520 Form use only by IRS Certifying Acceptance Agents when submitting Form W-7	OMB Number 1545-0074
------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------

### Certificate of Accuracy

The undersigned **LAKSHMI SILPA THOMMANDRU, PRE** is an responsible party of **SNP SOFTTECH INC DB**, a Certifying Acceptance Agent under an agreement entered into with (CAA business name)  
the Internal Revenue Service dated **02-19-2021**. The undersigned certifies with regard to Form W-7 submitted for **JYOTHI N/A PARAMKUSAM**, that the applicant is not eligible for a SSN and has (Form W-7 applicant's name)  
provided the documentation checked below that sufficiently supports the applicant's identity, foreign status and, if applicable, residency.

**REMINDER:** A passport is the only stand-alone document that proves both "foreign status" and "identity". If a passport is not provided, a combination of two or more documents must be provided to meet the documentation requirements. **Note:** Additional original documentation requirements may apply for some dependents. See *Supporting Documentation* in this form's instructions.

Check the box under each category (Identity, Foreign Status) that corresponds to the documents reviewed by you.

Supporting Documentation	Identity	Foreign Status
Passport (Stand Alone Document)*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
National Identification Card (must be current and contain name, photograph, address, date of birth and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>
United States Drivers License	<input type="checkbox"/>	
Civil Birth Certificate (Required for applicants under 18 if passport is not provided)	<input type="checkbox"/>	<input type="checkbox"/> **
Medical Records (valid only for dependents under age 6)	<input type="checkbox"/>	<input type="checkbox"/> **
Foreign Drivers License	<input type="checkbox"/>	
United States State Identification Card	<input type="checkbox"/>	
Foreign Voters Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
United States Military Identification Card	<input type="checkbox"/>	
Foreign Military Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
School Records (valid only for dependents under age 14 (under age 18 if a student))	<input type="checkbox"/>	<input type="checkbox"/> **
Visa issued by United States Department of State	<input checked="" type="checkbox"/>	<input type="checkbox"/>
United States Citizenship and Immigration Services (USCIS) Photo Identification	<input type="checkbox"/>	<input type="checkbox"/>

\*Passport must have a date of entry for dependents, unless they are a dependent of U.S. military personnel stationed overseas.

\*\*May be used to establish "foreign status" only if the documents are foreign.

Check and complete the following paragraph only if the applicant is applying for an ITIN under "Exception 1(a) - Partnership Interest".

<input type="checkbox"/> The undersigned further certifies that the Applicant has provided a copy of the relevant pages of the Partnership Agreement of _____ and (Name of Partnership) EIN _____ as documentation in support of meeting the requirements for Exception 1(a).
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The undersigned further certifies that the documentation was reviewed in accordance with the procedures set forth in the Acceptance Agent Agreement and is authentic, complete, and accurate based on the information and documentation submitted by the applicant.

The Certifying Acceptance Agent shall retain copies of all relevant documents including signed copies of the Forms W-7 submitted to the IRS on behalf of the applicant upon which the Certifying Acceptance Agent has relied upon to certify the applicant's foreign status and identity.

_____ (Signature of Responsible Party)	<b>07-15-2025</b> (Date signed)
-------------------------------------------	------------------------------------

<b>26-4095223</b> Acceptance Agent EIN	<b>00946525</b> Acceptance Agent office code	<b>P02138167</b> Acceptance Agent PTIN
-------------------------------------------	-------------------------------------------------	-------------------------------------------

Form <b>W-7 (COA)</b> (July 2023) Department of the Treasury Internal Revenue Service	<b>Certificate of Accuracy for IRS Individual Taxpayer Identification Number</b> See Publication 4520 Form use only by IRS Certifying Acceptance Agents when submitting Form W-7	OMB Number 1545-0074
------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------

### Certificate of Accuracy

The undersigned **LAKSHMI SILPA THOMMANDRU, PRE** is an responsible party of **SNP SOFTTECH INC DB**, a Certifying Acceptance Agent under an agreement entered into with (CAA business name)  
the Internal Revenue Service dated **02-19-2021**. The undersigned certifies with regard to Form W-7 submitted for **YASASRI N/A PARAMKUSAM**, that the applicant is not eligible for a SSN and has (Form W-7 applicant's name)  
provided the documentation checked below that sufficiently supports the applicant's identity, foreign status and, if applicable, residency.

**REMINDER:** A passport is the only stand-alone document that proves both "foreign status" and "identity". If a passport is not provided, a combination of two or more documents must be provided to meet the documentation requirements. **Note:** Additional original documentation requirements may apply for some dependents. See *Supporting Documentation* in this form's instructions.

Check the box under each category (Identity, Foreign Status) that corresponds to the documents reviewed by you.

Supporting Documentation	Identity	Foreign Status
Passport (Stand Alone Document)*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
National Identification Card (must be current and contain name, photograph, address, date of birth and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>
United States Drivers License	<input type="checkbox"/>	
Civil Birth Certificate (Required for applicants under 18 if passport is not provided)	<input type="checkbox"/>	<input type="checkbox"/> **
Medical Records (valid only for dependents under age 6)	<input type="checkbox"/>	<input type="checkbox"/> **
Foreign Drivers License	<input type="checkbox"/>	
United States State Identification Card	<input type="checkbox"/>	
Foreign Voters Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
United States Military Identification Card	<input type="checkbox"/>	
Foreign Military Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
School Records (valid only for dependents under age 14 (under age 18 if a student))	<input type="checkbox"/>	<input type="checkbox"/> **
Visa issued by United States Department of State	<input checked="" type="checkbox"/>	<input type="checkbox"/>
United States Citizenship and Immigration Services (USCIS) Photo Identification	<input type="checkbox"/>	<input type="checkbox"/>

\*Passport must have a date of entry for dependents, unless they are a dependent of U.S. military personnel stationed overseas.

\*\*May be used to establish "foreign status" only if the documents are foreign.

Check and complete the following paragraph only if the applicant is applying for an ITIN under "Exception 1(a) - Partnership Interest".

<input type="checkbox"/> The undersigned further certifies that the Applicant has provided a copy of the relevant pages of the Partnership Agreement of _____ and (Name of Partnership) EIN _____ as documentation in support of meeting the requirements for Exception 1(a).
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The undersigned further certifies that the documentation was reviewed in accordance with the procedures set forth in the Acceptance Agent Agreement and is authentic, complete, and accurate based on the information and documentation submitted by the applicant.

The Certifying Acceptance Agent shall retain copies of all relevant documents including signed copies of the Forms W-7 submitted to the IRS on behalf of the applicant upon which the Certifying Acceptance Agent has relied upon to certify the applicant's foreign status and identity.

_____ (Signature of Responsible Party)	<b>07-15-2025</b> (Date signed)
-------------------------------------------	------------------------------------

<b>26-4095223</b> Acceptance Agent EIN	<b>00946525</b> Acceptance Agent office code	<b>P02138167</b> Acceptance Agent PTIN
-------------------------------------------	-------------------------------------------------	-------------------------------------------



Form <b>W-7 (COA)</b> (July 2023) Department of the Treasury Internal Revenue Service	<b>Certificate of Accuracy for IRS Individual Taxpayer Identification Number</b> See Publication 4520 Form use only by IRS Certifying Acceptance Agents when submitting Form W-7	OMB Number 1545-0074
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### Certificate of Accuracy

The undersigned **LAKSHMI SILPA THOMMANDRU, PRE** is an responsible party of **SNP SOFTTECH INC DB**, a Certifying Acceptance Agent under an agreement entered into with (CAA business name) the Internal Revenue Service dated **02-19-2021**. The undersigned certifies with regard to Form W-7 submitted for **KHYATHISRI N/A PARAMKUSAM**, that the applicant is not eligible for a SSN and has (Form W-7 applicant's name) provided the documentation checked below that sufficiently supports the applicant's identity, foreign status and, if applicable, residency.

**REMINDER:** A passport is the only stand-alone document that proves both "foreign status" and "identity". If a passport is not provided, a combination of two or more documents must be provided to meet the documentation requirements. **Note:** Additional original documentation requirements may apply for some dependents. See *Supporting Documentation* in this form's instructions.

Check the box under each category (Identity, Foreign Status) that corresponds to the documents reviewed by you.

Supporting Documentation	Identity	Foreign Status
Passport (Stand Alone Document)*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
National Identification Card (must be current and contain name, photograph, address, date of birth and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>
United States Drivers License	<input type="checkbox"/>	
Civil Birth Certificate (Required for applicants under 18 if passport is not provided)	<input type="checkbox"/>	<input type="checkbox"/> **
Medical Records (valid only for dependents under age 6)	<input type="checkbox"/>	<input type="checkbox"/> **
Foreign Drivers License	<input type="checkbox"/>	
United States State Identification Card	<input type="checkbox"/>	
Foreign Voters Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
United States Military Identification Card	<input type="checkbox"/>	
Foreign Military Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
School Records (valid only for dependents under age 14 (under age 18 if a student))	<input type="checkbox"/>	<input type="checkbox"/> **
Visa issued by United States Department of State	<input checked="" type="checkbox"/>	<input type="checkbox"/>
United States Citizenship and Immigration Services (USCIS) Photo Identification	<input type="checkbox"/>	<input type="checkbox"/>

\*Passport must have a date of entry for dependents, unless they are a dependent of U.S. military personnel stationed overseas.

\*\*May be used to establish "foreign status" only if the documents are foreign.

Check and complete the following paragraph only if the applicant is applying for an ITIN under "Exception 1(a) - Partnership Interest".

<input type="checkbox"/> The undersigned further certifies that the Applicant has provided a copy of the relevant pages of the Partnership Agreement of _____ and (Name of Partnership) EIN _____ as documentation in support of meeting the requirements for Exception 1(a).
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The undersigned further certifies that the documentation was reviewed in accordance with the procedures set forth in the Acceptance Agent Agreement and is authentic, complete, and accurate based on the information and documentation submitted by the applicant.

The Certifying Acceptance Agent shall retain copies of all relevant documents including signed copies of the Forms W-7 submitted to the IRS on behalf of the applicant upon which the Certifying Acceptance Agent has relied upon to certify the applicant's foreign status and identity.

_____ (Signature of Responsible Party)	<b>07-15-2025</b> (Date signed)
-------------------------------------------	------------------------------------

<b>26-4095223</b> Acceptance Agent EIN	<b>00946525</b> Acceptance Agent office code	<b>P02138167</b> Acceptance Agent PTIN
-------------------------------------------	-------------------------------------------------	-------------------------------------------

## 2024 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

719-70-4485 PARA 901-60-6615  
ANANDA B PARAMKUSAM  
JYOTHI PARAMKUSAM

24

4715 FOPPIANO LANE  
STOCKTON CA 95212

05-24-1983 04-22-1986

Enter your county at time of filing (see instructions)

Principal Residence

☒ SAN JOAQUINIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1

☐

Single

4

☐

Head of household (with qualifying person). See instructions.

2

☒

Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5

☐

Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3

☐

Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6

If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr ☐

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7

Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.

☒

7

2

X

\$

149

=

☒

\$

298

8

Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions

☒

8

X

\$

149

=

☒

\$

9

Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions

☐

9

X

\$

149

=

☒

\$

Your name: ANANDA B & JYOTHI Your SSN or ITIN: 719704485

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	YASASRI	KHYATHISRI	
Last Name	PARAMKUSAM	PARAMKUSAM	
SSN. See instructions.	901606670	901606714	
Dependent's relationship to you	DAUGHTER	DAUGHTER	

Total dependent exemptions • 10 2 X \$461 = \$ 922

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ 1220

12	State wages from your federal Form(s) W-2, box 16. • 12	17700	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. • 13	17700	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B • 14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions • 15	17700	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C • 16		.00
17	California adjusted gross income. Combine line 15 and line 16 • 17	17700	.00
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately • \$5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP* • \$11,080 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions • 18	11080	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- • 19	6620	.00

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803 • 31	66	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions • 32	1220	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- • 33	0	.00
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A • 34		.00
35	Add line 33 and line 34 • 35	0	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. • 40		.00
43	Enter credit name code • and amount • 43		.00
44	Enter credit name code • and amount • 44		.00

Your name: ANANDA B & JYOTHI Your SSN or ITIN: 719704485

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540) . . .	• 45		.00
	46	Nonrefundable Renter's Credit. See instructions . . . . .	• 46		.00
	47	Add line 40 through line 46. These are your total credits . . . . .	⊙ 47	0	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	⊙ 48	0	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540). . . . .	• 61		.00
	62	Mental Health Services Tax. See instructions* . . . . .	• 62		.00
	63	Other taxes and credit recapture. See instructions . . . . .	• 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax* . . . . .	• 64	0	.00

Payments	71	California income tax withheld. See instructions . . . . .	• 71	186	.00
	72	2024 California estimated tax and other payments. See instructions . . . . .	• 72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions . . . . .	• 73		.00
	74	Reserved for future use . . . . .	• 74		
	75	Earned Income Tax Credit (EITC). See instructions . . . . .	• 75	599	.00
	76	Young Child Tax Credit (YCTC). See instructions . . . . .	• 76	1154	.00
	77	Foster Youth Tax Credit (FYTC). See instructions . . . . .	• 77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions . . . . .	⊙ 78	1939	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions . . . . .	• 91		.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. . . . .	•	<input checked="" type="checkbox"/>	
	If you did not check the box, see instructions				
		Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	• 92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78* . . . . .	⊙ 93	1939	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 . . . . .	⊙ 94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 . . . . .	⊙ 95	1939	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 . . . . .	⊙ 96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 . . . . .	⊙ 97	1939	.00

Your name: ANANDA B & JYOTHI Your SSN or ITIN: 719704485

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2025 estimated tax . . . . .	•	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	•	99	1939	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64 . . . . .	⊙	100		.00

Contributions				<b>Code</b>	<b>Amount</b>	
		California Seniors Special Fund. See instructions . . . . .	•	400		.00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	•	401		.00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	•	403		.00
		California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	•	405		.00
		California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	•	406		.00
		Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	•	407		.00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	•	408		.00
		California Sea Otter Voluntary Tax Contribution Fund . . . . .	•	410		.00
		California Cancer Research Voluntary Tax Contribution Fund . . . . .	•	413		.00
		School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	•	422		.00
		State Parks Protection Fund/Parks Pass Purchase . . . . .	•	423		.00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	•	424		.00
		Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	•	425		.00
		Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund . . . . .	•	431		.00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	•	438		.00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	•	439		.00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	•	445		.00
	California ALS Research Network Voluntary Tax Contribution Fund . . . . .	•	447		.00	
	110	Add amounts in code 400 through code 447. This is your total contribution. . . . .	•	110		.00

Your name: ANANDA B & JYOTHI Your SSN or ITIN: 719704485

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 . . . 111 .00 Pay Online - Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties . . . . . 112 .00 113 Underpayment of estimated tax. Check the box: • ☐ FTB 5805 attached • ☐ FTB 5805F attached . . . . . 113 .00 114 Total amount due. See instructions. Enclose, but do not staple, any payment\* . . . . . 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • • 115 1939 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: • Type • Routing number • Account number • 116 Direct deposit amount 121100782 ☒ Checking 075540039 1939 .00 ☐ Savings The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: • Type • Routing number • Account number • 117 Direct deposit amount ☐ Checking ☐ Savings .00

Voter Info. For voter registration information, check the box and go to [sos.ca.gov/elections](https://sos.ca.gov/elections). See instructions . . . ☐

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ☒ Yes ☐ No

Sign your tax return on Side 6

Your name: ANANDA B & JYOTHI Your SSN or ITIN: 719704485

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](https://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](https://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

07-15-2025

☒ Your email address. Enter only one email address.

☒ Preferred phone number

ANANDABABUPARAMKUSAM@GMAIL.COM

209-453-4115

## Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

SNP TAX AND FINANCIALS

☐ PTIN

P02138167

Firm's address

2238 DUVALL CT SANTA CLARA, CA 95054

☐ Firm's FEIN

264095223

Do you want to allow another person to discuss this tax return with us? See instructions . . . . ☒ Yes ☐ No

Print Third Party Designee's Name

Telephone Number

LAKSHMI SILPA THOMMANDRU

925-800-3561

<b>CAEF_ACK</b>	<b>Acknowledgement and General Information for Taxpayers Who File Returns Electronically</b>	<b>2024</b>
Name(s) as shown on return ANANDA B & JYOTHI PARAMKUSAM		Identification Number ***-**-4485
Address  4715 FOPPIANO LANE STOCKTON, CA 95212		
Thank you for participating in e-file.  1. <input checked="" type="checkbox"/> Your 2024 state income tax return for <u>CA540</u> was filed electronically. The electronic filing services were provided by <u>SNP Tax &amp; Financials</u> .  2. <input checked="" type="checkbox"/> Your return was accepted on <u>04-03-2025</u> using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The submission ID assigned to this return is <u>9465252025093t51addb</u> .  <b>PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</b>		



CA-COMP	Three-year State Tax Return Comparison			2024
Name(s) as shown on return ANANDA B & JYOTHI PARAMKUSAM			Taxpayer ID Number 719-70-4485	
[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status . . . . .			MFJ	
Gross Income . . . . .			17,700	17,700
Additions . . . . .				
Subtractions . . . . .				
Exemptions . . . . .			1,220	1,220
Standard Deduction . . . . .			11,080	11,080
Itemized Deduction . . . . .				
Deductions . . . . .				
Taxable Income . . . . .			6,620	6,620
Actual State Income . . . . .				
State Income Tax . . . . .				
Local Taxes . . . . .				
Use Tax . . . . .				
Contributions . . . . .				
Income Tax Withheld . . . . .			186	186
Estimates and Extension payments . . . .				
Underpayment Penalty . . . . .				
Overpayment Applied to Next Year . . . .				
Refund . . . . .			1,939	1,939
Balance Due . . . . .				
Marginal tax rate . . . . .			1.000000	1.000000
Effective tax rate . . . . .				