Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	/er's name	Social security number							
SHA	ARADA KARUMANCHI	751-99-7431							
Spouse	o's name	Spouse's so	cial secu	urity number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	l r year you a	are aut	thorizing.)					
Enter	whole dollars only on lines 1 through 5.								
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	112,570.					
2	Total tax		2	17,746.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,209.					
4	Amount you want refunded to you		4	1,463.					
5	Amount you owe		5						
Dor	Taxpayor Declaration and Signature Authorization (Resure you get and	kaon a aar	vofv	our roturn)					

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

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC ERO firm name	to enter or generate my PIN	

9	7	4	3	1	as my
Ent don	5				

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	ontor	or	generate	mv	PIN
ιο	enter	or	generate	шу	PIIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ►											
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					6 all zei		9	89	

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

ERO's signature >								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/02/23 PRO	Form 8879 (Rev. 01-2021)					

1040		artment of the Treasury—Internal Revenue Serv 5. Individual Income Ta 2		Irn	202	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple in	this space.
Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the n	_	0	eparately (N se. If vou ch	,			, ,	spo	lifying survi use (QSS) s name if the	0
		on is a child but not your dependen	,									quanty9
Your first name	and mi	ddle initial	Last nam	ne						Your so	cial security	number
SHARADA			KARUN	MANCHI	[]					751-	99-7431	
lf joint return, sp	ouse's	first name and middle initial	Last nam	ne						Spouse	's social secu	irity number
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.				A	pt. no.	Preside	ential Election	1 Campaign
4043 WOO	DLAN	ID CREEK DR SE						3	02		here if you, o	
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete sp	aces belo	w.	Sta	te	ZIP co	ode		if filing jointl this fund. C	
GRAND RA	PIDS	5				MI	-	495	12	· · ·	low will not c	0
Foreign country	name		F	oreign pro	vince/state/c	ount	.y	Foreig	n postal code	your ta	x or refund.	Spouse
Digital		ny time during 2022, did you: (a) rec	•			-			,	. ,		
Assets		ange, gift, or otherwise dispose of a	-	<u> </u>				asset)	? (See instr	uctions.)	Yes	X No
Standard Deduction		eone can claim:					a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are blir	nd Spo	use	Was bor	n befo	ore January	2, 1958	🗌 Is blir	ıd
Dependents	(see	instructions):			cial security		(3) Relationsh	ip (4) Check the I	oox if qual	ifies for (see ir	nstructions):
If more	(1) Fi	rst name Last name		ı	number		to you		Child tax	credit	Credit for othe	er dependents
than four]
dependents, see instructions]
and check]
here]
Income	1a	Total amount from Form(s) W-2, b			,					· 1a		2,570.
Attach Form(s)	b	Household employee wages not r						• •		. <u>1k</u>		
W-2 here. Also	c	Tip income not reported on line 1a						• •		. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep						• •		. 10		
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26 .						· 16				
was withheld.	f	Wages from Form 8919, line 6.						• •				
lf you did not get a Form	g h	Other earned income (see instruct						• •		· 10		0.
W-2, see	i	Nontaxable combat pay election (,				· · · · ·	· ·				
instructions.	z	Add lines to through th		,						. 1z	, 11	2,570.
Attach Sch. B	2a	Ŭ I	2a		· · · ·		axable interest			. 2k		
if required.	3a	Qualified dividends	3a				rdinary divider					
	4a	-	4a				axable amoun			. 4k		
Standard	5a	Pensions and annuities	5a				axable amoun			. 5k		
Deduction for –	6a	_	6a				axable amoun			. 6k		
 Single or Married filing 	С	If you elect to use the lump-sum e		nethod, c								
separately, \$12,950	7	Capital gain or (loss). Attach Sche								7		
Married filing	8	Other income from Schedule 1, lir								. 8		0.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	11	2,570.
surviving spouse,	10	Adjustments to income from Sche								. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	11	2,570.
household, \$19,400	12	Standard deduction or itemized	-							. 12		2,950.
 If you checked 	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A			. 13		
any box under Standard	14	Add lines 12 and 13								. 14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	, enter -C) This is yo	our I	axable incom	е.		. 15		9,620.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Pag	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	17,746	; .
Credits	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18	17,746	; .
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	17,746	5.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	C).
	24	Add lines 22 and 23. This is	your total tax						24	17,746	; .
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	19,	209.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	19,209	۶.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ie 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	19,209	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	1,463	
	35a	Amount of line 34 you want			3 is attached, che	ck here		. 🗆	35a	1,463	
Direct deposit?	b	Routing number 0 2 1] Checki	ng 🗌 Sa	avings			
See instructions.	d	Account number 3 8 1	0 4 2 1	5 3 3 8	8 8						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37		
	38	Estimated tax penalty (see in				38			57		
Third Party		you want to allow another	,								-
Designee		structions					Yes. Con	nplete b	elow.	× No	
	De	signee's		Phone				al identifi	cation		
	nai	ne		no.			numbe	r (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity	
								Prote	ction P	IN, enter it here	
Joint return?					SOFTWARE B	-	EER	(see ir			
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sigr			Date	Spouse's occupat	ion				nt your spouse an action PIN, enter it I	nere
your records.								(see ir	nst.)		
	Ph	one no. (908) 612-499	9	Email address	SHARADJ07	GMAI	L.COM				
Daid	Pre	eparer's name	Preparer's signat	ure		Date	F	PTIN		Check if:	_
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/0	7/2023 F	02082	703	Self-employe	d
Preparer Use Only	Fir	m's name GLOBAL TAX	XES LLC					Phone	e no. (678)965-952	22
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's	s EIN	88-214548	37
Go to www.irs.or	ov/Form	a 1040 for instructions and the late	st information		DAA					Form 1040 (

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 01/02/23 PRO

Form **1040** (2022)