Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpay	er s hame	Social security number							
ANS	HUL MEGHANI	512-51-2997							
Spouse	s's name	Spouse's social security number							
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	' year you	are aut	horizing.)					
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	22,219.					
2	Total tax		2	928.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,079.					
4	Amount you want refunded to you		4	2,151.					
5	Amount you owe		5						
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	ny of y	our return)					

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

~	1 ddthoh20			ERO firm name		E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L

E	1 Ento	2 er fiv	9 ve dig	9 gits,	7 but	as my				
ā	Enter five digits, but don't enter all zeros									

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	enter	or	generate	mv	PIN
ιO	enter	0I	yenerate	IIIY	

Enter five digits, but don't enter all zeros

as mv

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 Cer	tification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN	I. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2			-	6 all ze	 9	8	9

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 🕨			Date 🕨	
De	ERO Must Retain This F on't Submit This Form to the	-		
For Donomusel's Deduction Act Not				Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.		Single D Married filing jointly	-	ling separately (N	,				spou	lifying surviving use (QSS) pame if the qualifying
One box.		son is a child but not your dependent		spouse. If you ci	ICCN		QUU	box, enter th	e crilia s	name ii the qualitying
Your first name	and m	iddle initial	Last name						Your so	cial security number
ANSHUL			MEGHAN	I					512-5	51-2997
lf joint return, sp	ouse's	s first name and middle initial	Last name						Spouse'	s social security numbe
Home address (	numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaigr
7200 PRE	STO	N ROAD					-	725		here if you, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete space	es below.	Sta	ite	ZIP c	ode	•	if filing jointly, want \$3 this fund. Checking a
PLANO					TΣ	K	750	24	box bel	ow will not change
Foreign country	name		Forei	ign province/state/c	coun	ty	Foreig	n postal code	your tax	or refund.
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a re	ward, award, or p	payr	nent for prope	rty or	services); or	(b) sell,	
Assets	exch	ange, gift, or otherwise dispose of a	-	et (or a financial i	nter	est in a digital	asset)	? (See instru	ctions.)	🗌 Yes 🛛 No
Standard Deduction	_	eone can claim:   You as a de Spouse itemizes on a separate retur	•	Your spouse re a dual-status a		•				
Age/Blindness	You:	: 🗌 Were born before January 2, 1	958 🗌 A	re blind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January 2	, 1958	Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4	I) Check the bo	ox if quali	fies for (see instructions):
lf more	<b>(1)</b> F	irst name Last name		number		to you		Child tax cr	edit	Credit for other dependents
than four										
dependents, see instructions										
and check										
here										
Income	1a	Total amount from Form(s) W-2, b		,					. <u>1a</u>	
Attach Form(s)	b	Household employee wages not re					• •		. 1b	
W-2 here. Also	c	Tip income not reported on line 1a				· · · ·	• •		. <u>1c</u> . 1d	-
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form							
1099-R if tax	e		axable dependent care benefits from Form 2441, line 26						. 1e	-
was withheld.	f	Employer-provided adoption bene					• •		. 1f	
If you did not get a Form	g	•			•		• •		. <u>1g</u>	
W-2, see	h	Other earned income (see instruct	,	· · · · ·	•	· · · · ·	· ·		. <u>1h</u>	0.
instructions.	-	Nontaxable combat pay election (s Add lines 1a through 1h		10115)	•	· · I			. 1z	22,219.
	z 2a	Ŭ	2a	· · · · ·	ьт	axable interest			0	
Attach Sch. B if required.	2a 3a		2a 3a			Ordinary divide			. 20 . 3b	
	4a		4a			axable amoun			. <u>30</u>	
Standard	-та 5а		та 5а			axable amoun			. 5b	
Deduction for –	6a		6a			axable amoun			. 6b	
<ul> <li>Single or Married filing</li> </ul>	c	If you elect to use the lump-sum e						 Г		
separately,	7	Capital gain or (loss). Attach Sche				,	• •	· · · [	7	
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin							. 8	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	22,219.
Qualifying spouse,	10	Adjustments to income from Sche		-					10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	-						. 12	
\$19,400 • If you checked	13	Qualified business income deduction				5-A			13	
any box under Standard	14	Add lines 12 and 13							. 14	
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	e.		15	
see instructions.	-		, 0					-		

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16		928.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18		928.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		928.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24		928.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 3	8,079.			
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	З,	,079.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a <sup>1</sup> qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m 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, lir				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 <b>to</b>	tal payments				33	З,	,079.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,	,151.
nerunu	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	2,	,151.
Direct deposit?	b	Routing number 0 6 4	0 0 0 0	2 0	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 4 4 4	0 2 3 9	7 6 0 8	3 1					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Designee	ins	structions					•		X No	
	De nai	signee's		Phone no.			onal identi ber (PIN)	fication		
<u></u>									<u> </u>	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation				nt you an Ider	0
		ar olghataro		2410			Prot	ection P	IN, enter it he	
Joint return?					SOFTWARE H	EMPLOYEE	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spous ection PIN, er	
your records.								inst.)		
	Ph	one no. (615)258-342	0	Email address		UL25@GMAIL.CO		,		
		eparer's name	Preparer's signat		HEGHANIAN3H	Date	PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P0208	2703	Self-em	nploved
Preparer		m's name GLOBAL TAX		ITTUI DAGAN	SOLIN INDAM	02/04/2023			678) 965	
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	88-21	
Go to wave in a		n10/0 for instructions and the late		TIONICIC IN	BAA		1,1,111			4 J 4 0 7

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

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