Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

	5							
Submission I	dentification Number (SID)							
Taxpayer's name	, , , , , , , , , , , , , , , , , , ,	Social securi	Social security number					
SHASHANK	VINALA	870-55	870-55-4288					
Spouse's name			Spouse's social security number					
Part I	Tax Return Information — Tax Year Ending December 31, 2022 (E	 Enter year you a	ıra alıt	horizina	1			
	dollars only on lines 1 through 5.	inter year you a	ii e aut	nonzing	.)			
	040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	red gross income		11	87	7,513.			
•	ax		2		2,024.			
	al income tax withheld from Form(s) W-2 and Form(s) 1099		3		,648.			
	nt you want refunded to you		4		7010.			
	nt you owe		5		376.			
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	irn)			
my knowledge return (original to send my ret for any delay ir Agent to initiat payment of my authorization is payment, I mu business days taxes to receiv personal identi	s of perjury, I declare that I have examined a copy of the income tax return (original or ame and belief, it is true, correct, and complete. I further declare that the amounts in Part I or amended) I am now authorizing. I consent to allow my intermediate service provider, truin to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for processing the return or refund, and (c) the date of any refund. If applicable, I authorize the an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour federal taxes owed on this return and/or a payment of estimated tax, and the financial insist to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terms at contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to fication number (PIN) below is my signature for the income tax return (original or amended as Withdrawal Consent.	above are the amansmitter, or electror rejection of the tithe U.S. Treasury and tindicated in the tititution to debit the innext the authorizan requests must be the processing of the payment. I fur	ounts fire out	rom the in urn original sion, (b) the designated aration so to this according or revoke yed no late ectronic parknowledge	acome tax ator (ERO) he reason I Financial Iftware for ount. This (cancel) a er than 2 ayment of e that the			
	PIN: check one box only							
	horize GLOBAL TAXES LLC to enter or gene	rate mv PIN	4 2	8 8	as my			
_	ERO firm name ature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	,			
	enter my PIN as my signature on the income tax return (original or amended) I a u are entering your own PIN and your return is filed using the Practitioner PIN w.							
Your signatur	pe ▶ Date							
Snouse's PII	N: check one box only							
-	horize to enter or gene	rate my PIN			as my			
	ERO firm name	_	ter five	digits, but	asiny			
sign	ature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros				
	enter my PIN as my signature on the income tax return (original or amended) I a u are entering your own PIN and your return is filed using the Practitioner PIN w.							
Spouse's sig	nature ▶ Date	>						
	Practitioner PIN Method Returns Only—continue be	elow						
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.	5 8 7 2 7 Don't ent	8 0 er all ze		7 1			
authorized to f	e above numeric entry is my PIN, which is my signature for the electronic individual inco ile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am f the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this ret	urn in a	ccordance				
ERO's signat	ure ▶ Date	>						
	ERO Must Retain This Form — See Instruction							
	Don't Submit This Form to the IRS Unless Requested	To Do So						

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you co					spou	ise (QSS)		
Vour first name		on is a child but not your dependent		mo					Vour oo	cial securit		
Your first name and middle initial Last name										-		
SHASHANI		first name and middle initial	VINA						870-55-4288			
If joint return, spouse's first name and middle initial		Last name				Spouse's social security number						
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no		Preside	ntial Election	on Campaign	
8680 MARIGOLD CIRCLE										Check here if you, or your		
City, town, or post office. If you have a foreign address, also com-				mplete spaces below. State			ZIP code		1 '	spouse if filing jointly, want \$3 to go to this fund. Checking a		
EDEN PRAIRIE			MN			55344		"	ow will not	•		
Foreign country name			Foreign province/state/county			Foreign post	Foreign postal code your		r tax or refund.			
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No	
Standard		eone can claim: You as a de					, (,			
Deduction		Spouse itemizes on a separate retur	•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spc	use:	☐ Was bor	rn before Ja	nuary :	2, 1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Ched	k the b	ox if quali	ies for (see	instructions):	
If more	•	irst name Last name		number		to you		d tax c	redit Credit for other de		ner dependents	
than four												
dependents, see instruction												
and check	5 —											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					. 1a	3	37,513.	
	b	Household employee wages not reported on Form(s) W-2							. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .							. 1g			
get a Form W-2, see	h	,	instructions)						. 1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h							. 1z		37,513.	
Attach Sch. B	2a	· –	2a			axable interes			. 2b			
if required.	<u>3a</u>		3a			rdinary divide			. 3b			
	4a	_	4a			axable amoun			. 4b			
Standard Deduction for—	5a	-	5a			axable amoun			. 5b			
Single or	6a	,	6a			axable amoun	t		. 6b			
Married filing separately,	_ C	If you elect to use the lump-sum election method, check here (see instructions)							╡┞ <u>╸</u>			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7				
 Married filing jointly or 	8	Other income from Schedule 1, line 10							. 8			
Qualifying surviving spouse,	9			•					. 9		37,513.	
\$25,900	10	Adjustments to income from Schedule 1, line 26							. 10	_		
 Head of household, 	11		•	-					. 11		37,513.	
\$19,400 If you checked	12	Standard deduction or itemized							. 12		12,950.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								12 050		
Standard Deduction,	14 15	Add lines 12 and 13					. 14		<u>12,950.</u> 74 563			
see instructions.	13	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								1 '	74,563.	

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Forn	n(s): 1 881	4 2 🗌 4972	3 🗌		16	12,024.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	12,024.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8				[20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			[22	12,024.
	23	Other taxes, including self-employment tax,	, from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is your total tax				[24	12,024.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25 a 11	,648.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	11,648.
If	26	2022 estimated tax payments and amount a	applied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			27	ĺ		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8813	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	11,648.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you overpaid		34	
nerana	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	is attached, che	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X X X X X X		c Type:		Savings		
See instructions.	d	Account number X X X X X X X X						
	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 am	ount you owe.					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						376.
	38	Estimated tax penalty (see instructions)						
Third Party	Do	you want to allow another person to dis	cuss this retu	n with the IRS?	See			_
Designee	ins	tructions			Yes. Co	mplete be	elow.	× No
	De nai	signee's	Phone no.			nal identifi er (PIN)	cation	
0:				l accommon ting col		, ,		t of my knowledge and
Sign		der penalties of perjury, I declare that I have examin ef, they are true, correct, and complete. Declaration		, , ,				,
Here		ur signature	Date	Your occupation		1		nt you an Identity
		a. e.g. atta. e		. car cocapanen		Protec	ction Pl	N, enter it here
Joint return?			SOFTWARE ENGINEER			(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	tion	If the IRS sent your spouse an			
your records.							ty Prote nst.)	ection PIN, enter it here
		one no. (203)916-2841	Email address	CIIA CIIANIZ CA	ODED@CMAIL CO			
		parer's name Preparer's signa		SHASHANK.SA	CRED@GMAIL.CO	PTIN		Check if:
Paid		.		TΛ			222	Self-employed
Preparer		VSSMANIKUMARAPPANA RVSSMANIKUMARAPPANA 01/30/2023 P02090						
Use Only		n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E BRU	TNICWITOU N	J 08816				646)727-7157
0-1			TADMICK IN			Firm's	CIIN	30-1017196
GO TO WWW.Irs.go	ov/Forn	11040 for instructions and the latest information.		BAA	REV 01/24/23 PRO			Form 1040 (2022)