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

Submi	ission Identification Number (SID)								
Taxpaye	er's name	Social securi	Social security number						
CYN'	THIA ALFRED CHINTHA	129-85	129-85-5590						
Spouse'	's name	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	nter vear vou a	re au	thorizir	ng.)				
	whole dollars only on lines 1 through 5.				<u> </u>				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1		87,6	00.			
2	Total tax		2		12,0	46.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		13,9	32.			
4	Amount you want refunded to you		4		1,8	86.			
5	Amount you owe		5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our re	eturn)			
to send for any Agent t payment authori payment business taxes t person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the unit of the payment (settlement) date. I also authorize the financial institutions involved in the crecive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) and resolve is the context of the payment (sentence).	rejection of the tie U.S. Treasury a indicated in the tution to debit the nate the authoriz requests must be the processing o e payment. I fur	ransmis nd its of ax prepared entry ation. The ereceif the el	ssion, (b) designat paration to this a To revok ved no ectronic cknowled	the rated Fires software count of the count	reason ancial are for t. This ncel) a chan 2 nent of at the			
	nic Funds Withdrawal Consent.				_				
	yer's PIN: check one box only	. 5 5	5 !	5 9 (0				
×	I authorize GLOBAL TAXES LLC to enter or genera	ř En		digits, b	ut	s my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zero	os				
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Your s	signature ▶ Date ▶	-							
Snous	se's PIN: check one box only								
	I authorize to enter or genera	ate my PINI				s my			
	ERO firm name		ter five	digits, b		.S IIIy			
	signature on the income tax return (original or amended) I am now authorizing.			er all zero					
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.								
Spous	se's signature ▶ Date ▶	•							
	Practitioner PIN Method Returns Only—continue belo	ow							
Part	III Certification and Authentication — Practitioner PIN Method Only								
FRO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.								
Litto	SET INVITAL ETITOT YOU SIX digit ET IN TOILOWED BY YOU TIVE digit self selected i IN.	Don't ent	er all ze	eros					
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incomized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	e tax return (orig ubmitting this ret	inal or urn in a	amende accorda	nce w				
ERO's	s signature ► Date ►	•							
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested T								

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

2022

OMB No. 1545-0074

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

Filing Status Check only	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household	I (HOH)		lifying su use (QSS		g
one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	r QSS box	, enter th	ne child's	name if	the qu	ıalifying
Your first name and middle initial			Last na	me					Your social security number			
CYNTHIA	ALFI	RED	CHIN	THA					129-85-5590			
If joint return, spouse's first name and middle initial Last				me					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.				ampaign
203 7TH	STRI	EET, UNIT 4A							I .	nere if yo		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code			if filing jo this fund		
JERSEY (CITY		NJ					box bel	ow will n	ot char	_	
Foreign country	y name		Foreign province/state/county			У	Foreign postal code your			ur tax or refund. You Spouse		
 Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, c	r payn	nent for prope	erty or ser	/ices); or	(b) sell,			· -
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financia	lintere	est in a digital	asset)? (S	Gee instru	ıctions.)	Yes	; X	No
Standard Deduction		eone can claim:	•	•		a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	oouse	: Was bo	rn before	January 2	2, 1958	Is	blind	
Dependents	s (see	instructions):		(2) Social secur	ty	(3) Relationsh	nip (4) Ch	eck the b	ox if quali	ies for (se	e instr	uctions):
If more	(1) Fi	(1) First name Last name		number		to you		hild tax c	redit	Credit for	other de	ependents
than four												
dependents, see instruction	s ——											
and check	. —											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a		87 <u>,</u>	600.
	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)										
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	Other earned income (see instruct							. 1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	fuctions)		<u>1</u> i					0.7	C00
	<u>z</u>	Add lines 1a through 1h							. 1z		8/,	600.
Attach Sch. B if required.	2a	· –	2a			axable interes			. 2b			
	3a		3a			rdinary divide			. 3b			
Standard	4a 5a	_	4a 5a			axable amoun axable amoun			. 4b			
Standard Deduction for—	6a								. 6b			
Single or Married filing	C	-	6a b Taxable amount					. 55				
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
\$12,950 Married filing	8	Other income from Schedule 1, line 10							_			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		87	600.
surviving spouse,	10	Add lines 12, 25, 35, 45, 35, 65, 7, and 6. This is your total income.									<u> </u>	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									87 -	600.
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										950.
If you checked	13	Qualified business income deduct		•	,				. 12			
any box under Standard	14	Add lines 12 and 13									12.	950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									650.	
230 111011 40110113.												

Form 1040 (2022	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1	4 2 🗌 4972	3 🗌		16	12,046.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	12,046.	
	19	Child tax credit or credit for other dependen	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	12,046.	
	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	12,046.	
Payments	25	Federal income tax withheld from:							
,	а	Form(s) W-2			25a 13	,932.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	13,932.	
16	26	2022 estimated tax payments and amount	applied from 20	021 return		[26		
If you have a qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28				
	29	American opportunity credit from Form 886			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			indable credits		32		
	33	Add lines 25d, 26, and 32. These are your t	-	-		[33	13,932.	
Refund	34	If line 33 is more than line 24, subtract line 2					34	1,886.	
Returia	35a	Amount of line 34 you want refunded to yo			•	. п Г	35a	1,886.	
Direct deposit?	b	Routing number 0 2 1 0 0 0 3				Savings			
See instructions.	d	Account number 4 8 3 0 5 7 8							
	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 vou owe	_					
You Owe	•	For details on how to pay, go to www.irs.go	•				37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to distructions			_	omplete be	low.	⊠ No	
	De na	signee's	Phone no.			onal identific per (PIN)	ation _		
Sign		der penalties of perjury. I declare that I have examin		d accompanying sch		, ,	ne best o	of mv knowledge and	
Here		ief, they are true, correct, and complete. Declaration		, , ,		,		,	
Here	Yo	ur signature	Date	Your occupation				you an Identity	
			GOERNADE ENGINEED			Protect (see ins		, enter it here	
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	SOFTWARE ENGINEER Date Spouse's occupation			,		VOUE OROUGO OR	
Keep a copy for your records.	opouse's signature. If a joint return, bour must sign.		Date	Opouse a occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (737)228-9171	Email address	CYNTHIAALFR	ED8@GMAIL.CO)M			
Doid	Pre	eparer's name Preparer's signa	ature		Date	PTIN	(Check if:	
Paid								Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC				Phone	no.		
Use Only		n's address 245 ROONEY CT E BRI	UNSWICK N	J 08816		Firm's			
Go to www ire a	ov/Forr	21040 for instructions and the latest information		DAA	DEV 02/19/22 DDO	'		Form 1040 (2022)	