(Rev. January 2021)

Department of the Treasury

## 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

| The interior covide  |  |
|--|--|
| Submission Identification Number (SID)   |  |
| Taxpayer's name  | Social security number   |
| SHAILESH K SHUKLA  | 837-31-9525  |
| Spouse's name  | Spouse's social security number  |
| ROHINI SHUKLA  | 828-55-0496  |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter   | er year you are authorizing.)  |
| Enter whole dollars only on lines 1 through 5.   | er year you are authorizing.)  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |
| 1 Adjusted gross income  | 174 250  |
| 2 Total tax  | 1 174,250.<br>2 21.371.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  |
| 4 Amount you want refunded to you  | 21,700.  |
| 5 Amount you owe   | 4 3,335.<br>5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and  | keen a conv of your return   |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende   | Acep a copy of your return)  |
| for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation repulsiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I | dicated in the tax preparation software for<br>tion to debit the entry to this account. This<br>te the authorization. To revoke (cancel) a<br>quests must be received no later than 2<br>e processing of the electronic payment of |
| Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only   | an now double ling and, it applicable, my  |
| V  | 1 9 5 2 5  |
| X I authorize GLOBAL TAXES LLC to enter or generate  | e my PIN Enter five digits, but  |
| signature on the income tax return (original or amended) I am now authorizing.   | don't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.  | now authorizing. Check this box <b>only</b> hod. The ERO must complete Part III $0.2 - 2.7 - 2.3$  |
|  |  |
| Spouse's PIN: check one box only   |  |
| I authorize GLOBAL TAXES LLC to enter or generate  |  |
| signature on the income tax return (original or amended) I am now authorizing.   | Enter five digits, but<br>don't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) I am i  |  |
| if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.   | hod. The ERO must complete Part III  |
| 7.14   | _  |
| Spouse's signature ▶ Date ▶  | 02-27-23   |
| 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 4 9 6 6 1 9 8 9<br>Don't enter all zeros   |
| certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submequirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of I  | nitting this return in accordance with the   |
| ERO's signature ▶ Date ▶   |  |
| ERO Must Retain This Form — See Instructions   |  |
| End must netall this form — See instructions   |  |

| Check only one box.  If you checked the MFS box, enter the nar person is a child but not your dependent:  Your first name and middle initial SHAILESH K  If joint return, spouse's first name and middle initial ROHINI  Home address (number and street). If you have a P.O. box, see in 1208 WESTBOROUGH LANE  City, town, or post office. If you have a foreign address, also con LEANDER  Foreign country name  Digital At any time during 2022, did you: (a) rece exchange, gift, or otherwise dispose of a Standard Deduction  Age/Blindness You: Were born before January 2, 19  Dependents (see instructions):  If more than four dependents, see instructions and check here  | Last name SHUKLA Last name SHUKLA instructions mplete spa eive (as a a digital as                         | filing separately (Nur spouse. If you cle  a.A.  be a.A.  aces below.  breign province/state/ a reward, award, or asset (or a financial  Your spous  were a dual-status   | State TX /county  payment for prointerest in a digit se as a depender alien  couse: Was by (3) Relation to you | Apt. 1  ZIP code 78 64 1  Foreign po perty or sential asset)? (So  | no.  See instructions of the second of the s | spouse child's not spouse spouse 8 3 7 - 3 1  Spouse's section spouse if to go to the spouse if the spouse is the spou | al security number L-9525 social security numbe 5-0496 ial Election Campaign re if you, or your filling jointly, want \$3 nis fund. Checking a w will not change   |  |
|--|---|---|--|--|--|--|--|--|
| Your first name and middle initial  SHAILESH K  If joint return, spouse's first name and middle initial  ROHINI  Home address (number and street). If you have a P.O. box, see in 1208 WESTBOROUGH LANE  City, town, or post office. If you have a foreign address, also con LEANDER  Foreign country name  Digital At any time during 2022, did you: (a) rece exchange, gift, or otherwise dispose of a Standard Deduction  Someone can claim: You as a dependents (see instructions):  If more than four dependents, see instructions and check here .   Income  1a Total amount from Form(s) W-2, but household employee wages not reserved.  | Last name SHUKLI Last name SHUKLI instructions mplete spa  For eive (as a a digital as pendent n or you v | aces below.  aces below.  areward, award, or a financial  Your spous were a dual-status  Are blind Sp  (2) Social securit number  943-95-11(                              | rpayment for prointerest in a digitise as a depender alien  couse: Was by (3) Relation to you                  | ZIP code 78 64 1 Foreign po perty or sen al asset)? (\$ it   | ostal code vices); or ( See instruct  January 2 heck the bo  | 837-31 Spouse's s 828-55 Presidenti Check her spouse if to go to th box belov your tax of (b) sell, ctions.)   | social security number 5-0496  ial Election Campaigner if you, or your filing jointly, want \$3 nis fund. Checking a will not change or refund.  You Spous.  Yes No  Is blind  se for (see instructions) credit for other dependen.  |  |
| SHAILESH K  If joint return, spouse's first name and middle initial ROHINI  Home address (number and street). If you have a P.O. box, see in 1208 WESTBOROUGH LANE City, town, or post office. If you have a foreign address, also con LEANDER Foreign country name  Digital At any time during 2022, did you: (a) rece Assets Standard Deduction  Age/Blindness You: Were born before January 2, 19 Dependents (see instructions):  If more than four dependents, see instructions and check here  1a Total amount from Form(s) W-2, both Household employee wages not research.  | SHUKLI Last name SHUKLI instructions mplete spa  For eive (as a a digital as pendent m or you v           | aces below.  aces below.  areward, award, or a financial  Your spous were a dual-status  Are blind Sp  (2) Social securit number  943-95-11(                              | rpayment for prointerest in a digitise as a depender alien  couse: Was by (3) Relation to you                  | ZIP code 78 64 1 Foreign po perty or sen al asset)? (\$ it   | ostal code vices); or ( See instruct  January 2 heck the bo  | 837-31 Spouse's s 828-55 Presidenti Check her spouse if to go to th box belov your tax of (b) sell, ctions.)   | social security number 5-0496  ial Election Campaigner if you, or your filing jointly, want \$3 nis fund. Checking a will not change or refund.  You Spous.  Yes No  Is blind  se for (see instructions) credit for other dependen.  |  |
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| Deduction  Spouse itemizes on a separate return  Age/Blindness  You: Were born before January 2, 19  Dependents (see instructions):  If more than four dependents, see instructions and check here  Income  Spouse itemizes on a separate return  Last name  SANVI SHUKLA  NIRVAAN SHUKLA  SHUKLA  NIRVAAN SHUKLA  DEPENDENT OF TOTAL SHUKLA  NIRVAAN SHUKLA   | n or you v  | Are blind Sp (2) Social securit number 943-95-110   | wouse: Was y (3) Relation to you   | porn before  | heck the bo  | x if qualifie  | es for (see instructions)<br>Credit for other dependen   |  |
| Age/Blindness You:   |   | Are blind Sp (2) Social securit number 943-95-110   | y (3) Relation to you  | nship (4) Ci   | heck the bo  | x if qualifie  | es for (see instructions<br>credit for other depender  |  |
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| Dependents (see instructions):  If more than four SAANVI SHUKLA  VIRVAAN SHUKLA  NIRVAAN SHUKLA  NIRVAAN SHUKLA  Total amount from Form(s) W-2, by Household employee wages not reserved.  |   | number<br>943-95-110  | to you   | 1 (  |  | 1  | Credit for other dependen  |  |
| If more than four dependents, see instructions and check here  |   | number<br>943-95-110  | to you   |  | Child tax cr   | edit C   |  |  |
| If more than four SAANVI SHUKLA SHUKL |   |   |  | er   |  |  | <u>×</u>   |  |
| dependents, see instructions and check here   Income  1a Total amount from Form(s) W-2, by Household employee wages not re   |   |   |  |  |  |  |  |  |
| Income  Income |   | 170 13 000  |  | 1  | ×  |  |  |  |
| Income  1a Total amount from Form(s) W-2, but the Household employee wages not re  |   |   |  |  |  |  |  |  |
| Income  1a Total amount from Form(s) W-2, but the Household employee wages not re  | 1   |   |  |  |  |  |  |  |
| b Household employee wages not re  | 20 1 (see   | instructions)   |  |  |  | . 1a   | 194,027.   |  |
| b Household employee wages not re  | onorted o   | on Form(s) W-2  |  |  |  | . 1b   |  |  |
| Attack Earmin) Till Innoverse and variation on line 10   | o lega inct   | etructions)   |  |  |  | . 1c   |  |  |
| Attach Form(s) W-2 here. Also attach Forms d Medicaid waiver payments not rep  | a (See II ISI<br>norted on  | Eormie) W-2 leee  | instructions)  |  |  | . 1d   |  |  |
| attach Forms d Medicaid waiver payments not rep  | ported on   | m 2441 line 26  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |  | . 1e   |  |  |
| W-2G and e Taxable dependent care benefits f   | efite from  | Earm 9930 line 2  | α  |  |  | . 1f   |  |  |
| was withheld.  |   |   |  | • • •  |  | . 1g   |  |  |
| If you did not   |   |   |  |  |  | . 1h   | 0  |  |
|  |   |   |  |  |  |  |  |  |
| W-2, see instructions. i Nontaxable combat pay election (s   | (see instru   | ructions)   | 1  |  |  | . 1z   | 194,027  |  |
| z Add lines 1a through 1h  | · i ·   | · · · · · i   | <b>b</b> Taxable inte  | root   |  | . 2b   |  |  |
| Attach Sch. B  | 2a  |   | <ul><li>b Taxable inte</li><li>b Ordinary div</li></ul>  |  |  | . 3b   |  |  |
| Ja Qualified division  | 3a  |   | •  |  |  | . 4b   |  |  |
| Ta il bi diotilodio.   | 4a  |   | b Taxable am   |  |  | . 5b   |  |  |
| Standard   | 5a  |   | b Taxable am   |  |  | . 6b   |  |  |
|  | 6a  |   | b Taxable am   |  |  | . 66   |  |  |
| Single or Married filing     C If you elect to use the lump-sum e      | 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                      |   |  |  |  |  |  |  |
| Married filing     Other income from Schedule 1, lir   |   | f required. It not re   | quirea, check he   | re   | !  | . 8  | -19,777  |  |

Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** . . . . .

Adjustments to income from Schedule 1, line 26 . . . . . . . . . . .

Qualified business income deduction from Form 8995 or Form 8995-A . . . . . . .

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

Subtract line 10 from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

jointly or Qualifying surviving spouse, \$25,900

Head of

household, \$19,400

Standard

Deduction,

If you checked

any box under

see instructions.

9

10

11

12

13

14

15

174,250.

25,900.

25,900.

148,350.

10

11

12

13

14

15

| Form 1040 (2022  |            |   |                     | . 🗖                | 0 7 4070 0                      | П  | -   | 16                             | 23,871.                |  |
|--|------------|---|---------------------|--------------------|---------------------------------|--|---|--------------------------------|------------------------|--|
| Tax and  | 16         | Tax (see instructions). Check if  |                     | : 1 📙 8814         | 2 4972 3                        |  |   | 17                             | 20,071.                |  |
| Credits  | 17         | Amount from Schedule 2, line  |                     |                    |                                 |  |   | 18                             | 23,871.                |  |
|  | 18         | Add lines 16 and 17   |                     |                    |                                 |  |   | 19                             | 2,500.                 |  |
|  | 19         | Child tax credit or credit for ot   | her dependents      | from Schedule      | 9 8812                          |  |   | 20                             | 2/000                  |  |
|  | 20         | Amount from Schedule 3, line  | 8                   |                    |                                 |  |   | 21                             | 2,500.                 |  |
|  | 21         | Add lines 19 and 20   |                     |                    |                                 |  |   | 22                             | 21,371.                |  |
|  | 22         | Subtract line 21 from line 18. I  | f zero or less, er  | nter -0            |                                 |  |   | 23                             | 0.                     |  |
|  | 23         | Other taxes, including self-em  | ployment tax, fro   | om Schedule 2      | 2, line 21                      |  |   | 24                             | 21,371.                |  |
|  | 24         | Add lines 22 and 23. This is yo   |                     |                    | · · · · · ·                     | · · · · ·  | <u>· · · · · · · · · · · · · · · · · · · </u> |                                |                        |  |
| <b>Payments</b>  | 25         | Federal income tax withheld for   | rom:                |                    | 1                               | <b>25a</b> 24,   | 706.  |                                |                        |  |
| •  | а          | Form(s) W-2   |                     |                    |                                 |  | 100.  | -                              |                        |  |
|  | b          | Form(s) 1099  |                     |                    |                                 | 25b  |   |                                |                        |  |
|  | C          | Other forms (see instructions)  |                     |                    |                                 | 250  |   | 25d                            | 24,706.                |  |
|  | d          | Add lines 25a through 25c .   |                     |                    |                                 |  |   | 26                             | 21/1001                |  |
| Mary have a  | 26         | 2022 estimated tax payments   | and amount ap       | plied from 202     | 1 return                        |  |   | 20                             |                        |  |
| If you have a<br>qualifying child,   | 27         | Earned income credit (EIC) .  |                     |                    | No .                            | 27   |   | -                              |                        |  |
| attach Sch. ElC.   | 28         | Additional child tax credit from  | Schedule 8812       |                    |                                 | 28   |   |                                |                        |  |
|  | 29         | American opportunity credit f   | rom Form 8863,      | line 8             |                                 | 29   |   | -                              |                        |  |
|  | 30         | Reserved for future use   |                     |                    |                                 | 30   |   | $\dashv$                       |                        |  |
|  | 31         | Amount from Schedule 3, line  | 15                  |                    |                                 | 31   |   | 32                             |                        |  |
|  | 32         | Add lines 27, 28, 29, and 31.   | These are your t    | total other pa     | yments and refur                | idable credits   |   | 33                             | 24,706.                |  |
|  | 33         | Add lines 25d, 26, and 32. Th   | ese are your tot    | tal payments       |                                 | The state of the s |   | 34                             | 3,335.                 |  |
| Refund   | 34         | If line 33 is more than line 24,  | subtract line 24    | from line 33.      | This is the amoun               | you overpaid   |   | 35a                            | 3,335.                 |  |
| neiuliu  | 35a        | Amount of line 34 you want r  | efunded to you      | . If Form 8888     | is attached, check              | k here   | لسا ·<br>                                     |                                |                        |  |
| Direct deposit?<br>See instructions.   | b          |   | 0 0 0 0             | 2 5                |                                 | Checking [_]   | Savings                                       |                                |                        |  |
|  | ď          | ACCOUNT NUMBER  | 0 4 1 1             | 1 6 4 3            |                                 |  |   |                                |                        |  |
|  | 36         | Amount of line 34 you want a  | pplied to your 2    | 2023 estimate      | d tax                           | 36   |   |                                |                        |  |
| Amount   | 37         | Subtract line 33 from line 24.  | This is the amo     | unt you owe.       |                                 |  |   | 07                             | 2                      |  |
| You Owe  |            | For details on how to pay, go   | to www.irs.gov      | /Payments or       | see instructions .              |  |   | 37                             |                        |  |
|  | 38         | Estimated tax penalty (see in   | structions) .       |                    |                                 | 38   |   |                                |                        |  |
| Third Part   | , D        | o you want to allow another   | person to disc      | uss this retur     | n with the IRS?                 | See Yes. Co  | nmoleti                                       | e helow                        | X No                   |  |
| Designee   |            | nstructions   |                     |                    |                                 |  |   | ntification                    | <u> </u>               |  |
|  |            | esignee's   |                     | Phone no.          |                                 |  | per (PIN)                                     |                                |                        |  |
|  | -          | ame<br>Inder penalties of perjury, I declare t                                  | hat I have everning |                    | accompanying sch                | edules and stateme   | nts, and                                      | to the bes                     | st of my knowledge and |  |
| Sign   | L<br>h     | Inder penalties of perjury, I declare the left, they are true, correct, and com | plete. Declaration  | of preparer (other | r than taxpayer) is ba          | sed on all information   | on of wh                                      | ich prepan                     | er has any knowledge.  |  |
| Here   |            | ^   |                     | Date               | Your occupation                 |  | 1111  | the IHS se                     | nt you an loentity     |  |
|  | 1          | our signature   | 02-27-23            | 27-23              |                                 |  | Protection PIN, enter it here (see inst.)     |                                |                        |  |
| Joint return? See instructions.  Spouse's signature. If a joint return, both must sign |            | SBULL.  |                     |                    |                                 |  |   | If the IRS sent your spouse an |                        |  |
|  |            | ooth must sign.   | Date                | Spouse's occupati  | on                              | ld   | Identity Protection PIN, enter it her         |                                |                        |  |
| Keep a copy for your records.  |            | No Zan  |                     | 02-27-23           | CUSTOMER SERVICE REPRESEN       |  |   | ee inst.)                      |                        |  |
| your records.  |            | 1000\ 24 = 056  | 6                   | Email address      |                                 | ADMIN@GMAIL.C  |   |                                |                        |  |
|  | -          | Phone no. (980) 345-956   | Preparer's signat   |                    | ~ 444 4 4 44 44 4 7 1 4 4 4 7 1 | Date   | PTIN  |                                | Check if:              |  |
| Paid   |            | Preparer's name<br>YAM PRIYA RAM SAGAR GUPTA TALLAM                             |                     |                    | GUPTA TALLAM                    | 02/24/2023   | P020  | 82703                          | Self-employed          |  |
| Preparer   |            | CT ODAT MA  |                     | TANI DIMIN         |                                 |  |   |                                | (678) 965-9522         |  |
| Use Only   | , <u>'</u> | Firm's name GLOBAL TA   | Y CT E BRU          | INSWICK N          | J 08816                         |  | F   | irm's EIN                      | 84-3171965             |  |
|  |            | Firm's address 245 ROONE  | T OT 11 11/10       |                    |                                 |  |   |                                |                        |  |

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