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

Submission Identification Nu	mber (SID)					
Taxpayer's name	· · · · · · · · · · · · · · · · · · ·		Social security	y number		
SAI KARTHIKEYA ADDA	203-85-	203-85-5348				
Spouse's name		spouse's social security number				
SRI POOJITHA BATTIN	APPLIE	PLIED FOR				
Part I Tax Return Inf	formation — Tax Year Ending D	ecember 31, 2022 (Ent	er year you ar	e authorizii	ng.)	
Enter whole dollars only on li	nes 1 through 5.					
	se line 4 only. Leave lines 1, 2, 3, and					
	ne				80,943.	
				2	6,192.	
	ithheld from Form(s) W-2 and Form(s)				10,576.	
-	unded to you			5	4,384.	
Part II Taxpayer Dec	elaration and Signature Authoriz	ation /Be sure you get and	l keen a con	- 1	aturn)	
	lare that I have examined a copy of the inc					
to send my return to the IRS and for any delay in processing the r Agent to initiate an ACH electror payment of my federal taxes own authorization is to remain in full payment, I must contact the U business days prior to the paymetaxes to receive confidential inf	In now authorizing. I consent to allow my ind to receive from the IRS (a) an acknowled return or refund, and (c) the date of any renic funds withdrawal (direct debit) entry to ed on this return and/or a payment of estill force and effect until I notify the U.S. To U.S. Treasury Financial Agent at 1-888-33 ment (settlement) date. I also authorize the formation necessary to answer inquiries PIN) below is my signature for the income insent.	dgement of receipt or reason for refund. If applicable, I authorize the the financial institution account in mated tax, and the financial institute reasury Financial Agent to termina 53-4537. Payment cancellation refinancial institutions involved in the and resolve issues related to the	ejection of the tra U.S. Treasury are adicated in the ta attion to debit the ate the authorizal equests must be the processing of payment. I furth	ansmission, (t) and its designat x preparation entry to this a tion. To revol- received no the electronic ner acknowler	b) the reason ted Financial software for account. This ke (cancel) a later than 2 payment of dge that the	
Taxpayer's PIN: check one						
▼ I authorize GLOBI	-	to enter or generat	Ent	5 3 4 er five digits, but the series of the		
signature on the inc	come tax return (original or amended)	I am now authorizing.	doi	i t enter an zero	73	
	as my signature on the income tax ret your own PIN and your return is filed					
Your signature ►		Date ▶				
Spouse's PIN: check one be	ox only				_	
X I authorize GLOBA	AL TAXES LLC	to enter or generat	e my PIN		as my	
	ERO firm name		Ent	er five digits, b	ut	
☐ I will enter my PIN a	come tax return (original or amended) as my signature on the income tax ret your own PIN and your return is filed	urn (original or amended) I am	now authorizing		is box only	
Spouse's signature ▶		Date ▶				
	Practitioner PIN Method R	eturns Only—continue belo	W			
Part III Certification a	and Authentication — Practition	er PIN Method Only				
ERO's EFIN/PIN. Enter your	six-digit EFIN followed by your five-o	ligit self-selected PIN. 2	2 2 4 9 6 Don't ente	6 3 1 9 er all zeros	8 9	
authorized to file for tax year in	entry is my PIN, which is my signature for dicated above for the taxpayer(s) indicat PIN method and Pub. 1345 , Handbook for	ed above. I confirm that I am sub	mitting this retu	rn in accorda	nce with the	

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

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

Filing Status	s 🗌 S	Single 🔀 Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (H	OH) [lifying surv	/iving	
Check only	lf a	u checked the MFS box, enter the n	of .	If	اممطم	ما ١١٥١ مطلام	. OCC have a			use (QSS)	a a a a life i a a	
one box.	-	on is a child but not your dependent	-	our spouse. II you	CHECK	tea the non o	r QSS box, e	iter the	e Crilia S	name ii ui	ie quaiiiyirig	
			Last nai	me					Your so	cial securit	v number	
				.GADA					203-85-5348			
			Last nai						Spouse's social security number			
SRI POOJITHA BATT									APPLIED FOR			
		er and street). If you have a P.O. box, see					Apt. no.		Presidential Election Campaign			
	•	A VIEW LOOP								nere if you,		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ıte	ZIP code			Ο,	itly, want \$3	
CARY							27519			this fund. (ow will not	Checking a	
Foreign country name			F	oreign province/state	ty	Foreign posta			or refund.	0		
											Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, o	r payr	ment for prope	erty or service	es); or (b) sell,			
Assets		ange, gift, or otherwise dispose of a					-			X Yes	☐ No	
Standard	Som	eone can claim:	pendent	t Your spou	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	s alien	1						
Age/Blindness	s You	Were born before January 2, 1	958	Are blind S	ouse	. □ Was bo	rn before Jar	uary 2	1958	☐ Is bli	ind	
Dependent				(2) Social securi		(3) Relationsh	1				instructions):	
•		irst name Last name	number		Ly	to you	"P ' '	Child tax cred		•	other dependents	
If more than four	(1)					-				Г		
dependents,								$\overline{\Box}$				
see instruction and check	s —							Ħ			=	
here] —							Ħ				
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				-	1a	T 8	30 , 943.	
Income	b	Household employee wages not reported on Form(s) W-2										
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)										
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26										
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 2	9.				1f			
If you did not	g	Wages from Form 8919, line 6										
get a Form h Other earned income (see instruction		ions) .	ons)					1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h							1z	8	30,943.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t		2b			
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		3b			
	4a	IRA distributions	4a		b T	axable amoun	t		4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t		6b			
Married filing separately,	С		lection method, check here (see instructions)									
\$12,950	2,950 To Capital gain or (loss). Attach Schedule D if required. If not required, check here							. L	7			
Married filing jointly or	8	Other income from Schedule 1, line 10							8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	1 8	80,943.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									80,943.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									25 , 900.	
If you checked any box under	13	Qualified business income deduct							13			
Standard Deduction,	14		12 and 13						14		25 , 900.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		55,043.	

	2)					Page
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗍 4972 3 📗	16		6,1	192.
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18		6,1	192.
	19	Child tax credit or credit for other dependents from Schedule 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		6,1	192.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23			0.
	24	Add lines 22 and 23. This is your total tax	24		6,1	192.
ayments	25	Federal income tax withheld from:				
-	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d		10,5	576.
ou have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
alifying child,	27	Earned income credit (EIC)				
tach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8				
	30	Reserved for future use				
	31	Amount from Schedule 3, line 15				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32			
	33	Add lines 25d, 26, and 32. These are your total payments	33		10,5	
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		4,3	384.
Ciuiiu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		4,3	384.
rect deposit?	b	Routing number 1 0 1 1 0 0 0 4 5 c Type: X Checking Savings				
e instructions	d	Account number 5 1 8 0 0 8 6 2 0 3 9 8				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)	01			
hird Party esignee	, Do	by you want to allow another person to discuss this return with the IRS? See structions	elow.	× N	0	
-		Designee's Phone Personal identifi name no. number (PIN)				

Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.											
Here	Your signature			Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here				
Joint return? See instructions. Keep a copy for your records.					SOFTWARE ENGINEER			(see inst.)				
	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation		Iden	If the IRS sent your spouse an Identity Protection PIN, enter it her (see inst.)				ere	
	Phone no. (816) 772-3447			Email address	HOME MAKER KARTHIKEYAADD						_	
Paid Preparer	Preparer's name		Preparer's signature			Date	PTIN		Check if:			
	SYAM PRIYA RA	M SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/13/2023	P0208	2703)3 Self-emp		mployed	t
	Firm's name GLOBAL TAXES LLC						Phor	ne no. (678	965	5-952	2

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Use Only

Firm's EIN

Form W-7 (Rev. August 2019) Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien SAI KARTHIKEYA ADDAGADA f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Middle name Last name Name SRI POOJITHA BATTINI (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 451 PANORAMA VIEW LOOP Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 27519 CARY USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) **Birth** Male 09/21/1998 Information TNDTA X Female 6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other TNDTA Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States Exp. date: 01/21/2031 (MM/DD/YYYY): Issued by: INDIA No.: U6155502 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Signature Date (month / day / year) Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code