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 Number (SID)					
Taxpayer's name	y number				
AYYAPPA SWAMY PUTABOYINA	6888				
Spouse's name		y number			
CHARISHMA BATCHU		853-46-			
Part I Tax Return Information — Tax	Year Ending December 31, 2022 (Enter year you ar	e autho	orizing.)	
Enter whole dollars only on lines 1 through 5.	"				
Note: Form 1040-SS filers use line 4 only. Leave		I	a 1	100	260
			2		368.
	W-2 and Form(s) 1099		3		197.
			4	<u> </u>	20.
•			5		
Part II Taxpayer Declaration and Sign	nature Authorization (Be sure you get a	and keep a copy	of you	ur retur	n)
my knowledge and belief, it is true, correct, and conreturn (original or amended) I am now authorizing. I co to send my return to the IRS and to receive from the for any delay in processing the return or refund, and (Agent to initiate an ACH electronic funds withdrawal (payment of my federal taxes owed on this return and/authorization is to remain in full force and effect untipayment, I must contact the U.S. Treasury Financia business days prior to the payment (settlement) date. taxes to receive confidential information necessary to personal identification number (PIN) below is my sign Electronic Funds Withdrawal Consent.	insent to allow my intermediate service provider, to RS (a) an acknowledgement of receipt or reason to; the date of any refund. If applicable, I authorize direct debit) entry to the financial institution account or a payment of estimated tax, and the financial in I notify the U.S. Treasury Financial Agent to ter I Agent at 1-888-353-4537. Payment cancellation I also authorize the financial institutions involved to answer inquiries and resolve issues related to	ransmitter, or electron for rejection of the tra the U.S. Treasury an nt indicated in the tax stitution to debit the minate the authorization requests must be in the processing of the payment. I furth	nic return unsmission d its des x prepara entry to to tion. To received the elect ner ackn	n originate on, (b) the signated F ation soft this accourevoke (c d no later tronic pay owledge	or (ERO) reasor
Taxpayer's PIN: check one box only					
X I authorize	to enter or gene	erate my PIN	6 8	8 8	as my
	m name	Ente	er five dig 't enter a		as my
☐ I will enter my PIN as my signature on	the income tax return (original or amended) I cour return is filed using the Practitioner PIN				
Your signature ▶	Date	e >			
Spouse's PIN: check one box only					
X I authorize	to enter or gene	erate my PIN 6	7 3	0 1	as my
ERO fir	er five dig	- -	as my		
signature on the income tax return (orig	inal or amended) I am now authorizing.	don	't enter a	II zeros	
	the income tax return (original or amended) I rour return is filed using the Practitioner PIN				
Spouse's signature ▶	Date				
	er PIN Method Returns Only—continue b	elow			
Part III Certification and Authentication	on — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN follow	ved by your five-digit self-selected PIN.	Don't ente	r all zeros	s	
I certify that the above numeric entry is my PIN, which authorized to file for tax year indicated above for the requirements of the Practitioner PIN method and Pub.	taxpayer(s) indicated above. I confirm that I am	submitting this retur	n in acc	ordance	
ERO's signature ▶	Date				
	ust Retain This Form — See Instruction his Form to the IRS Unless Requested				

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.

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	household	(HOF	l) [fying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	your shouse If yo	ıı chack	ed the HOH or	OSS hov	ente	r the c		se (QSS) name if the	aualifyina
ONE BOX.		on is a child but not your depender		your spouse. If yo	u cricci		QOO DOX	, crito	1 1110 0	Jillia 3 i	iame ii iii	qualitying
Your first name		<u> </u>	Last na	me					Y	our soc	ial security	number
				BOYINA						Your social security number 179-02-6888		
If joint return, spouse's first name and middle initial Last na										Spouse's social security number		
									- '	853-46-7301		
					Presidential Election Campaign							
							Check here if you, or your					
297 TURNPIKE ROAD 821 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code							spouse if filing jointly, want \$3					
		oc. II you have a foreight address, also o	omplete 3	paces below.	MZ		01581			_		checking a
WESTBOROUGH				1				~~~			w will not o or refund.	nange
Foreign country name			'	To reight province/state/county			i oreign po	oreign postar code		l'		Spouse
District	Λ± 0×	outing during 2000 did you (a) rea	2011/2012	a valuerd allerd	0 × 0 0 × 10	mant for nean		::aaa\:	or (b)	aall		
Digital Assets		ny time during 2022, did you: (a) red ange, gift, or otherwise dispose of									Yes	X No
		eone can claim: You as a de				a dependent	asset): (C	ice iiis	Structi	0113.)		<u> </u>
Standard Deduction		Spouse itemizes on a separate retu	•	•								
Deduction		spouse iterriizes on a separate retu	iri or you	i were a duar-stat	us allei	ı						
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before c	Janua	ry 2, 1	958	Is blir	nd
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4) Ch	eck th	e box i	f qualifie	es for (see i	nstructions):
If more	(1) Fi	rst name Last name		number		to you	С	Child tax cre		redit Credit for other d		er dependents
than four												
dependents, see instruction	s]
and check	·											
here												
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	19	8,368.
	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)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6							1g			
get a Form	h	Other earned income (see instruc	tions) .	ions)						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h		,						1z	19	8,368.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b C	rdinary 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—	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here									7			
Married filing	8	Other income from Schedule 1, line 10								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	19	8,368.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10			
Head of	11	Subtract line 10 from line 9. This	Subtract line 10 from line 9. This is your adjusted gross income						11	19	8,368.	
household, \$19,400	12	Standard deduction or itemized	l deducti	ions (from Sched	ule A)					12		5,900.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13			
any box under Standard	14	Add lines 12 and 13							14	2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15		2,468.		
SCE INSTRUCTIONS.	l				-							<u> </u>

Form 1040 (2022	2)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		. 16	29,177.	
Credits	17	Amount from Schedule 2, lin	ie 3					. 17		
	18	Add lines 16 and 17						. 18	29,177.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ie 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	29,177.	
	23	Other taxes, including self-e	. ,		,				0.	
	24	Add lines 22 and 23. This is	your total tax					. 24	29,177.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2	97.							
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. 25d	29,197.	
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	29,197.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	ınt you over	paid .	. 34	20.	
	35a	Amount of line 34 you want			is attached, che	ck here .		35a	20.	
Direct deposit?	b	Routing number 2 1 1			c Type:	Checking	Sav	ings		
See instructions.	d									
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions	•				'es. Comp	olete below.	⊠ No	
		signee's		Phone				identification		
		me		no.			number (,		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		, ,	
TICIC	Yo	our signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
1					COETWADE	ENIC TNIEE	D	(see inst.)	PIN, enter it nere	
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.		SOFTWARE ENGINEER Date Spouse's occupation SOFTWARE ENGINEER			K.	,	ent your spouse an	
Keep a copy for your records.	Op							Identity Protection PIN, enter it here		
	———Ph	one no. (774)701-836	2	Email address	AYYAPPASWAMY.PI					
		eparer's name	Preparer's signat		TITITI AUMITITE	Date	PT	īN	Check if:	
Paid		•							Self-employed	
Preparer	———	m's name GLOBAL TA	XES IJ.C					Phone no.	1	
Use Only							Firm's EIN			
Co to ununu !	- · · ·	m1040 for instructions and the let-	et information					1 0	T 1040 (2002)	