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	rity numb	ty number								
AYYAPPA SWAMY PUTABOYINA	2-6888	3								
Spouse's name	cial secu	cial security number								
CHARISHMA BATCHU	853-46	5-730	1							
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you	are aut	horiz	ing.)						
Enter whole dollars only on lines 1 through 5.										
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1 Adjusted gross income										
2 Total tax	2		29,	177.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		29,	197.					
4 Amount you want refunded to you		4			20.					
5 Amount you owe		5								
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co _l	py of y	our i	retur	n)					
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the LAGENT Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompart of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements and 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 at Electronic Funds Withdrawal Consent.	nitter, or elect ection of the J.S. Treasury licated in the on to debit the the authorizuests must be processing opayment. I fu	ronic ret transmis and its c tax prep e entry t zation. T be received of the ele- rther ac	urn or sion, lesign aratio o this o revoluted no ectron knowles	iginato (b) the ated F n softo accou oke (ca o later ic pay edge 1	or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the					
Taxpayer's PIN: check one box only		2 6 8	8 8	8						
 X I authorize ★ I authorize to enter or generate my PIN										
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		nter five on't ente								
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.										
Your signature ▶	01/19/2023									
Spouse's PIN: check one box only										
X I authorize to enter or generate	my PIN 6	5 7 3	0	1	as my					
ERO firm name Enter five digits, but										
signature on the income tax return (original or amended) I am now authorizing.										
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.										
Spouse's signature ▶ B Clishua. Date ▶	01/19/2023									
Practitioner PIN Method Returns Only—continue below	1									
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.	Don't er	iter all ze	ros							
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the										
requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of I					with the					
ERO's signature ▶ Date ▶										
ERO Must Retain This Form — See Instructions										

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.

	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	i tilo t	Jillia 3 i	iame ii iii	qualitying
Your first name		<u> </u>	Last na	me					Y	our soc	ial security	number
AYYAPPA								Your social security number 179-02-6888				
AYYAPPA SWAMY PUTABOYINA If joint return, spouse's first name and middle initial Last name						Spouse's social security number						
									- '	853-46-7301		
					Presidential Election Campaign							
, , , , , , , , , , , , , , , , , , , ,				821			Check here if you, or your					
			omnlete s	naces helow	Sta	te	ZIP code				, ,	ly, want \$3
City, town, or post office. If you have a foreign address, also complete spaces below.				paces below.		MA 01581				_		checking a
WESTBOROUGH Foreign country name			Foreign province/state/county		Foreign postal code				w will not o or refund.	nange		
Foreign country name		'	Totalgri province/state/county			1 oreign postar code		ue y	You Spous			
District	Λ± 0×	outing during 2000 did you (a) rea	2011/2012	a valuerd allerd	0 × 0 0 1 × 0	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	First name Last name		number		to you	С	Child tax cre		credit Credit for other		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 i	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 instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		1i						
motraotiono.	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 Sche	ain 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	viving spouse, 10 Adjustments to income from Schedule 1 line 26						10					
Head of	11	Subtract line 10 from line 9. This	is your a c	djusted gross in	come					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 ze	ero or less	s, enter -0 This	is your t	taxable incom	ne			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	n(s): 1 881	4 2 🗌 4972	3 🗌		16	29,177.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	29,177.	
	19	Child tax credit or credit for other dependen	ts 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	29,177.	
	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	29,177.	
Payments	25	Federal income tax withheld from:			1				
	а	Form(s) W-2			25a 2	9,197.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	29,197.	
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	021 return			26		
qualifying child, attach Sch. EIC. [27	Earned income credit (EIC)			27				
allach Sch. ElC.	28	Additional child tax credit from Schedule 8812	2		28				
	29	American opportunity credit from Form 8863	-		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 your	-	-			32		
-	33	Add lines 25d, 26, and 32. These are your to					33	29,197.	
Refund	34	If line 33 is more than line 24, subtract line 2					34 35a	20.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						20.	
Direct deposit? See instructions.	b	Routing number 2 1 1 3 9 1 8		c Type: 🔀	Checking	Savings			
occ mandonona.	d	Account number 4 6 1 5 2 7 7							
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the ame For details on how to pay, go to <i>www.irs.go</i>	•				37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc structions				Complete	below.	⊠ No	
		Designee's Phone Personal identi name no. number (PIN)				ification			
			no.			, ,			
Sign Here		der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration							
TICIC	Yo	ur signature	Date				nt you an Identity		
		f. An-pa Som.	01/19/2023		NCTNEED		ection P inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	SOFTWARE ENGINEER Spouse's occupation			e IRS ser	nt your spouse an	
Keep a copy for	Op	Λ Λ .				Iden	Identity Protection PIN, enter it here		
your records.		B Ch'shue. 01/19/2023 S			SOFTWARE ENGINEER (see				
	Ph	Phone no. (774)701-8362 Email address AYYAPPASWAMY, PUTABOYINA@GMAIL.COM							
Paid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:	
Preparer						1		Self-employed	
Use Only	Fir	m's name GLOBAL TAXES LLC				Pho	ne no.		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's						i's EIN		
.								4040	