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

Submiss	sion Identification Number (SID)					
Taxpayer's	s name	Social securit	y number			
AMARI	DEEP VIJAYARAJ	833-62-	2-1258			
Spouse's r	Spouse's name Spouse's so					
SATHI	YASREE MOTHUKALAPALLI BALAS	APPLIE	D FOR			
Part I	Tax Return Information — Tax Year Ending December 31, 2022	(Enter year you a	re authorizi	ing.)		
Enter wh	nole dollars only on lines 1 through 5.					
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	djusted gross income		1	32,381.		
	otal tax		2	648.		
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2,752.		
	mount you want refunded to you		4	2,104.		
5 A	Taxpayer Declaration and Signature Authorization (Be sure you get		5 cf your r	oturn)		
	nalties of perjury, I declare that I have examined a copy of the income tax return (original or am					
return (or to send n for any de Agent to payment authoriza payment, business taxes to personal	ledge and belief, it is true, correct, and complete. I further declare that the amounts in Part iginal or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason elay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution according from the second of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in tion is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related to identification number (PIN) below is my signature for the income tax return (original or amend to Funds Withdrawal Consent.	transmitter, or electro for rejection of the tree the U.S. Treasury are unt indicated in the transitution to debit the rminate the authorization requests must be in the processing of the payment. I furt	nic return origansmission, (indiction its designation and its designation entry to this areceived not the electronic her acknowle	ginator (ERO) b) the reason ated Financial a software for account. This account cancel) a later than 2 c payment of adge that the		
	er's PIN: check one box only					
	lauthorize GLOBAL TAXES LLC to enter or gen	erate my PIN	1 2 5	$\frac{8}{}$ as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En≀	er five digits, b n't enter all zer	out		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Your sig	nature ▶ Dat	te >				
0	to DIN. shoots and have sub-					
-	's PIN: check one box only	, DIN				
×	I authorize GLOBAL TAXES LLC to enter or gen		er five digits, b	as my		
	signature on the income tax return (original or amended) I am now authorizing.		n't enter all zer			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spouse'	s signature ▶ Dat	te >				
	Practitioner PIN Method Returns Only—continue I	below				
Part III	Certification and Authentication — Practitioner PIN Method Only					
ERO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 er all zeros	8 9		
authorize	hat the above numeric entry is my PIN, which is my signature for the electronic individual inc d to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provide	n submitting this retu	rn in accorda	ance with the		
ERO's s	ignature ▶ Dat	te ▶				
	ERO Must Retain This Form — See Instruction	ns				

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022	
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OMB No. 1545-0074

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

	s 🗌 S	Single 🔀 Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	househ	old (HOI	H) [ifying su		9
Check only one box.	If vo	u checked the MFS box, enter the n	amo of v	our enouge. If you	chook	od tha ∐∩∐ ar	, OSS 1	ov onto	r the		ise (QSS	,	ualifyina
one box.		on is a child but not your dependen		our spouse. If you	CHECK	ed the HOH of	Q33 L	ox, ente	יווט וכ	s Criliu S	name n	ine qu	iaiiiyiiig
Your first name			Last nar	me					Т	Your so	cial secu	rity nu	mher
AMARDEEL	adic ilitiai							Your social security number 833-62-1258					
	first name and middle initial	YARAJ						Spouse's social security number			numhar		
•	'	instriante and middle initial	Last nar		ר א ר	. C				1			Hullibei
SATHIYAS		r and street). If you have a P.O. box, see		UKALAPALLI	ВАЦА	45	Ι.Δ.	ot. no.	+	APPLIED FOR			
	•		HISTIUCTIC	JIIS.						Presidential Election Campa Check here if you, or your			
		PARK DR ce. If you have a foreign address, also co	amplete er	one con helevy Chate 715				110			spouse if filing jointly, want \$3		
		ce. If you have a foreight address, also co	ompiete sp	'						to go to this fund. Checking a			
PITTSBUF			T	PA						box below will not change your tax or refund.			
Foreign country name			Foreign province/state/county Fe			Foreign	oreign postar code your			You Spouse			
	• •		. ,							<i>,</i> , , , , , , , , , , , , , , , , , ,			Spouse
Digital		ny time during 2022, did you: (a) rec									□ v _a ,	. 🔽	No
Assets		ange, gift, or otherwise dispose of					asset)	(See in	struc	ctions.)	∐ Yes		NO
Standard		eone can claim: You as a de		•		a dependent							
Deduction		Spouse itemizes on a separate retur	rn or you	were a dual-statu	is allen								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse:	: Was bor	rn befo	e Janua	ıry 2	, 1958	ls	blind	
Dependents	s (see	instructions):		(2) Social secur	rity	(3) Relationsh	nip (4)	Check th	ne bo	x if qualif	ies for (se	e instru	uctions):
If more		(1) First name Last name		number		to you		Child tax cr		credit Credit for		r other dependents	
than four													
dependents,													
see instruction: and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a		32,	381.
IIICOIIIC	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c				
W-2 here. Also 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 instructions)											
ilistructions.	z	Add lines 1a through 1h								1z		32,	381.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum e	election n	nethod, check her	e (see	instructions)			. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired,	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		32,	381.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10			
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11		32,	381.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12			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		25,	900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15			481.	
JOO II ISLI UULIUI IS.											_		

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	648.	
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	648.	
	19	Child tax credit or credit for	other dependen	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	648.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	648.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	2	2,752	2.		
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	2,752.	
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 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	ie 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undab	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	2,752.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		34	2,104.	
riciana	35a								35a	2,104.	
Direct deposit?	b	Routing number 0 4 3			c Type:	Chec	king 🗌	Saving	ıs		
See instructions.	d	Account number 1 0 6	8 5 8 3	7 5 3							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe.							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i>	v/Payments or	see instructions				37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See	_				
Designee	ins	structions					Yes. ○	omplet	e below.	X No	
	De nai	signee's		Phone no.				onal ide ber (PIN	entification		
<u> </u>		der penalties of perjury, I declare t	hat I have evening		d accommonstance of	hadulaa		•	•	at at my line under and	
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date Your occupation				lf	the IRS se	nt you an Identity	
									IN, enter it here		
Joint return?					SOFTWARE ENGINEER			<u> </u>	ee inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	gn. Date Spouse's occupation			ation			nt your spouse an ection PIN, enter it here	
your records.				HOME MAKER					ee inst.)	ection Filt, enter it here	
	Phone no. (412)929-2823			Email address					· · ·		
		eparer's name	Preparer's signat				Date PTIN			Check if:	
Paid			, ,						2082703 Self-employed		
Preparer								one no. (678)965-9522			
Use Only							irm's EIN	· · · · · ·			
Co to warming =						5=:::	1/00/05 == -	111	Form 1040 (2022)		
ao to www.iis.go	UV/I-UIII	n1040 for instructions and the late	ot milomidalion.		BAA	KEV 0	1/09/23 PRO			FOIIII 1040 (2022)	



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. 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 vou'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 e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ AMARDEEP VIJAYARAJ f Union 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 Last name Middle name Name SATHIYASREE MOTHUKALAPALLI BALAS (see instructions) 1b First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's Apt 1D512 CHATHAM PARK DR Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 15220 **PITTSBURGH** USA 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) Male **Birth** Information 11/23/1997 ▼ 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 INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: Z6575155 Exp. date: 04/21/2032 Issued by: INDIA (MM/DD/YYYY): 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 Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code