(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

Subm	nission Identification Number (SID)						
Taxpay	ver's name	Social security number					
SIN	IDHURI MEKALA	188-79-8626					
Spouse	o's name	Spouse's social security number					
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re aut	horizing	.)		
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		1		,112.		
2	Total tax		2	2	8,816.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	,921.		
4	Amount you want refunded to you		4	2	,105.		
5	Amount you owe		5				
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and let	eep a cop	y of y	our retu	ırn)		
to sen for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the probability of the proposition of the proposit	ection of the tr. S. Treasury are cated in the tale to debit the exthe authorizates to must be processing of ayment. I furt	ansmised its do not it	sion, (b) the lesignated aration so this according to revoke the lestronic parknowledge.	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	ayer's PIN: check one box only						
-	I authorize to enter or generate	my PIN	8 6	2 6	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but r all zeros	asmy		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Your	signature ▶ Date ▶						
Spou	se's PIN: check one box only						
Г	I authorize to enter or generate	mv PIN			as my		
	ERO firm name	_	er five o	digits, but	,		
	signature on the income tax return (original or amended) I am now authorizing.	dor	ı't entei	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Spou	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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 ente	er all ze	ros			
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income taxized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in a	ccordance			
FRO'	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

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OMB No. 1545-0074

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

Filing Status	X										ifying survi	ving	
Check only one box.	If you	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the cl									ise (QSS) name if the	e qualifying	
One box.		on is a child but not your depe		your opouco. If yo	a oncon		ų QO.	o box, onto	11100	, ma 0	namo n un	y quamymig	
Your first name	and mi	ddle initial	Last n	Last name						Your social security number			
SINDHURI				ALA						188-79-8626			
				ame								urity number	
									'			•	
Home address (numbe	r and street). If you have a P.O. bo	x, see instruc	tions.				Apt. no.	Pr	esider	ntial Electio	n Campaign	
1811N GR	F.F.N.	VILLE AVENUE		2313				- 1	Check here if you, or your				
		ce. If you have a foreign address, a	lso complete	complete spaces below. State			ZIP	code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
RICHARDS	ON				TX		75	081		_	tnis tuna. C ow will not a	_	
Foreign country name				Foreign province/state/county						7			
											You	Spouse	
Digital	At an	y time during 2022, did you: (a	a) receive (as	s a reward, award,	or payr	nent for prope	erty c	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispos									Yes	X No	
Standard	Som	Someone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate return or you were a dual-status alien											
Ago/Blindness	Valle	You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 19									☐ Is blir	nd.	
			y 2, 1930	_				(4) Check the	, ,				
Dependents		Instructions): rst name Last name		(2) Social security number		ty (3) Relationsh to you		P 1		· 1	Credit for other dependents		
If more than four	(1)11	First name Last name		Hambor		.,,		Child tax cred		Teatr Oreal for our			
dependents,												<u>-</u> 1	
see instructions												<u></u>	
and check here									<u>-</u> 1	+			
	1a	Total amount from Form(s) W	/-2. box 1 (s	ee instructions)						1a	7	8,112.	
Income	b	Household employee wages		,						1b	<u> </u>	<u> </u>	
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms	d	·	r 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 ins	structions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay elec-	tion (see ins	see instructions)									
motractions.	z	Add lines 1a through 1h .		,						1z	3	8,112.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	b Taxable interest				2b			
if required.	3a	Qualified dividends	3a			b Ordinary dividends				3b			
	4a	IRA distributions	4a		b T	axable amoun	ıt.			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Deduction for— Single or	6a	Social security benefits	6a	b Taxable amount					<u>.</u>	6b			
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											
Married filing jointly or	8	Other income from Schedule 1, line 10								8			
Qualifying	9									9	3	8,112.	
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								11		8,112.	
\$19,400	12	Standard deduction or item		•	,		٠			12	1 1	2,950.	
If you checked any box under	13	Qualified business income de								13	+		
Standard Deduction,	14	Add lines 12 and 13								14		<u>2,950.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									5 25,162.		

Form 1040 (2022	2)					_					Page 2
Tax and	16	Tax (see instructions). Check if any fro	m Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	2	,816.
Credits	17	Amount from Schedule 2, line 3 .						[17		
	18	Add lines 16 and 17									,816.
	19	Child tax credit or credit for other de	penden	its from Schedi	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	2	,816.
	23	Other taxes, including self-employme	ent tax,	from Schedule	2, line 21 .			[23		0.
	24	Add lines 22 and 23. This is your total	al tax					[24	2	,816.
Payments	25	Federal income tax withheld from:									
-	а	Form(s) W-2				25a	4,	921.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c							25d	4	,921.
16	26	2022 estimated tax payments and ar	nount a	applied from 20	21 return				26		
If you have a qualifying child,	27	Earned income credit (EIC)				27		İ			
attach Sch. EIC.	28	Additional child tax credit from Schedu				28					
	29	American opportunity credit from For	m 886	3, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15 .				31					
	32	Add lines 27, 28, 29, and 31. These a				fundable	credits		32		
	33	Add lines 25d, 26, and 32. These are	•		-				33	4	,921.
Defund	34	If line 33 is more than line 24, subtract							34	2	,105.
Refund	35a	Amount of line 34 you want refunded				-	=	1	35a	2	,105.
Direct deposit?	b	Routing number 1 1 1 0 0			_		ng 🗆 Sa	1			
See instructions.	d										
	36	Amount of line 34 you want applied t			ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is For details on how to pay, go to www				s			37		
	38	Estimated tax penalty (see instruction	ns) .			38		İ			
Third Party Designee		you want to allow another person tructions				_	Yes. Con	nplete be	elow.	X No	
		esignee's Phone Personal identific ame no. number (PIN)						cation _I			
								, ,			
Sign Here		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Dec									
11010	Yo	ur signature	· · · · · · F					ction Pl	nt you an Ide N, enter it h		
Joint return?						(see ir					
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Ider					ne IRS sent your spouse an natity Protection PIN, enter it here inst.)		
	Ph	one no. (469)783-5492		Email address	SINDHURIN		AIL.COM				
		eparer's name Preparer	's signa		211,21101(11	Date		PTIN	$\neg \neg$	Check if:	
Paid			0							_	mployed
Preparer	Fire	n's name GLOBAL TAXES LI	GLOBAL TAXES LLC Phone								
Use Only		n's address 245 ROONEY CT I		INSWICK N.	J 08816			Firm's			
Go to www.irs.g		n1040 for instructions and the latest informa			BAA	REV 01/1	4/23 PRO	1		Form 1	040 (2022)