### 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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

Taxpay		Social security number					
KAI	YANI ARUNARTHI		235-71-3602				
Spouse	's name	Spouse's social security number					
Par	t I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you a	re auth	norizing.)		
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	30,982.		
2	Total tax			2	1,958.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	3,692.		
4	Amount you want refunded to you			4	1,734.		
5	Amount you owe			5			
Dor	Townswar Declaration and Signature Authorization (Decurrence)	u ant and b		. of wa			

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

# Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	E
				ERO firm name		

1	3	6	0	2	00 00
Ent don	as my				

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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

## Spouse's PIN: check one box only

I authorize

to enter	or	generate	my	PIN

Enter five digits, but don't enter all zeros

as mv

signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨	
Practitioner PIN N	lethod Returns Only—continue below	
Part III Certification and Authentication – P	actitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	0	4 9 6 6 1 9 8 9 Don't enter all zeros

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 e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨							
	O Must Retain This For nit This Form to the IR		See Instructions ess Requested To Do So					
For Paparwork Poduction Act Notice, see you	r tax raturn instructions		PEV 01/14/23 PPO	Form 8879 (Bay, 01-2021)				

<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		n 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	o not w	rite or staple i	n this space.	
Filing Status Check only		Single  Married filing jointly	_	iling separately (N	,					spou	ifying surv ıse (QSS)	0	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		r spouse. If you cł	neck	ed the HOH or	QSS	box, enter	r the c	child's	name if th	e qualifying	
Your first name	and mi	iddle initial	Last name						Y	Your social security number			
KALYANI			ARUNAR	THI					2	35-7	71-3602	2	
lf joint return, s	pouse's	s first name and middle initial	Last name						S	pouse'	s social sec	urity number	
		er and street). If you have a P.O. box, see	instructions.					Apt. no.			ntial Election	n Campaign	
		Raod 620 N			0	+-		<u>1207</u>				tly, want \$3	
	OST OTH	ce. If you have a foreign address, also co	mplete space	es delow.	Sta		ZIP c		tc	go to	this fund. (	Checking a	
AUSTIN Foreign country	( namo		Eoro	ign province/state/o			787	⊥ / In postal co			ow will not or refund.	change	
	/ name		Fore	ign province/state/c	Journ	.y	Foreig	in postal col	Je yv		You	Spouse	
Digital		ny time during 2022, did you: (a) rece									Yes	X No	
Assets		ange, gift, or otherwise dispose of a eone can claim: You as a de	-	Your spouse		-	asselj	? (See Ins	structi	ons.)			
Standard Deduction	_	Spouse itemizes on a separate retur		— .									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januai	ry 2, 1	958	🗌 ls bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip <b>(4</b>	) Check the	e box i	oox if qualifies for (see instructions			
If more	(1) First name Last name		number		to you		Child tax of		x credit		Credit for other dependent		
than four													
dependents, see instructions	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, be	`	,					•	1a	3	0,982.	
Attach Form(s)	b	Household employee wages not re					• •		·	1b 1c			
W-2 here. Also	c d	Tip income not reported on line 1a Medicaid waiver payments not rep		,		· · · ·	• •		·	1d			
attach Forms W-2G and	e	Taxable dependent care benefits f			15110		• •		•	10	_		
1099-R if tax	f	Employer-provided adoption bene		-	•		• •		•	1f			
was withheld.	g	Wages from Form 8919, line 6 .			•		• •		•	1g			
If you did not get a Form	9 h	Other earned income (see instructi								1h		0.	
W-2, see	i	Nontaxable combat pay election (s	,			1i			•				
instructions.	z			,						1z	3	0,982.	
Attach Sch. B	2a		2a		bТ	axable interes	t.			2b			
if required.	3a		3a		bС	ordinary divide	nds .			3b			
	4a	IRA distributions	4a		bТ	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b			
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t			6b			
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection met	hod, check here (	see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if rec	quired. If not requ	ired	, check here				7			
Married filing	8	Other income from Schedule 1, lin	e10.							8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This	s is your <b>total inc</b>	ome	э				9	3	0,982.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	26						10			
Head of	11	Subtract line 10 from line 9. This is	your <b>adjus</b>	sted gross incon	ne					11	3	0,982.	
household, \$19,400	12	Standard deduction or itemized								12	1	2,950.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction			899	5-A				13			
Standard	14	Add lines 12 and 13								14		2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, e	nter -0 This is y	our 1	axable incom	ie .		•	15	1	8,032.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	1	,958.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	1	,958.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1	,958.
	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 <b>total tax</b>					24	1	,958.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 3	8,692.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c						25d	3	,692.
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			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	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. T	hese are your <b>to</b>	tal payments				33	3	,692.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	1	,734.
nerana	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆	35a	1	,734.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8	1 1 1 7	1111	9 8					
	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 <b>amo</b>	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	structions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
Designee	ins	tructions					omplete l		X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		
0:		der penalties of perjury, I declare t	hat I have avaming		d accompanying act		. ,	the her		
Sign		ief, they are true, correct, and com			1 2 0		,		,	0
Here	Yo	ur signature		Date	Your occupation		If the	RS se	nt you an Ide	entity
	Prot					IN, enter it h	ere			
Joint return?					SOFTWRAE :	-		inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spou ection PIN, e	
your records.								inst.)		
	Ph	one no. (737)298-589	9	Email address	KAT.VANTARIINAI	RTHI86@GMAIL.C	I			
		eparer's name	Preparer's signat		NAT LUN TULONA	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM			2703	Self-ei	mployed
Preparer		n's name GLOBAL TAX					· · · · ·		678)965	
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN		45487
		11040 for instructions and the late			BAA	REV 01/14/23 PRO	1			<b>040</b> (2022)