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

- Internal ne	levelide Service								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name	Social se	curity numb	per					
KALY.	ANI ARUNARTHI	235-	235-71-3602						
Spouse's	s name	Spouse's	social seci	urity nu	mber				
Part l	Tax Return Information — Tax Year Ending December 31, 2022	 (Enter year yo	II are all	thoriz	ina)				
	whole dollars only on lines 1 through 5.	Litter year yo	u arc au	1110112	1119.)				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income		. 1		30,	982.			
	Total tax				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			734.			
5	Amount you owe		. 5						
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a c	opy of y	our r	eturr	1)			
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original 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 delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating adays prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to alidentification number (PIN) below is my signature for the income tax return (original or amend and Funds Withdrawal Consent.	transmitter, or ele- for rejection of the the U.S. Treasu ant indicated in the stitution to debit minate the author on requests mus in the processin to the payment. I	ectronic reine transmis ry and its one tax prep the entry porization. It t be receing of the el further ac	turn or ssion, (designation this to this ved no ectronic knowle	iginato (b) the ated Fi n softv accou oke (ca o later ic payre edge t	r (ERO) reason nancial vare for nt. This ancel) a than 2 ment of hat the			
	yer's PIN: check one box only								
X	l authorize GLOBAL TAXES LLC to enter or gen	erate my PIN	1 3 6	5 0	2	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	erate my r m	Enter five don't ente		but	as my			
	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 si	gnature	e▶							
Spouse	e's PIN: check one box only								
Spouse	I authorize to enter or gen	orata my DINI				00 m)/			
	Enter five	as my ter five digits, but							
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		don't ente						
	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	e's signature ▶ Dat	e►							
	Practitioner PIN Method Returns Only—continue k	elow							
Part II	Certification and Authentication — Practitioner PIN Method Only								
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4	9 6 6	1 9	8	9			
			enter all ze	eros					
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incred to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amount of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	submitting this	return in a	accord	anće v				
ERO's	signature ▶ Dat	e▶							
	ERO Must Retain This Form — See Instruction	ns							
	Don't Submit This Form to the IRS Unless Requested								

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.

Filing Status Check only	X S	single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	H)		ifying survi ise (QSS)	iving	
one box.		u checked the MFS box, enter the ron is a child but not your dependen		our spouse. If you	checke	ed the HOH or	r QSS	box, ente	r the c	hild's	name if the	e qualifying	
Your first name and middle initial			Last na	me					Yo	Your social security number			
KALYANI			ARUN	ARTHI					2	235-71-3602			
			Last nai	me					Sp	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	- 1			n Campaign	
15510 Ranch Raod 620 N								<u>π τ 2 0 7</u> en/		Check here if you, or your spouse if filing jointly, want \$3			
, ,	ost offic	e. If you have a foreign address, also co	omplete s	· · ·				code			this fund. (
AUSTIN				TX				717			w will not	change	
Foreign country name				Foreign province/state/county			Fore	oreign postal code your ta			ax or refund. You Spouse		
Digital		y time during 2022, did you: (a) rec											
Assets		ange, gift, or otherwise dispose of					asse	t)? (See ins	struction	ons.)	Yes	⊠ No	
Standard Deduction		eone can claim:	•			a dependent							
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind Sp	ouse:	☐ Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd	
Dependents	(see i	see instructions):		(2) Social security		(3) Relationship		(4) Check the box if qua		qualif	ies for (see i	nstructions):	
If more	(1) Fi	First name Last name		number		to you		Child tax credit		t	Credit for other dependents		
than four dependents,													
see instructions	· ——								<u></u>				
and check													
here \square													
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	3	0,982.	
Attach Form(s)	b	Household employee wages not r								1b			
W-2 here. Also	C C	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
was withheld.	g	Wages from Form 8919, line 6								1g			
If you did not get a Form	h	Other earned income (see instruct					•			1h		0.	
W-2, see	i	Nontaxable combat pay election (, i										
instructions.	z	Add lines 1a through 1h								1z	3	0,982.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b			
if required.	3a	Qualified dividends	b Ordinary dividends					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 election method, check here (see instructions) $\dots \dots \dots$											
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									3	0,982.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									1		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11		0,982.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									12,950.		
If you checked any box under	13	Qualified business income deduct								13			
Standard Deduction,	14	Add lines 12 and 13								14		2,950.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	1	8,032.	

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Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 881	4 2 🗌 4972	3 🗌	16	1,958.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	1,958.
	19	Child tax credit or credit for other depende	ents 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	s, enter -0			22	1,958.
	23	Other taxes, including self-employment tax	x, from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total tax				24	1,958.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 3	,692.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	3,692.
If	26	2022 estimated tax payments and amount	applied from 20	021 return		26	i
If you have a qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 88	63, 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 are yo				32	
	33	Add lines 25d, 26, and 32. These are your	-	-		33	3,692.
Refund	34	If line 33 is more than line 24, subtract line				34	1,734.
Returia	35a	Amount of line 34 you want refunded to y				. 35	1,734.
Direct deposit?	b	Routing number 1 1 1 0 0 0 0				avings	
See instructions.	d	Account number 4 8 8 1 1 1 1					
	36	Amount of line 34 you want applied to you			36		
Amount	37	Subtract line 33 from line 24. This is the ar	•				
You Owe		For details on how to pay, go to www.irs.g			1 1	37	
	38	Estimated tax penalty (see instructions)			38		
Third Party		you want to allow another person to di					. V N-
Designee					_	mplete below	_
	nai	signee's ne	Phone no.			nal identificatio er (PIN)	"
Sign		der penalties of perjury, I declare that I have exam					
Here		ef, they are true, correct, and complete. Declaratio					,
	YO	Your signature Date Your occupation					sent you an Identity PIN, enter it here
Joint return?				SOFTWRAE ENGINEER			
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa		sent your spouse an	
Keep a copy for your records.					Identity Pr (see inst.)	otection PIN, enter it here	
your rooordo.							
		one no. (737)298-5899	Email address	KALYANIARUNA	ARTHI86@GMAIL.CO		T 01 1 11
Paid		parer's name Preparer's sign		_	Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAN	M 01/24/2023 1	P02082703	
Use Only		n's name GLOBAL TAXES LLC					(678)965-9522
	Fir	n's address 245 ROONEY CT E BF	RUNSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/14/23 PRO		Form 1040 (2022)