(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 | Social security number |
| ASHWINIKANTH DOSS | 848-99-1617 |
| Spouse's name | Spouse's social security number |
| DHARANIDEVI ASHWINIKANTH | APPLIED FOR |
| Part I Tax Return Information — Tax Year Ending December 31, | 2022 (Enter year you are authorizing.) |
| 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 | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | |
| 4 Amount you want refunded to you | |
| 5 Amount you owe | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure y Under penalties of perjury, I declare that I have examined a copy of the income tax return (orig | |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amount return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agrayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment obusiness days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent. | provider, transmitter, or electronic return originator (ERO) or reason for rejection of the transmission, (b) the reason authorize the U.S. Treasury and its designated Financial tion account indicated in the tax preparation software for inancial institution to debit the entry to this account. This pent to terminate the authorization. To revoke (cancel) a cancellation requests must be received no later than 2 is involved in the processing of the electronic payment of related to the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only | |
| | er or generate my PIN 9 1 6 1 7 as my |
| ERO firm name | Enter five digits, but don't enter all zeros |
| signature on the income tax return (original or amended) I am now authorizing | ing. |
| I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below. | |
| Your signature ► | Date ► |
| | |
| Spouse's PIN: check one box only | |
| | er or generate my PIN as my |
| ERO firm name signature on the income tax return (original or amended) I am now authorizi | Enter five digits, but don't enter all zeros |
| | _ |
| I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practition below. | |
| Spouse's signature ▶ | Date ▶ |
| Practitioner PIN Method Returns Only—co | ntinue below |
| 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 F | PIN. 2 2 2 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 indi authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> | that I am submitting this return in accordance with the |
| ERO's signature ▶ | Date ► |
| ERO Must Retain This Form — See Ins | |
| | |

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

| 2022 |
|------|
| |
| |

OMB No. 1545-0074

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

| _ | s 🗌 S | Single X Married filing jointly [| Marri | ed filing separately | (MFS) | Head of | hous | sehold (HOH |) | | ifying survi | ving |
|--|-------|---|-------------------------------|---------------------------------|---|----------------|--------|------------------------------------|------------------------------|---|---------------|---------------|
| Check only one box. | If vo | u checked the MFS box, enter the r | name of | vour enquee. If you | chack | ad tha HOH o | r 09 | S hav ente | r tha c | • | ise (QSS) | a qualifying |
| one box. | - | on is a child but not your depender | | your spouse. If you | CHECK | ed the HOH of | ı Qo | 3 DOX, ente | i ille c | TIIIU S | name ii uii | qualifying |
| Your first name | | , , | Last na | ame | | | | | Yo | our so | cial security | number |
| ASHWINIKANTH DOSS | | | | | | | | | | Your social security number 848-99-1617 | | |
| | | | Last na | | | | | | _ | Spouse's social security number | | |
| | | | | | | | | | ' | · · | | |
| | | | | | APPLIED FOR Presidential Election Campaign | | | | | | | |
| 1514 DEERFIELD PT | | | | Ctions. Apr. no. | | | | | | Check here if you, or your | | |
| | | spaces below. State ZIP code | | | | | | spouse if filing jointly, want \$3 | | | | |
| City, town, or post office. If you have a foreign address, also complete s | | | | - | | | | 20001 | | | this fund. C | _ |
| ALPHARETTA Foreign country name | | | Foreign province/state/county | | | , | | | ow will not on or refund. | cnange | | |
| | | | | To reight province/state/county | | | 1010 | r oroigir poolar oodo 7 | | You Spouse | | |
| Digital | At ar | ny time during 2022, did you: (a) red | ceive (as | a reward, award, | or pavr | nent for prope | ertv c | r services): | or (b) | sell. | | |
| Assets | | ange, gift, or otherwise dispose of | | | | | | | | | Yes | ⊠ No |
| Standard | | eone can claim: You as a de | | <u>_</u> | | | | , (| | | | |
| Deduction | _ | Spouse itemizes on a separate retu | • | | | | | | | | | |
| Age/Blindness | You: | Were born before January 2, | 1958 [| Are blind S | pouse | : Was box | rn be | efore Janua | rv 2. 1 | 958 | ☐ Is blir | |
| Dependents | | | | (2) Social secu | | (3) Relationsh | | (4) Check th | , , | | | |
| If more | | First name Last name | | number | , | to you | p | Child ta | x credi | edit Credit for other dependent | | er dependents |
| than four | | | | | | | | | 7 | | | |
| dependents, | | | | | | | | + | | $\overline{}$ | | |
| see instructions and check | s —— | | | | | | | 1 7 | | $\overline{}$ | | |
| here |] | | | | | | | | - | $\overline{}$ | | |
| Incomo | 1a | Total amount from Form(s) W-2, b | oox 1 (se | ee instructions) . | | | | | - . | 1a | 4 | 1,729. |
| Income | b | Household employee wages not i | 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 | i | Nontaxable combat pay election (see instructions) | | | | | | | | | | |
| instructions. | z | Add lines 1a through 1h | | | | | | 1z | 4 | 1,729. | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | | 2b | | |
| if required. | За | Qualified dividends | 3a | | b 0 | rdinary divide | nds | | | 3b | | |
| | 4a | IRA distributions | 4a | | b T | axable amoun | ıt . | | | 4b | | |
| Standard | 5a | Pensions and annuities | 5a | | | axable amoun | | | | 5b | | |
| Deduction for- | 6a | Social security benefits | 6a | | b T | axable amoun | ıt . | | | 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 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 | 4 | 1,729. | |
| surviving spouse, | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 10 | | |
| \$25,900 | | | | | | | | | | 11 | 4 | 1,729. |
| household, | 12 | Standard deduction or itemized | • | | | | | | | 12 | | 5,900. |
| \$19,400 If you checked | 13 | Qualified business income deduc | | • | , | 5-A | | | | 13 | † <u> </u> | _ , _ 0 0 . |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | 14 | 2. | 5,900. | |
| Deduction, | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | 15 | | 5,829. | | |
| see instructions. | | | | | - | | | | | | | , |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 | | |
|--------------------------------------|--|--|------------------|--------------------------|---------------------------------------|--------|-----------|----------------|---|--|--|
| Tax and | 16 | Tax (see instructions). Check if any | from Form(s): | 1 881 | 4 2 4972 | 3 🗌 | | . 16 | 1,583. | | |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | | | . 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 1,583. | | |
| | 19 | Child tax credit or credit for other | dependents fro | om 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 ze | ro or less, ente | r-0 | | | | . 22 | 1,583. | | |
| | 23 | Other taxes, including self-emplo | , | | • | | | | 0. | | |
| | 24 | Add lines 22 and 23. This is your | . 24 | 1,583. | | | | | | | |
| Payments | 25 | Federal income tax withheld from | | | | | | | | | |
| | а | Form(s) W-2 | 48. | | | | | | | | |
| | b | Form(s) 1099 | | | | | | | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 5,848. | | |
| If you have a | 26 | 2022 estimated tax payments and | d amount applie | ed from 20 | 21 return | | | . 26 | | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Sch | edule 8812 | | | 28 | | | | | |
| | 29 | American opportunity credit from | Form 8863, line | e8 | | 29 | | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. The | . 32 | | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. These | . 33 | 5,848. | | | | | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | | 4,265. | | |
| riorana | 35a | Amount of line 34 you want refun | ☐ 35a | 4,265. | | | | | | | |
| Direct deposit? | b | Routing number 0 6 1 0 | | | c Type: | Check | ng Sav | ings | | | |
| See instructions. | d | Account number 3 3 4 0 7 2 3 4 0 9 4 6 | | | | | | | | | |
| | 36 | Amount of line 34 you want applied | ed to your 2023 | 3 estimate | d tax | 36 | | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This For details on how to pay, go to v | | | | | | . 37 | | | |
| | 38 | Estimated tax penalty (see instruc | ctions) | | | 38 | | | | | |
| Third Party Designee | | you want to allow another perstructions | | | | _ | Yes. Comp | olete below. | X No | | |
| | | signee's | | Phone | | | | identification | | | |
| | | me | | no. | | | number (| , | | | |
| Sign | | der penalties of perjury, I declare that I have ief, they are true, correct, and complete. | | | | | | | | | |
| Here | Yo | ur signature | Dat | e . | Your occupation | | | If the IRS se | nt vou an Identity | | |
| | | | | | | | | | IN, enter it here | | |
| Joint return? | | | | | · · · · · · · · · · · · · · · · · · · | | RCHITECT | (see inst.) | | | |
| See instructions. Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation | | | | Identity Prot | f the IRS sent your spouse an dentity Protection PIN, enter it here | | |
| your records. | | | | | HOME MAKE | | | (see inst.) | | | |
| | | one no. (678)549-4715 | | ail address | ASHWIND87 | | | | T = | | |
| Paid | | | arer's signature | | _ | Date | PT | | Check if: | | |
| Preparer | SYAN | I PRIYA RAM SAGAR GUPTA TALLAM SYA | | SAGAR | GUPTA TALLAM | [02/0 | 3/2023 PO | 2082703 | Self-employed | | |
| Use Only | | | | | | | | (678)965-9522 | | | |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's | | | | | | | Firm's EIN | 88-2145487 | | |
| Cata manusina a | a. // [a.w | a 10 10 few instructions and the latest info | una ati a n | | D 4 4 | | | | T 1040 (0000) | | |



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) ▶ ASHWINIKANTH DOSS 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 DHARANIDEVI **ASHWINIKANTH** (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 1514 DEERFIELD PT **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 30004 ALPHARETTA 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** 10/29/1991 Information ▼ 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 **TNDTA** 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.: V3570556 Exp. date: 11/22/2031 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