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

	515.11.25 53.11.55							
Submis	ssion Identification Number (SID)							
Taxpayer	curity number							
SHRI	RAM VENKATRAMAN	599-	94-241	8				
Spouse's	name	Spouse's social security number						
VEEN	A SHRIRAM	APPLIED FOR						
Part l	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	er year yo	u are au	thorizing	J.)			
	hole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 -					
	Adjusted gross income				3,408. 0,490.			
	Total tax							
	Amount you want refunded to you				7,930. 7,440.			
	Amount you owe		· — ·		7,440.			
Part I	<u> </u>		_	our retu	urn)			
my know return (o to send for any o Agent to payment authorize payment business taxes to persona Electron	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abordiginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trans my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rest days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the I identification number (PIN) below is my signature for the income tax return (original or amended) I in Europe in the payment is my signature for the income tax return (original or amended) I income tax retu	ove are the mitter, or elegiction of the U.S. Treasudicated in the citon to debit to the auth quests muse processin payment.	amounts the transmistry and its of the tax prepart the entry prization. It is to be receipt of the electron and the electron the tax prepart the tax prepart the tax prepart the tax prepart tax prepart the tax prepart ta	rom the inturn original sistems, (b) the designated paration so to this according to revoke ved no late ectronic perhamments.	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the			
Taxpay	ver's PIN: check one box only		4 2 4	4 1 8				
\times	I authorize GLOBAL TAXES LLC to enter or generate	my PIN	\Box	digits, but	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			er all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.							
Your sig	gnature ▶ Date ▶							
Spaus	e's PIN: check one box only							
X	l authorize GLOBAL TAXES LLC to enter or generate	my DINI			ae my			
	Enter five	as my						
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.							
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	V						
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		9 6 6 t enter all ze	-	8 9			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subnents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this	return in a	accordanc				
ERO'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

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 [Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH	l)		ifying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the i	name of	vour enguee If you	chack	ad the HOH o	r 099	Shov ente	r tha c		ise (QSS)	e auglifyina	
one box.		on is a child but not your depender		your spouse. If you	CHECK		ı Qoc	box, ente	i tile c	IIIu S	name ii uii	e qualifying	
Your first name		, ,	Last na	ame					Yo	ur soc	cial security	v number	
				KATRAMAN						Your social security number 599-94-2418			
SHRIRAM VEN If joint return, spouse's first name and middle initial Last r										Spouse's social security number			
VEENA	poudo c	The marie and middle initial	SHRI							,			
	(numbe	r and street). If you have a P.O. box, se	-					Apt. no.		APPLIED FOR Presidential Election Campaign			
1011 EMI	•		o ii ioti doti					7 tpt: 110.		Check here if you, or your			
			omnlete s	snaces helow	Stat	re	7IP	TP code I '			spouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also comp								013		_	this fund. (•	
ALLEN Foreign country name				Foreign province/state/co							ow will not on the contract of	cnange	
Foreign country name				Totalgh province/state/county			Torongir postar sous Ty		ue jo	You Spouse			
	At ar	y time during 2022, did you: (a) red	ceive (as	a reward, award, o	or payn	nent for prope	rty o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of									Yes	X No	
Standard	Som	eone can claim: You as a d	ependen	t Your spot	ise as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you			·							
Age/Blindness	You:	Were born before January 2,	1958	Are blind S	pouse:	Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social secur		(3) Relationsh	qin	(4) Check th	e box if	ox if qualifies for (see instructions			
If more		First name Last name		number		to you		Child tax credit		lit Credit for other dependents			
than four													
dependents,													
see instructions and check	s ——												
here													
Income	1a	Total amount from Form(s) W-2, I	oox 1 (se	e instructions) .						1a	11	3,408.	
income	b	Household employee wages not	reported	on Form(s) W-2.						1b			
Attach Form(s)	С									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 instruc	ctions)						1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
motractions.	Z	Add lines 1a through 1h						1z	11	3,408.			
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	ıt.			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt.			5b			
Deduction for—	6a	Social security benefits	6a		b Ta	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	11	3,408.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	11	3,408.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										5,900.	
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 ze	ero or les	s, enter -0 This is	your t	axable incom	ne			15		7,508.	
220 111011 40110113.													

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	10,490.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17		18	10,490.				
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	<u> </u>
	20	Amount from Schedule 3, lin	ne 8					20	<u> </u>
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,490.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,490.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25 a 17	7,930.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	17,930.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Amount from Schedule 3, line 15							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	17,930.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	7,440.
neiulia	35a								7,440.
Direct deposit?	b	Routing number 3 2 1			c Type:	Checking	Savings		
See instructions.	d								
	36	Amount of line 34 you want a							
Amount	37	· · · · · · · · · · · · · · · · · · ·							
You Owe		For details on how to pay, go to www.irs.gov/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	n with the IRS?	See			
Designee	ins	structions				🗌 Yes. C	omplete b	elow.	⋈ No
		signee's me		Phone no.			onal identifi ber (PIN)	cation	
							, ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
Here		ur signature	,	Date	Your occupation		1		nt you an Identity
	10	ar orginataro	Bato	Tour occupation	our occupation			IN, enter it here	
Joint return?			SOFTWARE ENGINEER				nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	Date	Spouse's occupat			nt your spouse an		
your records.					HOME MAKE	(see ir		ection PIN, enter it here	
		00000 (017)(01 400	<u> </u>	Email address	HOME MAKE		,	,	
		one no. (817)691-409 eparer's name	6 Preparer's signat	Email address	SHKIKAM.U.	X@GMAIL.COM Date	PTIN		Check if:
Paid			.,		מוגדותה החודי			702	Self-employed
Preparer							P02082		,
Use Only									678)965-9522
				MONTCK IN			Firm's	; EIIV	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 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.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

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) ▶ SHRIRAM VENKATRAMAN 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 VEENA SHRIRAM (see instructions) 1b First name Middle name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1011 EMIL PLACE Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75013 ALLEN 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 06/28/1980 ▼ 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.: V1816852 Exp. date: 07/22/2031 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 ▶ **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