Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number
RAJESH VENKAT	709-85-6341
Spouse's name	Spouse's social security number
BHAGYASREE MENTA	APPLIED FOR
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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	1 32,506.
2 Total tax	2 663.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 5,082.
4 Amount you want refunded to you	. 4 4,419.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy of your return)

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

_				FBO firm name	0 ,	Ēr
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

5	6	3	4	1	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

Enter five digits, but don't enter all zeros

as mv

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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.

Spouse's signature 🕨	Date ►						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practit	ioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	ve-digit self-selected 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 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 🕨						
	This Form — See Instructions o the IRS Unless Requested To Do So						
		E 9970 (D 01 0001)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Ta		urn 2	022	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of y			Head of Contract Head o			spo	lifying sun use (QSS) s name if th	0
Your first name	and mi	ddle initial	Last nar	me					Your so	Your social security number	
RAJESH			VENK	AT					709-	85-634	1
If joint return, spouse's first name and middle initial				me					Spouse	's social sec	curity numbe
BHAGYASR	ΕE		MENT	A					APPL	IED FO	R
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.			on Campaigr
8025 OHI	O DI	र					1	2314	1	here if you,	or your htly, want \$3
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ate	ZIP c	ode			Checking a
PLANO					T	X	750	24	box be	low will not	change
Foreign country	name		F	oreign provinc	e/state/coun	ty	Foreig	n postal code	your ta	x or refund.	_
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Vou	Spouse
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a dual-	-status alier						
		Were born before January 2, 1	958	Are blind	Spouse			ore January	-	Is bl	
Dependents				(2) Social		(3) Relationsh	ip (4	I) Check the b			,
If more	(1) F	irst name Last name		num	Der	to you		Child tax c	redit	Credit for ot	her dependents
than four dependents,										l l	<u> </u>
see instructions	;								[<u> </u>	
and check										[<u> </u>
here 🗌	4.								4		
Income	1a ⊾	Total amount from Form(s) W-2, b			,				. <u>1</u> a		32,506.
Attach Form(s)	b	Household employee wages not re	•						. 1k		
W-2 here. Also	C d	Tip income not reported on line 1a				· · · ·	• •		. <u>10</u> . 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep					• •		. 1e		
1099-R if tax	e f	Taxable dependent care benefits from Form 2441, line 26 .							. 11		
was withheld.	g	Wages from Form 8919, line 6 .		,			• •		. 1g		
lf you did not get a Form	9 h	Other earned income (see instruct					• •		· <u>· · · · · · · · · · · · · · · · · · </u>		0.
W-2, see	 i	Nontaxable combat pay election (see	,			1	· ·				
instructions.	z	Add lines 1a through 1h		,					. 1z	, ;	32,506.
Attach Sch. B		Ŭ I	2a			axable interest			. 2t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
if required.	3a	· ·	3a			Ordinary divider					
	4a		4a			axable amount					
Standard	5a		5a			axable amount			. 5k)	
Deduction for –	6a		6a		b T	axable amount	t		. 6k)	
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	nethod, chec				[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If r	not required	, check here		[7		
 Married filing 	8	Other income from Schedule 1, lin	Other income from Schedule 1, line 10								
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. [.]	This is your t e	otal incom	e			. 9		32,506.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26 .					. 10		
Head of	11	Subtract line 10 from line 9. This is	s your ac	djusted gros	s income				. 11		32,506.
household, \$19,400	12	Standard deduction or itemized	deducti	i ons (from Sc	chedule A)				. 12		25,900.
If you checked	13	Qualified business income deduct	ion from	Form 8995 c	or Form 899	95-A			. 13		
any box under Standard	14	Add lines 12 and 13							. 14	1 2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 T	This is your	taxable incom	е.		. 15	5	6,606.

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): 1 🗌 881	4 2 4972	3		16		663.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18		663.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		663.
	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 total tax					24		663.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	5,082.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	5,	,082.
If	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return			26		
If you have a l 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	3, line 8		29		-		
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,	,082.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,	,419.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	🗆	35a	4,	,419.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 8 9 6 8 3 1 0 7 7 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 amo	ount vou owe						
You Owe		For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See		_		
Designee		structions	· · · · ·			🗌 Yes. C	omplete	below.	X No	
		signee's		Phone			sonal ident	ification		
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature	ploto. Doolaration (Date	Your occupation				nt you an Ider	0
	10	ui signature		Date					IN, enter it he	
Joint return?					IT CONSUL	TANT	(see	e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spous	
Keep a copy for your records.						_		ntity Prote e inst.)	ection PIN, en	iter it here
,		(460) 500 055	•		HOME MAKE			11131.)		
		one no. (469)783-377		Email address	RAJESH.VENK	AT@OUTLOOK.C	1		Check if:	
Paid		eparer's name	Preparer's signat		a	Date	PTIN	0 - 0 - 0		
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/28/2023			Self-em	
Use Only		m's name GLOBAL TAX			- 00011				678)965	
			Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	84-31	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 10)40 (2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Servic	Sury	ividuals who are r ► See sepa			permaner	t reside	ents				
	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.	F	· · ·		pe (check one box)):
Before you begin • Don't submit the second s	n: his form if you have, or are eligi	ible to get, a U.S.	. social sec								
must file a U.S. f a Nonresiden b Nonresiden	ubmitting Form W-7. Read th rederal tax return with Form V t alien required to get an ITIN to cl t alien filing a U.S. federal tax return t alien (based on days present in	W-7 unless you n aim tax treaty bene rn	meet one o	of the e	xceptior	ns (see				, c, d, e, f, or g, y	ou
	of U.S. citizen/resident alien		, 0				stru	ctions) 🕨			
e 🛛 Spouse of U		d or e, enter name RAJESH VENK			6. citizen/					ions)► 09-85-6341	
g 🗌 Dependent/ h 🗌 Other (see i	t alien student, professor, or resea /spouse of a nonresident alien hold nstructions) ► on for a and f : Enter treaty country	ding a U.S. visa	ederal tax re	turn or c	laiming a	1 except	ion				
	1a First name		lle name	anu	treaty ar	Last					
Name (see instructions)	BHAGYASREE					ME					
Name at birth if different	1b First name	Midc	lle name			Last	nar	ne			
Applicant's Mailing	 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 8025 OHIO DR Apt 12314 										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. PLANO TX USA						7	5024			
Foreign (non- U.S.) Address (see instructions)	Street address, apartment nu City or town, state or province	-					ber.				
Birth	4 Date of birth (month / day / year) Country of birth		City and	d state or	province	e (o	ptional)	5	Male	
Information	08/25/1996	INDIA									
Other Information	6a Country(ies) of citizenship INDIA	INDIA								;	
imormation	6d Identification document(s) submitted (see instructions) Image: Passport Driver's license/State I.D. Image: USCIS documentation Other Date of entry into the United States Issued by: INDIA No.: U3282888 Exp. date: 06/24/2030 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? Image: No/Don't know. Skip line 6f. Image: Ves. Complete line 6f. Image: Norther than one, list on a sheet and attach to this form (see instructions).										
	6f Enter ITIN and/or IRSN ►					ISN ISN	50 11	1311 401101	13).	a	Ind
	name under which it was iss	sued ►									
		First name Middle name Last name									
	6g Name of college/university or company (see instructions) ► City and state ► Length of stay ►										
Sign Here	City and state ► Under penalties of perjury, I (appl documentation and statements, and information with my acceptance ager	d to the best of my	knowledge a	declare ti nd belief,	hat I have it is true,	examine correct,	anc	l complete	e. I au	thorize the IRS to sh	
Keep a copy for your records.	Signature of applicant (if de	legate, see instruct	tions)	Date (mo	onth / day	/ year)	Př	ione num	nber		
,	Name of delegate, if application	able (type or print)		Delegate's relationship to applicant				Parent Court-appointed gu			ian
Acceptance	Signature			Date (mo	onth / day	/ year)	-	none			
Agent's Use ONLY	Name and title (type or prin	t)	Name of co	ompany		EIN	Fa	X	F	PTIN	
			ļ			Office code					

REV 02/24/23 PRO