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 DIVYA LAKSHMI BOLLAMPALLI 708-50-1061 Spouse's name Spouse's social security number SHASHI PREETHAM PONUGOTI APPLIED FOR Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 125,900. 1 1 13,234. 2 2 3 3 20,822. 4 4 7,588. 5 5

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

Under penalties of perjury, 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

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

	0	1	0	6	1	as mv
	0	1	0	6	1	
Γ	0	1	0	C	1	

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

 I authorize
 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 –	Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed b	by your five-digit self-selected PIN.	2	2					6 all ze	 9	8	9	

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 🕨		
	Don't S	– ERO Must Retain This Form Submit This Form to the IRS Un			
				 0070 /=	04 000 th

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

Date

1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		urn 20 2	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	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 na on is a child but not your dependent	ame of y	ed filing separately (your spouse. If you c					spo	lifying surv use (QSS) s name if th	U
Your first name	and mi	ddle initial	Last nai	me					Your so	cial securit	ty number
DIVYA LA	KSHN	1I	BOLL	AMPALLI					708-	50-1063	1
lf joint return, sp	ouse's	first name and middle initial	Last nai	me					Spouse	's social sec	curity number
SHASHI P	REEI	ГНАМ	PONU	GOTI					APPL	IED FO	R
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ntial Election	on Campaigr
<u>1821 S M</u>	ILPI	ITAS BLVD					4	13		here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP c	ode	•		tly, want \$3 Checking a
MILPITAS					CZ	Α	950	35	0	ow will not	•
Foreign country	name		F	Foreign province/state	'coun	ity	Foreig	n postal code	your tax	k or refund.	
										You	Spouse
Digital Assets	exch	ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	a digital	asset (or a financial	inter	est in a digital				Yes	X No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•			•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	. 1958	Is bl	ind
Dependents				(2) Social securit		(3) Relationsh) Check the b	-		
If more		rst name Last name		number	ý	to you		Child tax c	edit	Credit for ot	her dependents
than four]	
dependents,]	
see instructions and check										[
here										[
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					. 1a	12	
Income	b	Household employee wages not re		,							
Attach Form(s)	с	Tip income not reported on line 1a	•	.,					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep							. 1d	1	
W-2G and	е	Taxable dependent care benefits f							. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .							. 1g	I	
get a Form	h	Other earned income (see instruct	ions) .						. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		 1 i					
	z	Add lines 1a through 1h							. 1z	. 12	25,900.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest			. 2b		
if required.	3a	Qualified dividends	3a		b	Ordinary divider	nds .		. 3b	•	
	4a	IRA distributions	4a		bΤ	axable amoun	t		. 4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. 5b)	
Deduction for - Single or	6a	Social security benefits	6a		bΤ	axable amoun	t		. 6b		
Married filing	с	If you elect to use the lump-sum e	lection r	nethod, check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	f required. If not req	uired	l, 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 is your total in	com	е			. 9	12	25,900.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26)	
Head of	11	Subtract line 10 from line 9. This is	s your ac	djusted gross inco	me				. 11	12	25,900.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	e A)				. 12	! 2	25,900.
 If you checked 	13	Qualified business income deduct	ion from	Form 8995 or Forn	n 899	95-A			. 13	;	
any box under Standard	14	Add lines 12 and 13							. 14	- 2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is	/our	taxable incom	е.		. 15	10	00,000.

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	13,234.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	13,234.
	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	13,234.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	13,234.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	20,82	22.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	· · · · ·					. 25d	20,822.
If you have a	26	2022 estimated tax payment	s 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	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and refu	undable cred	its .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	20,822.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overp a	aid.	. 34	7,588.
neiuliu	35a	Amount of line 34 you want I	refunded to you	J. If Form 8888	3 is attached, che	ck here .		35a	7,588.
Direct deposit?	b	Routing number 1 1 1					Savii	ngs	
See instructions.	d	Account number 5 2 1							
	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, go	o to <i>www.irs.go</i> v	//Payments or	see instructions .			. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes	s. Comp	ete below.	× No
		signee's		Phone				dentification	
	na			no.			number (F		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	al oignataro		Duto					PIN, enter it here
Joint return?					SOFTWARE E	ENGINEER		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.					UOME MAKET	2		(see inst.)	ection PIN, enter it here
	Dh	00000 (600) 550 040	0	Email address	HOME MAKE		COM	()	
		one no. (682) 553-2488 eparer's name	8 Preparer's signat		BDIVYANITE	Date	. COM PTI	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 0					2082703	Self-employed
Preparer		m's name GLOBAL TAX		IVIN DAGAR	GOLIA IAUUAM	103/01/20			(678) 965-9522
Use Only		m's address 245 ROONE		NSWICK N	т 08816			Firm's EIN	84-3171965
		a1040 for instructions and the later		ILOUI OIL IN	D 00010				Earm 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 02/24/23 PRO

Form **1040** (2022)

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

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		separate instruc	•	t reside	nts.					
An IRS individual	taxpayer identification number (ITIN) i	s for U.S. feder	al tax purposes	only.		on type (check one box):	٦			
 Before you begin Don't submit th 	: is form if you have, or are eligible to get, a	U.S. social sec	urity number (SS	SN).		ply for a new ITIN new an existing ITIN				
must file a U.S. fo	bmitting Form W-7. Read the instructio deral tax return with Form W-7 unless	you meet one					u			
	alien required to get an ITIN to claim tax treaty	v benefit								
_	alien filing a U.S. federal tax return									
	t alien (based on days present in the United	-								
			IN of U.S. citizen/			structions) ► 708-50-1061				
f 🗌 Nonresident	alien student, professor, or researcher filing a	U.S. federal tax re	turn or claiming ar	n except	on					
	pouse of a nonresident alien holding a U.S. vis	sa								
h 🗌 Other (see ir										
	n for a and f: Enter treaty country 1a First name	Middle name	and treaty art		name					
Name (see instructions)	SHASHI PREETHAM				NUGOTI					
Name at birth if different	1b First name	Middle name		Last	name					
Applicant's	2 Street address, apartment number, or rura 1821 S MILPITAS BLVD APT		you have a P.O.	box, see	separate in	structions.	_			
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Address	MILPITAS CA USA 95035									
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province, and count	ry. Include postal	code where appro	priate.			_			
Birth	4 Date of birth (month / day / year) Country of	birth	City and state or	province	e (optional)	5 X Male	-			
Information	11/30/1996INDIA6a Country(ies) of citizenship6b Foreign	tax I.D. number (i		oflig	isa (if any) nu	Female	_			
Other Information	INDIA	、								
	6d Identification document(s) submitted (see instructions) ☑ Passport □ Driver's license/State I.D. □ USCIS documentation □ Other □ Date of entry into									
	Issued by: INDIA No.: N5258	949 Ev	p. date: 11/22/	2025	the United States 5 (MM/DD/YYYY):					
	6e Have you previously received an ITIN or a					<u> </u>	_			
	No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than c			,	e instruction	is).				
	6f Enter ITIN and/or IRSN ► ITIN		IR	SN		an	d			
	name under which it was issued \blacktriangleright									
		First name	Middle n	ame		Last name				
	6g Name of college/university or company (see instructions) ►									
	City and state ►		Length of	, , , , , , , , , , , , , , , , , , ,						
Sign Here	Under penalties of perjury, I (applicant/delegate/ documentation and statements, and to the best information with my acceptance agent in order to pe	of my knowledge a	nd belief, it is true,	correct,	and complete	. I authorize the IRS to sha				
Keep a copy for your records.	Signature of applicant (if delegate, see in	structions)	Date (month / day /	′ year)	Phone num	ber				
	Name of delegate, if applicable (type or p	print)	Delegate's relation to applicant	ship	Parent Power of	Court-appointed guardia	an			
Acceptance	Signature		Date (month / day /	′ year)	Phone Fax		_			
Agent's Use ONLY	Name and title (type or print)	Name of c	Name of company EIN Office co			PTIN				

REV 02/24/23 PRO