## 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

|  | 5.145 55.1155  |  |   |  |  |
|--|--|--|---|--|--|
| Submiss  | ion Identification Number (SID)  |  |   |  |  |
| Taxpayer's   | name   | Social securit   | y numb  | er   |  |
| SHIVA  | PRAKASH PATIL  | 721-47-  | -6019   | )  |  |
| Spouse's n   |  | Spouse's soc   | ial secu  | rity numbe   | r  |
| Part I   | Tax Return Information — Tax Year Ending December 31, 2022 (I  | <br>Enter year you a   | ra aut  | horizina   | 1  |
|  | pole dollars only on lines 1 through 5.  | Litter year you a  | le aut  | nonzing  | ·)   |
|  | orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |   |  |  |
|  | djusted gross income   |  | 11  | 15   | ,586.  |
|  | otal tax   |  | 2   |  | 264.   |
|  | ederal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3   | 2  | 322.   |
|  | mount you want refunded to you   |  | 4   |  | ,058.  |
| <b>5</b> A   | mount you owe  |  | 5   |  |  |
| Part II  | Taxpayer Declaration and Signature Authorization (Be sure you get a  | and keep a cop   | y of y  | our retu   | ırn)   |
| my knowl<br>return (ori<br>to send m<br>for any de<br>Agent to i<br>payment c<br>authorizat<br>payment,<br>business of<br>taxes to m<br>personal i | nalties of perjury, I declare that I have examined a copy of the income tax return (original or ame edge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, they return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for each in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account from 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 term I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related to dentification number (PIN) below is my signature for the income tax return (original or amended. | I above are the amoransmitter, or electro or rejection of the transmitter. The U.S. Treasury and indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furt | ounts from the counts of the counts of the country to the country to the country to the country the country action. The country the country to the country to the country to the country the country to the country the country to the | om the in urn origina sion, (b) the esignated aration so this according to the estronic particularly provided in order than the estronic particularly particularl | come tax<br>ator (ERO)<br>ne reason<br>Financial<br>ftware for<br>ount. This<br>(cancel) a<br>er than 2<br>ayment of<br>e that the |
|  | Funds Withdrawal Consent.  er's PIN: check one box only  |  |   |  |  |
|  | lauthorize GLOBAL TAXES LLC to enter or gene   | erate my PIN   | 6 0   | 1 9  | as my  |
| _  | Signature on the income tax return (original or amended) I am now authorizing.   | ř Ent  |   | ligits, but<br>all zeros   | asmy   |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.  |  |   |  |  |
| Your sign  | nature ▶ Date  | e <b>-</b>   |   |  |  |
| Spouse'  | s PIN: check one box only  |  |   |  |  |
| •  | I authorize to enter or gene   | erate my PIN   |   |  | as my  |
|  | ERO firm name  |  | er five o   | ligits, but  | ao my  |
|  | signature on the income tax return (original or amended) I am now authorizing.   | do   | n't enter   | all zeros  |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.  |  |   |  |  |
| Spouse's   | s signature ▶ Date   | e <b>&gt;</b>  |   |  |  |
|  | Practitioner PIN Method Returns Only—continue b  | elow   |   |  |  |
| Part III   | Certification and Authentication — Practitioner PIN Method Only  |  |   |  |  |
| ERO's E  | FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 2 2 2 4 9  Don't ent   | 6 6   | 1 9 8  | 9  |
| authorized   | nat the above numeric entry is my PIN, which is my signature for the electronic individual incode to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider  | ome tax return (origi<br>submitting this retu  | nal or a  | ımended)<br>ccordance  |  |
| ERO's si   | gnature ► Date   | e <b>&gt;</b>  |   |  |  |
|  | ERO Must Retain This Form — See Instruction  |  |   |  |  |
|  | Don't Submit This Form to the IRS Unless Requested   | To Do So   |   |  |  |

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

| Filing Status                                 | <b>X</b> S |   |                                  |                      |                             |                           |        |               |          |                             | ifying survi                 | iving            |  |
|---|------------|---|----------------------------------|----------------------|-----------------------------|---------------------------|--------|---------------|----------|-----------------------------|------------------------------|------------------|--|
| Check only one box.                           | If vo      | u checked the MFS box, enter the r  | name of                          | vour spouse. If vo   | u chack                     | ed the HOH o              | r 099  | Shov ente     | r the c  |                             | se (QSS)                     | a gualifying     |  |
| OHE DOX.                                      |            | on is a child but not your depender   |                                  | your spouse. If yo   | u crieck                    | led the HOHO              | i QOC  | box, ente     | i tile c | illiu 3                     | name ii tii                  | e qualitying     |  |
| Your first name                               |            | · · · · · · · · · · · · · · · · · · ·   | Last name                        |                      |                             |                           |        |               |          | Your social security number |                              |                  |  |
| SHIVAPRAKASH                                  |            |   |                                  | IL                   |                             |                           |        |               |          | 721-47-6019                 |                              |                  |  |
|   |            | first name and middle initial   | Last na                          |                      |                             |                           |        |               |          |                             |                              | urity number     |  |
|   |            |   |                                  |                      |                             |                           |        |               | Ι.       |                             |                              | •                |  |
| Home address                                  | (numbe     | r and street). If you have a P.O. box, se   | e instructi                      | ions.                |                             |                           |        | Apt. no.      | Pı       | esider                      | ntial Electio                | n Campaign       |  |
| 2410, S                                       | VOSS       | S RD  | G-2                              |                      |                             |                           |        |               |          | Check here if you, or your  |                              |                  |  |
|   |            | ce. If you have a foreign address, also c   | complete spaces below. State ZIP |                      |                             |                           |        | code          |          |                             | f filing joint               | •                |  |
| HOUSTON                                       |            |   |                                  |                      | T                           | ζ                         | 77     | 057           |          | _                           | this fund. C<br>w will not a | •                |  |
| Foreign country name                          |            |   |                                  | Foreign province/sta | ate/coun                    | ty                        | Fore   | ign postal co |          |                             | or refund.                   | Ü                |  |
|   |            |   |                                  |                      |                             |                           |        |               |          | You Spou                    |                              |                  |  |
| Digital                                       | At an      | y time during 2022, did you: (a) red  | ceive (as                        | a reward, award,     | or payr                     | ment for prope            | erty o | r services);  | or (b)   | sell,                       |                              |                  |  |
| Assets  | exch       | ange, gift, or otherwise dispose of   | a digital                        | asset (or a finance  | ial inter                   | est in a digital          | asse   | t)? (See ins  | structi  | ons.)                       | Yes                          | ⊠ No             |  |
| Standard                                      | Som        | Someone can claim: You as a dependent Your spouse as a dependent                            |                                  |                      |                             |                           |        |               |          |                             |                              |                  |  |
| Deduction                                     |            | Spouse itemizes on a separate retu  | rn or you                        | u were a dual-stat   | us alier                    | 1                         |        |               |          |                             |                              |                  |  |
| Age/Blindness                                 | You:       | ☐ Were born before January 2,   | 1958 [                           | Are blind            | Spouse                      | : Was bo                  | rn be  | fore Janua    | rv 2. 1  | 958                         | ☐ Is blir                    | nd               |  |
| Dependents                                    | -          |   |                                  | (2) Social secu      |                             | (3) Relationsh            |        |               | •        |                             |                              | nstructions):    |  |
| If more                                       |            | (1) First name Last name  |                                  | number               |                             | to you                    |        | Child tax     |          | it                          | Credit for other dependents  |                  |  |
| than four                                     | • • •      |   |                                  |                      |                             |                           |        |               | 7        |                             |                              |                  |  |
| dependents,                                   |            |   |                                  |                      |                             |                           |        |               |          |                             |                              | <br>]            |  |
| see instructions and check                    | 5          |   |                                  |                      |                             |                           |        |               |          |                             |                              |                  |  |
| here  |            |   |                                  |                      |                             |                           |        |               |          |                             |                              |                  |  |
| Income  | 1a         | Total amount from Form(s) W-2, b  | oox 1 (se                        | ee instructions)     |                             |                           |        |               |          | 1a                          | 1                            | 5 <b>,</b> 586.  |  |
| moome   | b          | Household employee wages not  | reported                         | on Form(s) W-2       |                             |                           |        |               |          | 1b                          |                              |                  |  |
| Attach Form(s)<br>W-2 here. Also              | С          | Tip income not reported on line 1   | a (see in                        | structions)          |                             |                           |        |               |          | 1c                          |                              |                  |  |
| attach Forms                                  | d          | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                     |                                  |                      |                             |                           |        |               |          | 1d                          |                              |                  |  |
| W-2G and<br>1099-R if tax                     | е          | Taxable dependent care benefits from Form 2441, line 26                                     |                                  |                      |                             |                           |        |               | 1e       |                             |                              |                  |  |
| 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  | tions)                           |                      |                             |                           |        |               |          | 1h                          |                              | 0.               |  |
| W-2, see instructions.                        | i          | Nontaxable combat pay election  | ction (see instructions)         |                      |                             |                           |        |               |          |                             |                              |                  |  |
|   | Z          | Add lines 1a through 1h   |                                  |                      |                             |                           |        |               |          | 1z                          | 1                            | 5 <b>,</b> 586.  |  |
| Attach Sch. B                                 | <b>2</b> a | Tax-exempt interest   | 2a                               |                      |                             | <b>b</b> Taxable interest |        |               |          | 2b                          |                              |                  |  |
| if required.                                  | <u>3a</u>  | Qualified dividends   | 3a                               |                      | <b>b</b> Ordinary dividends |                           |        |               |          | 3b                          |                              |                  |  |
|   | 4a         | IRA distributions   | 4a                               |                      |                             | axable amoun              |        |               |          | 4b                          |                              |                  |  |
| Standard<br>Deduction for—                    | 5a         | Pensions and annuities  | 5a                               |                      |                             | <b>b</b> Taxable amount   |        |               |          | 5b                          |                              |                  |  |
| Single or                                     | 6a         | Social security benefits  | 6a b Taxable amount              |                      |                             |                           |        |               |          | 6b                          |                              |                  |  |
| Married filing separately,                    | c          | If you elect to use the lump-sum election method, check here (see instructions)             |                                  |                      |                             |                           |        |               |          |                             |                              |                  |  |
| \$12,950                                      | 7          | Capital gain or (loss). Attach Schedule D if required. If not required, check here          |                                  |                      |                             |                           |        |               |          |                             |                              |                  |  |
| <ul> <li>Married filing jointly or</li> </ul> | 8          | Other income from Schedule 1, line 10   |                                  |                      |                             |                           |        |               |          | 9                           | 1                            |                  |  |
| Qualifying surviving spouse,                  | 9          | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                |                                  |                      |                             |                           |        |               |          |                             | +                            | 5 <b>,</b> 586.  |  |
| \$25,900                                      | 10         | Adjustments to income from Schedule 1, line 26  |                                  |                      |                             |                           |        |               |          |                             | 1                            | E EOC            |  |
| <ul> <li>Head of household,</li> </ul>        | 11         | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                     |                                  |                      |                             |                           |        |               |          | 11                          |                              | 5,586.           |  |
| \$19,400                                      | 12         | Standard deduction or itemized deductions (from Schedule A)                                 |                                  |                      |                             |                           |        |               |          | 12                          | + +                          | 2 <b>,</b> 950.  |  |
| If you checked<br>any box under               | 13<br>14   | Add lines 12 and 13   |                                  |                      |                             |                           |        |               |          | 14                          | 1                            | 2,950.           |  |
| Standard<br>Deduction,                        | 15         |   |                                  |                      |                             |                           | 1e     |               | •        | 15                          | +                            | 2,930.<br>2,636. |  |
| see instructions.                             |            | Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |                                  |                      |                             |                           |        |               |          |                             |                              | <u>_,</u> 000.   |  |

| Form 1040 (2022                      | 2)         |                                       |                          |                    |             |                     |                 |                                   |                       |           |                  | Page 2   |
|--------------------------------------|------------|---------------------------------------|--------------------------|--------------------|-------------|---------------------|-----------------|-----------------------------------|-----------------------|-----------|------------------|----------|
| Tax and                              | 16         | Tax (see instructions). Check         | if any from Form         | (s): <b>1</b> 881  | 4 2 🗌       | 4972                | 3 🗌             |                                   |                       | 16        |                  | 264.     |
| Credits                              | 17         | Amount from Schedule 2, lin           | e3                       |                    |             |                     |                 |                                   |                       | 17        |                  |          |
|                                      | 18         | Add lines 16 and 17                   |                          |                    |             |                     |                 |                                   |                       | 18        |                  | 264.     |
|                                      | 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        |                  | 264.     |
|                                      | 23         | Other taxes, including self-e         | mployment tax,           | from Schedule      | 2, line 21  |                     |                 |                                   |                       | 23        |                  | 0.       |
|                                      | 24         | Add lines 22 and 23. This is          | your <b>total tax</b>    |                    |             |                     |                 |                                   |                       | 24        |                  | 264.     |
| <b>Payments</b>                      | 25         | Federal income tax withheld           |                          |                    |             |                     |                 |                                   |                       |           |                  |          |
| ,                                    | а          | Form(s) W-2                           |                          |                    |             |                     | 25a             | 2                                 | ,322.                 |           |                  |          |
|                                      | b          | Form(s) 1099                          |                          |                    |             |                     | 25b             |                                   |                       |           | 1                |          |
|                                      | С          | Other forms (see instructions         | s)                       |                    |             |                     | 25c             |                                   |                       |           |                  |          |
|                                      | d          | Add lines 25a through 25c             |                          |                    |             |                     |                 |                                   |                       | 25d       | 2,               | 322.     |
| If you have a                        | 26         | 2022 estimated tax payment            | s and amount a           | pplied from 20     | 21 return . |                     |                 |                                   |                       | 26        |                  |          |
| qualifying child,                    | 27         | Earned income credit (EIC)            |                          |                    |             |                     | 27              |                                   |                       |           |                  |          |
| attach Sch. EIC.                     | 28         | Additional child tax credit from      | n Schedule 8812          |                    |             |                     | 28              |                                   |                       |           |                  |          |
|                                      | 29         | American opportunity credit           | from Form 8863           | 3, line 8          |             |                     | 29              |                                   |                       |           |                  |          |
|                                      | 30         | Reserved for future use .             |                          |                    |             |                     | 30              |                                   |                       |           |                  |          |
|                                      | 31         | Amount from Schedule 3, lin           | e 15                     |                    |             |                     | 31              |                                   |                       |           |                  |          |
|                                      | 32         | Add lines 27, 28, 29, and 31          | . These are your         | total other pa     | ayments a   | nd ref              | undabl          | e credits                         |                       | 32        |                  |          |
|                                      | 33         | Add lines 25d, 26, and 32. T          | hese are your <b>to</b>  | tal payments       |             |                     |                 |                                   |                       | 33        | 2,               | 322.     |
| 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        | 2,               | 058.     |
|                                      | 35a        | Amount of line 34 you want            |                          |                    | is attache  | d, che              | ck here         |                                   |                       | 35a       | 2,               | 058.     |
| Direct deposit?<br>See instructions. | b          | Routing number 1 1 1                  |                          |                    | с Туре      | e: 🛛                | ] Checl         | king 🗌 S                          | Savings               |           |                  |          |
|                                      | d          | Account number 8 9 3                  | 9 6 5 2                  | 8 2                |             |                     |                 |                                   |                       |           |                  |          |
|                                      | 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 <b>amo</b> | ount you owe.      |             |                     |                 |                                   |                       |           |                  |          |
| You Owe                              |            | For details on how to pay, g          | ū                        | •                  |             |                     |                 |                                   |                       | 37        |                  |          |
|                                      | 38         | Estimated tax penalty (see in         | nstructions) .           |                    |             |                     | 38              |                                   |                       |           |                  |          |
| Third Party                          |            | you want to allow another             |                          |                    |             |                     |                 |                                   |                       |           |                  |          |
| Designee                             |            | structions                            |                          |                    |             |                     |                 | ☐ Yes. Co                         | •                     |           |                  |          |
|                                      | De:<br>nar | signee's<br>ne                        |                          | Phone no.          |             |                     |                 |                                   | nal ident<br>er (PIN) | ification |                  |          |
| Sign                                 | Un         | der penalties of perjury, I declare t | hat I have examine       | ed this return and | l accompany | vina sch            | nedules         | and statemen                      | ts. and to            | o the be  | st of mv knowle  | edge and |
| •                                    |            | ief, they are true, correct, and com  |                          |                    |             |                     |                 |                                   |                       |           |                  |          |
| Here                                 | Yo         |                                       |                          |                    |             |                     |                 | ent you an Ident                  |                       |           |                  |          |
|                                      |            |                                       |                          |                    |             | tection F<br>inst.) | N, enter it her | <u>e</u>                          |                       |           |                  |          |
| Joint return? See instructions.      |            | SOFTWAKE ENGINEER .                   |                          |                    |             |                     |                 |                                   |                       |           |                  |          |
| Keep a copy for                      | Sp         |                                       |                          |                    |             |                     |                 | nt your spouse<br>ection PIN, ent |                       |           |                  |          |
| your records.                        |            |                                       |                          |                    |             |                     |                 | inst.)                            |                       |           |                  |          |
|                                      | Ph         | one no. (469) 412-101                 | 9                        | Email address      | SHIVAPI     | RAKAS               | SHP0@0          | GMAIL.CO                          | '<br>M                |           |                  |          |
|                                      | Pre        | eparer's name                         | Preparer's signat        | ure                |             |                     | Date            |                                   | PTIN                  |           | Check if:        |          |
| Paid                                 | SYAM       | I PRIYA RAM SAGAR GUPTA TALLAM        | SYAM PRIYA               | RAM SAGAR          | GUPTA TA    | ALLAM               | 02/             | 15/2023                           | P0208                 | 2703      | Self-emp         | oloyed   |
| Preparer                             |            |                                       |                          |                    |             |                     |                 | (678) 965-                        |                       |           |                  |          |
| Use Only                             |            |                                       |                          |                    |             |                     |                 | ı's EIN                           | 84-317                |           |                  |          |
| Go to www.irs.go                     | ov/Forn    | n1040 for instructions and the late   |                          |                    | BAA         |                     | REV 02          | 2/05/23 PRO                       |                       |           | Form <b>10</b> 4 |          |