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				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	ber	
SHIV	JAPRAKASH PATIL	721-47	-601	9	
Spouse'	s name	Spouse's soo	ial sec	urity number	•
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	er year you a	re au	thorizing	<u> </u>
	whole dollars only on lines 1 through 5.	er year you a	i e au	illolizilig.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	15	,586.
2	Total tax		2		264.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	,322.
4	Amount you want refunded to you		4		,058.
5	Amount you owe		5		,
Part		keep a cop	y of y	our retu	rn)
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transful 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 loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the office of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the ammitter, or electro- ejection of the transport of transport of the transport of the transport of transport of the transport of the transport of transpor	ounts from the country attion. The receipt the elaboration at the elab	from the inc turn original ssion, (b) the designated paration sof to this acco To revoke (in ved no late lectronic particular.	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
Х		my PIN	6 (0 1 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	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.	hod. The ERC) mus	t complete	
Your s	ignature ▶ Date ▶	02/1	4/20)23	
Spous	se's PIN: check one box only				
	I authorize to enter or generate	e mv PIN			as my
	ERO firm name	En		digits, but	,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	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.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belov	N			
Part	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 2 4 9	6 6	1 9 8	9
		Don't ent	er all ze	e108	
authoriz	with the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	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

|--|

OMB No. 1545-0074

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

Filing Status	X S										ifying survi	iving	
Check only one box.	If vo	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the ch									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			PATI							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 complete spaces below.				ite	т -	code			f filing joint	•	
HOUSTON		TX				77	057		_	this fund. C w will not a	•		
Foreign country		Foreign province/state/county			ty	Foreign postal code y			your tax or refund.				
										You Spouse			
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		rst name Last name		number		to you		Child tax		it	Credit for other dependents		
than four	• • •												
dependents,]	
see instructions and check	5												
here													
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions)						1a	1	5 , 586.	
moome	b	Household employee wages not	reported	on Form(s) W-2						1b			
Attach Form(s) 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 1099-R if tax	е								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	(see instructions)										
	Z	Add lines 1a through 1h									1	5 , 586.	
Attach Sch. B	2 a	Tax-exempt interest	2a			b Taxable interest				2b			
if required.	<u>3a</u>	Qualified dividends	3a			b Ordinary dividends				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b			
Single or	6a	Social security benefits	6a							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											
 Married filing jointly or 	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 total income									+ +	5 , 586.	
\$25,900	10	Adjustments to income from Schedule 1, line 26								10	1	E EOC	
 Head of household, 	11									11		5,586.	
\$19,400	12		nized deductions (from Schedule A)							12	+ +	2 , 950.	
If you checked any box under	13 14		business income deduction from Form 8995 or Form 8995-A							14	1	2,950.	
Standard Deduction,	15						1e		•	15	+	2,930. 2,636.	
see instructions.		Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										<u>_,</u> 000.	

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		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, line 8							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 total tax							24		264.
Payments	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 to	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.
riciana	35a	Amount of line 34 you want			is attache	d, che	ck here			35a	2,	058.
Direct deposit?	b	Routing number 1 1 1			с Туре	e: 🛛] Checl	king 🗌 S	Savings			
See instructions.	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 amo	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: nar	signee's ne		Phone no.					nal ident 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 inst.)	N, enter it her	<u>e</u>
Joint return? See instructions.				D-t-	SOFTWA			NEER				
Keep a copy for	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation						nt your spouse ection PIN, ent			
your records.										inst.)		
	Ph	one no. (469) 412-101	9	Email address	SHIVAPI	RAKAS	SHP0@0	GMAIL.CO	' 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 10 4	