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.

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social sec	Social security number								
RAM	A NAIDU DASARI	682-7	682-76-9486								
Spouse	's name	Spouse's s	Spouse's social security number								
Par	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter 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	26,128.							
2	Total tax		2	1,376.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,426.							
4	Amount you want refunded to you		4	2,050.							
5											

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

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

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

6	9	4	8	6	
Ent dor	er fiv n't er	as my			

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 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 E											
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Onl	/										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2					6 all zei		9	89	

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 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Demonstrally Deduction Act Nation			Form 8870 (Day, 01 0001)				

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

1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use (Dnly—[Do not w	rite or staple	in this space.
Filing Status	5 X 3	Single] Married 1	filing separately (N	1FS)	Head of	housel	hold (HOH	I)		lifying surv use (QSS)	viving
one box.	,	u checked the MFS box, enter the na on is a child but not your dependent	,	r spouse. If you ch	neck	ed the HOH or	QSS	box, ente	r the	•	. ,	ne qualifying
Your first name	and mi	ddle initial	Last name						Y	'our so	cial securi	ty number
RAMA NAI	DU		DASARI	Ľ					E	582-1	76-948	б
lf joint return, s	oouse's	first name and middle initial	Last name						s	pouse'	s social see	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructions				A	pt. no.				on Campaigr
8223 RAN							-	8027			iere if you, if filing joir	or your ntly, want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spac	es below.	Sta		ZIP co			•		Checking a
IRVING					TΣ		750				ow will not	•
Foreign country	/ name		Fore	eign province/state/c	count	У	Foreig	n postal co	de y	our tax	or refund.	
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									Yes	X No
Standard Deduction	_	eone can claim:	•	Your spouse ere a dual-status a								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore Janua	ry 2, ⁻	1958	🗌 ls bl	ind
Dependents	•	(see instructions):		(2) Social security			ip (4			· · ·		instructions):
lf more than four	(1) Fi	rst name Last name		number		to you		Child ta	x crec	lit	Credit for ot	her dependents
dependents,								L			ا ۱	
see instructions	s ——							L			ا ۱	
and check here									-		ا ا	
	1a	Total amount from Form(s) W-2, b	ox 1 (see in	structions)				L		1a		└┘ 26,128.
Income	b	Household employee wages not re	`	,						1b		<u>10,120.</u>
Attach Form(s)	с	Tip income not reported on line 1a	(see instru	uctions)						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 bene	fits from Fo	orm 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruction	ions) .				· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruct	tions)		1 i						
	z	Add lines 1a through 1h								1z		26,128.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest				2b		
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds .			3b		
	4a		4a		bΤ	axable amoun	t		•	4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		•	5b		
 Deduction for – Single or 	6a	,	6a			axable amoun	t			6b	-	
Married filing separately,	С	If you elect to use the lump-sum e				,						
\$12,950	7	Capital gain or (loss). Attach Schee								7	_	
 Married filing jointly or 	8	Other income from Schedule 1, lin							•	8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome	ə			•	9		26,128.
surviving spouse, \$25,900	10	Adjustments to income from Sche							•	10		
 Head of household, 	11	Subtract line 10 from line 9. This is					· ·		•	11		26,128.
\$19,400	12	Standard deduction or itemized					· ·		•	12		12,950.
 If you checked any box under 	13	Qualified business income deducti		orm 8995 or Form	899	5-A	· ·		•	13		
Standard Deduction,	14	Add lines 12 and 13				· · · ·			•	14		<u>12,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	U OF IESS, E	enter -U I his is yo	ouri	axable incom	e.		•	15		13,178.

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	n(s): 1 🗌 881	4 2 4972	3		16	1,	,376.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	1,	,376.
	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	1,	,376.
	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	1,	,376.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	3,426.			
	b	Form(s) 1099				25b		-		
	с	Other forms (see instructions				25c		-		
	d	Add lines 25a through 25c	,					25d	3,	,426.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit fror				28		-		
	29	American opportunity credit				29		-		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31		-		
	32	Add lines 27, 28, 29, and 31.						32	Í	
	33	Add lines 25d, 26, and 32. T	,		-			33	3,	,426.
Defend	34	If line 33 is more than line 24						34		,050.
Refund	35a	Amount of line 34 you want I	-			, .		35a		,050.
Direct deposit?	b	Routing number 1 1 1					Savings			
See instructions.		Account number 8 8 5					ournigo			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24						_		
You Owe	57	For details on how to pay, go						37		
	38	Estimated tax penalty (see in	-			38		0.		
Third Party		you want to allow another								
Designee		structions	•				omplete	below.	X No	
	De	signee's		Phone		Pers	sonal ident	ification		
	nai	mē		no.		num	iber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	lief, they are true, correct, and com	plete. Declaration	of preparer (othe		ased on all informat	1			0
	Yo	ur signature	S I I I I I I I I I I I I I I I I I I I						nt you an Ider IN, enter it he	
Joint return?						e inst.)				
See instructions.	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation				lf th	e IRS se	nt your spous	e an		
Keep a copy for	- 1-		5				Ider	ntity Prote	ection PIN, er	
your records.							(see	e inst.)		
		one no. (469)592-517	2	Email address	NAIDUDRN3	@GMAIL.COM	,			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				02/03/2023	P0247	0833	Self-em	nployed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Pho	ne no. (678)965	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	88-21	45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 PRO			Form 10	040 (2022)