(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

	1.0751.00 051.100							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social security number						
YASI	H VIPULBHAI SHAH	615-91-7500						
Spouse's	s name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	vear vou a	re au	thorizino	1)			
	whole dollars only on lines 1 through 5.	you. you a)·/			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	173	1,421.			
2	Total tax		2		1,863.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4.	4,380.			
4	Amount you want refunded to you		4		2,517.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our ret	urn)			
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provided in the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the 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 terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle receive confidential information necessary to answer inquiries and resolve issues related to the pail identification number (PIN) below is my signature for the income tax return (original or amended) I are a financial institution are received.	tter, or electroction of the ti S. Treasury a cated in the ti n to debit the the authorizates must be processing of ayment. I fur	onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments.	turn origin ssion, (b) to designate oration so this according to this according to the thin according to the thin according to the thin according personal design of the thin according to the thin ac	ator (ERO the reasor d Financia oftware fo count. This (cancel) a ter than 2 ayment o e that the			
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1			
X		ny PIN 1	7 !	5 0 0	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	us my			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology.							
Your s	ignature ▶ Date ▶							
Spous	e's PIN: check one box only				1			
	I authorize to enter or generate	nv PIN			as my			
		digits, but	_ ao,					
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part I	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	2 4 9 Don't ent	6 6		8 9			
		Don't ent	or un Zt	55				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta 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 Incompany to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany to the Practition Publication of the Practition Publication	itting this retu	ırn in a	accordanc				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To D	o So						

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

2022

OMB No. 1545-0074

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

Filing Status	X	Single Married filing jointly [Marri	ed filing separately	y (MFS)	Head of	hous	ehold (HOF	l)		ifying survi	ving	
Check only one box.	If you	u checked the MFS box, enter the i	name of	vour spouse. If you	ı check	ad the HOH o	. OS	Shov ente	r tha c		ise (QSS) name if the	a aualifyina	
one box.	-	on is a child but not your depender		your spouse. If you	u CHECK	ed the HOH of	QO	J DOX, GITTE	1 1116 0	illiu 3	name ii uii	qualifying	
Your first name		, ,	Last na	ame					Y	our so	cial security	number	
			SHAF							615-91-7500			
			Last na							Spouse's social security number			
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								"			,	
Home address	numbe	r and street). If you have a P.O. box, se	e instructi	ions.				Apt. no.	Pı	esider	ntial Flection	n Campaign	
14400 NE 42ND PL				instructions.				1			eck here if you, or your		
		ice. If you have a foreign address, also complete spaces below. State ZIP code							spouse if filing jointly, war				
BELLEVUE										this fund. C ow will not o			
Foreign country name				Foreign province/state/county							or refund.	riange	
,						,					You Spouse		
Digital	Δt an	y time during 2022, did you: (a) red	ceive (as	a reward award	or navr	ment for prope	rtv o	r services):	or (h)	sell			
Assets		ange, gift, or otherwise dispose of									Yes	X No	
Standard		eone can claim: You as a d				a dependent		, (,			
Deduction	_	Spouse itemizes on a separate retu											
A /Dii	V	Wana bana bafana Januari O	1050 [And blind	· · · · · · ·	. 🗆 \\/		faua laurra	0 1	٥٥٥			
		Were born before January 2,	1958 [T	Spouse			fore Janua	, ,		ls blin		
Dependents	•	•		(2) Social secunumber	ırity	(3) Relationsh to you	nip	. ,		ox if qualifies for (see instruction		•	
If more	(1) FI	rst name Last name		number		to you		Child tax cred		redit Credit for other depend		er dependents	
than four dependents,													
see instructions	. —												
and check here												<u></u>	
	4.0	Total amount from Form(a) M. O. I	2011/20	a inaterrational						40	17	1 251	
Income	1a	Total amount from Form(s) W-2, I Household employee wages not	,	,					•	1a	1 /	1,351.	
Attach Form(s)	b						•			1b 1c			
W-2 here. Also	C	•	ip income not reported on line 1a (see instructions)							1d			
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e					
1099-R if tax	f	Taxable dependent care benefits from Form 2441, line 26						1f					
was withheld.		Employer-provided adoption benefits from Form 8839, line 29											
If you did not get a Form	g h	Other earned income (see instruc							•	1g 1h		0.	
W-2, see	i	,	,	see instructions)						111		<u> </u>	
instructions.	z	Add lines 1a through 1h	(366 11131	ructions)						1z	17	1,351.	
Attach Sch. B	2a	Tax-exempt interest	2a	i	 h Т	axable interes			•	2b		4.	
if required.	3a	Qualified dividends	3a	66.		ordinary divide			•	3b		66.	
	4a	IRA distributions	4a			axable amoun			•	4b			
Standard	5a	Pensions and annuities	5a			axable amoun			•	5b			
Deduction for—	6a	Social security benefits	6a			axable amoun			•	6b			
Single or Married filing	С	,		election method, check here (see instructions)						0.5			
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									1		
\$12,950 Married filing	8	Other income from Schedule 1, li	·							8			
jointly or	9	-	7, and 8. This is your total income							9	17	1,421.	
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10		<u> </u>	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	17	1,421.		
household,	12	Standard deduction or itemized	•							12		2,950.	
\$19,400 If you checked	13	Qualified business income deduc		•	,	5-A				13	† †	_,,,,,,	
any box under Standard	14								14	1	2,950.		
Deduction,	15	Subtract line 14 from line 11. If ze					ne			15		8,471.	
see instructions.	-				,			- '				.,	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	31,863.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	31,863.	
	19	Child tax credit or credit for other dependents from Schedule 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	31,863.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	31,863.	
Payments	25	Federal income tax withheld from:			
,	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	44,380.	
	26	2022 estimated tax payments and amount applied from 2021 return	26	<u> </u>	
If you have a qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	•		
	29	American opportunity credit from Form 8863, line 8	•		
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15	•		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	44,380.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12,517.	
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	12,517.	
Direct deposit?	b	Routing number 1 2 1 0 0 0 3 5 8 c Type: Checking X Savings			
See instructions.	d	Account number 3 2 5 1 3 6 5 1 5 7 2 0			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	elow.	⊠ No	
		signee's Phone Personal identifi me no. number (PIN)	ication		
<u> </u>	na		41 1		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo			nt you an Identity	
				N, enter it here	
Joint return?		SOFTWARE ENGINEER (see i			
See instructions. Keep a copy for your records.	Sp		PIRS sent your spouse an tity Protection PIN, enter it here inst.)		
	Ph	one no. (313)603-8751 Email address YASHSHAH9060@GMAIL.COM			
Daid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2023 P02082	2703	Self-employed	
Preparer				678)965-9522	
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's		84-3171965	
0- 4	a//_a	1100 for inchrigations and the letest information		F 1040 (2000)	