

# IRS e-file Signature Authorization

► **ERO must obtain and retain completed Form 8879.**  
► **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name PRADEEP PASALA	Social security number 888-31-2606
Spouse's name LOHITHA POLEPALLI	Spouse's social security number 111-57-8160

## 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	85,162.
2 Total tax . . . . .	2	4,702.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	5,464.
4 Amount you want refunded to you . . . . .	4	762.
5 Amount you owe . . . . .	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 

1	2	6	0	6
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 ► Pradeep Date ► 03/07/2023

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	8	1	6	0
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 ► P. Lohitha Date ► 03/07/2023

**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 by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
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Don't enter all zeros

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**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (PRADEEP), Last name (PASALA), Your social security number (888-31-2606), Spouse's social security number (111-57-8160), Home address (8962 BIRCH RUN DR, PARKER, CO, 80134), and Foreign country name.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: SHRIHAN, PASALA, 807-27-7505, Son, [X], [ ]

Main income table with 15 rows. Line 1a: Total amount from Form(s) W-2, box 1 (95,693). Line 1b: Household employee wages. Line 1c: Tip income. Line 1d: Medicaid waiver payments. Line 1e: Taxable dependent care benefits. Line 1f: Employer-provided adoption benefits. Line 1g: Wages from Form 8919, line 6. Line 1h: Other earned income (0). Line 1i: Nontaxable combat pay election. Line 1z: Add lines 1a through 1h (95,693). Lines 2a-6a: Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits. Lines 2b-6b: Taxable interest, Ordinary dividends, Taxable amount. Line 7: Capital gain or (loss). Line 8: Other income from Schedule 1, line 10. Line 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (85,162). Line 10: Adjustments to income from Schedule 1, line 26. Line 11: Subtract line 10 from line 9. This is your adjusted gross income (85,162). Line 12: Standard deduction or itemized deductions (from Schedule A) (25,900). Line 13: Qualified business income deduction from Form 8995 or Form 8995-A. Line 14: Add lines 12 and 13 (25,900). Line 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (59,262).

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	6,702.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	6,702.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	2,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	2,000.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,702.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4,702.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	5,464.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	5,464.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) . . . . . NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	5,464.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	762.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	762.
Direct deposit? See instructions.	<b>b</b>	Routing number <u>1 2 2 1 0 1 7 0 6</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>4 5 7 0 3 3 6 9 1 8 0 6</u>		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>Pradeep</i>	Date 03/07/2023	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. <i>P. Lohitha</i>	Date 03/07/2023	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (602) 349-8909	Email address PADHU.41@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/04/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965



228454 11555

# State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
12/31/22	

Tax Type					
<input checked="" type="checkbox"/> Individual Income (DR 0104)	<input type="checkbox"/> Corporate Income (DR 0112)	<input type="checkbox"/> Partnership/S-Corp Income (DR 0106)	<input type="checkbox"/> Fiduciary Income (DR 0105)		
Taxpayer Last Name or Business Name		First Name or Business DBA if different from Business Name		Middle Initial	
PASALA		PRADEEP			
Spouse's Last Name (if applicable)		First Name		Middle Initial	
POLEPALLI		LOHITHA			
Taxpayer SSN or ITIN		Spouse SSN or ITIN (if applicable)		FEIN	
888-31-2606		111-57-8160			
Taxpayer or Business Address			City	State	ZIP
8962 BIRCH RUN DR			PARKER	CO	80134

### Part I — Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	\$	85162
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	\$	59262
3. Colorado Tax from your Colorado return (see instructions for more information)	3	\$	2608
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information)	4	\$	4074

### Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date (MM/DD/YY)
<i>Pradeep</i>	03/07/23
Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)
<i>P. Lohitha</i>	03/07/23

### Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number, Your SSN, or ITIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703
Check if also Preparer <input checked="" type="checkbox"/>	Date (MM/DD/YY)
	03/04/23



220104 41555

Name	SSN or ITIN
PRADEEP PASALA & LOHITHA POLEPALLI	888-31-2606

38. Net Tax Due, subtract line 34 from line 19	38	00
39. Delinquent Payment Penalty (see instructions)	• 39	00
40. Delinquent Payment Interest (see instructions)	• 40	00
41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 41	00
42. Amount You Owe, sum of lines 38 through 41	• 42	

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**Third Party Designee**

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. •  No •  Yes. Complete the following:

Designee's Name	Phone Number

**Sign Below** Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YY)
<i>Pradeep</i>	03/07/23

Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)
<i>Plohithe</i>	03/07/23

Paid Preparer's Name	Paid Preparer's Phone
GLOBAL TAXES LLC	(678) 965-9522

Paid Preparer's Address	City	State	ZIP Code
245 ROONEY CT	E BRUNSWICK	NJ	08816

REV 02/09/23 PRO

**File and pay at: Colorado.gov/RevenueOnline**

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	