#### 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)

Taxpayer's name									S	Social security number							
SAMPATH REDDY YEDLA									676-51-8546								
Spouse's name								S	Spouse's social security number								
LAXMI BHAVANI	BODAPATLA													AP	PLIE	D FC	R
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)											thorizing.)						
Enter whole dollars only on lines 1 through 5.																	
Note: Form 1040-SS f	ilers use line 4 only	. Leave lin	es 1, 2,	3, and	5 bla	ınk.											
1 Adjusted gross	income															1	78,128.
2 Total tax																2	5,856.
3 Federal income	tax withheld from I	Form(s) W-	2 and F	orm(s)	1099											3	9,129.
4 Amount you want refunded to you										4	3,273.						
5 Amount you ov	/e															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					FBO firm name	<b>·</b> ·	Ē
	X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

1	8	5	4	6	as mv
Ent don	aomy				

Enter five digits, but don't enter all zeros

as mv

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨	Date 🕨											
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-selec	cted PIN.	2	2					6 III zer		9	8 9	9

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 F Don't Submit This F									
E. B. J. B. J. K. ALDER			Farma 9970 (Days 01 0001)						

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

<b>1040</b>		rtment of the Treasury—Internal Revenue Servi <b>5. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of y	-			Head of the HOH or			spor	use (QSS)	-	
Your first name	and mi	ddle initial	Last na	ime		Your so	Your social security number						
SAMPATH	REDI	YC	YEDI	A						676-51-8546			
		first name and middle initial	Last na									curity number	
LAXMI BH	AVA	JΤ	BODA	APATLA	<b>\</b>					APPT	IED FO	R	
		r and street). If you have a P.O. box, see	1		-			A	Apt. no.			on Campaigr	
120 CARL	TON	AVE								1	nere if you,		
-		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ate	ZIP c	ode			tly, want \$3	
JERSEY C		,	·			N		073	06		o this fund. ow will not	Checking a	
Foreign country				Foreian pi	rovince/state/c				n postal code	-	c or refund.	0	
,				5 1			,		,		You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	No	
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alier	ı						
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	lind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls bl	ind	
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (see	instructions):	
If more		rst name Last name			number		to you	.	Child tax of	credit	Credit for ot	her dependents	
than four													
dependents,												7	
see instructions and check	;												
here													
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a		78,128.	
Income	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1b			
Attach Form(s)	с	Tip income not reported on line 1a	(see in:	(see instructions)						. 10	;		
W-2 here. Also attach Forms	d									. 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 benefits from Form 8839, line 29								. 1f			
lf you did not	g	Wages from Form 8919, line 6								. 1g			
get a Form	h	Other earned income (see instruct								. 1h		0.	
W-2, see	i	Nontaxable combat pay election (	,				1						
instructions.	z	Add lines to through th								. 1z		78,128.	
Attach Sch. B	2a	-	2a		1		axable interest			. 2b			
if required.	3a		3a			bС	Ordinary divider	nds .		. 3b	,		
	4a	IRA distributions	4a			bТ	axable amount			. 4b	,		
Standard	5a	Pensions and annuities	5a			ьΤ	axable amount			. 5b	,		
Deduction for-	6a		6a			bТ	axable amount			. 6b	,		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection I	method,	check here (	see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche								7			
Married filing	8		Other income from Schedule 1, line 10										
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								. 9		78,128.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								. 10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11		78,128.	
household, \$19,400	12	Standard deduction or itemized	•	-	-					. 12		25,900.	
If you checked	13	Qualified business income deduct					5-A			. 13			
any box under Standard	14	Add lines 12 and 13								. 14		25,900.	
Deduction,	15	Subtract line 14 from line 11. If zer				our	taxable incom	е.		. 15		52,228.	
see instructions.					,								

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								P	Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	5,85	56.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	5,85	56.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,85	56.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	5,85	56.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	9,129.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instruction:	s)			25c				
	d	Add lines 25a through 25c						25d	9,12	29.
If your have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		-		
	29	American opportunity credit	from Form 8863	3, line 8		29		-		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	9,12	29.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,27	73.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here	🗆	35a	3,27	73.
Direct deposit?	b	Routing number X X X					Savings			
See instructions.	d	Account number X X X					0			
	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 vou owe						
You Owe		For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions					omplete l	below.	X No	
		signee's		Phone			onal identi	fication		
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·					1			•
	ŶŎ	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	/
Joint return?					SOFTWARE H	ENGINEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse ar	
Keep a copy for your records.						_			ection PIN, enter	it here
jour recorder		HOME MAKER (see in								
		one no. (510)493-667		Email address	SAMPATHREDDY	C.437@GMAIL.C			Cheels !!	
Paid		eparer's name	Preparer's signat			Date	PTIN	0 - 0 0	Check if:	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2023 P0208								Self-employ	
Use Only									678)965-9	
				INSWICK N			Firm	's EIN	84-31719	
Go to www.ire a	ov/Form	n1040 for instructions and the late	st information			DEV/ 02/24/22 DDO			Eorm 1040	(2022)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA REV 02/24/23 PRO

Form **1040** (2022)

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	e		arate instruc	tions.			ents					
Before you begir				-	-	-	ľ	🗙 Ар	ply fo	pe (check one box) or a new ITIN	:	
	nis form if you have, or are eligi			-			an existing ITIN					
must file a U.S. f	ubmitting Form W-7. Read th ederal tax return with Form W	N-7 unless you	meet one							<b>c, d, e, f,</b> or <b>g, y</b>	ou	
_	t alien required to get an ITIN to cla t alien filing a U.S. federal tax retur		TIT									
_	nt alien (based on days present ir		s) filing a LL	S fodora	l tax rotur	n						
	of U.S. citizen/resident alien						stru	ctions) 🕨				
e 🛛 Spouse of L		<b>d</b> or <b>e</b> , enter name SAMPATH REDI			S. citizen/					ions)► 76-51-8546		
f 🗌 Nonresident	t alien student, professor, or resea	rcher filing a U.S. f	ederal tax re	turn or c	laiming a	n except	ion					
h 🗌 Other (see ii												
	on for <b>a</b> and <b>f</b> : Enter treaty country			and	treaty ar							
Name	1a First name LAXMI BHAVANI	Midd	Middle name La									
(see instructions)	<b>1b</b> First name	Mida						PATLA				
Name at birth if different ►		IVIIC										
Applicant's Mailing	<ul> <li>2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.</li> <li>120 CARLTON AVE</li> <li>City or town, state or province, and country. Include ZIP code or postal code where appropriate.</li> </ul>											
Address	City or town, state or provinc JERSEY CITY	e, and country. Inc	clude ZIP co	de or pos	tal code NJ	where ap USA		opriate.	0	7306		
Foreign (non-	3 Street address, apartment nu	umber, or rural rout	e number. D	on't use	a P.O. b	ox numł	ber.					
U.S.) Address (see instructions)	City or town, state or provinc	e, and country. Inc	clude postal	code whe	ere appro	priate.						
Birth	4 Date of birth (month / day / year)	Country of birth		City and	d state or	province	e (o	ptional)	5	Male		
Information	11/16/1994	INDIA								K Female		
Other Information	INDIA	a Country(ies) of citizenship       6b Foreign tax I.D. number (if any)       6c Type of U.S. visa (if any), number, and expiration         INDIA       6c Type of U.S. visa (if any)       6c Type of U.S. visa (if any)								r, and expiration date	;	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.											
	USCIS documentation											
	the United States											
	Issued by: INDIA No.: U5658545 Exp. date: 06/08/2030 (MM/DD/YYYY):											
	<ul> <li>6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?</li> <li>No/Don't know. Skip line 6f.</li> </ul>											
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).											
	6f Enter ITIN and/or IRSN ► I	TIN			IF	SN				а	nd	
	name under which it was iss	sued ►										
			t name		Middle r	ame			L	ast name		
	6g Name of college/university of	r company (see ins	structions) 🕨									
	City and state				Length of	,						
Sign Here	Under penalties of perjury, I (appli documentation and statements, and information with my acceptance agen	to the best of my	knowledge a	nd belief,	it is true,	correct,	anc	l complete	e. I au	thorize the IRS to sh		
Keep a copy for your records.	Signature of applicant (if de	tions)	Date (mo	/ year)	Pł 	Phone number						
	Name of delegate, if applica	able (type or print)	rint) Delegate's relations to applicant				Parent Parent			Court-appointed guardian		
Acceptance	Signature			Date (month / day / year) F				Phone				
Agent's	Name and title (trac as a single	4	Name of -			<b>E</b> 151	Fax					
Use ONLY	Name and title (type or print	-)	Name of company			EIN Office code				PTIN		

REV 02/24/23 PRO