## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

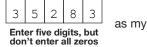
Submission Identification Number (SID)

Taxpayer's name Social security number MOHAN BABU PATTURI 106 - 13 - 5283Spouse's name Spouse's social security number 836-56-6194 MADHURI KOTA Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 42,011. 1 1 2 2 1,613. 3 3 3,865. 4 4 2,252. 5 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

				FBO firm name	-	Ē	n
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-			_ I	2 -



9

4

as mv

1

Enter five digits, but don't enter all zeros

6 6

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 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 🕨
	d Returns Only—continue below
Part III Certification and Authentication – Practiti	oner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fiv	re-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 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 🕨	
_	RO Must Retain This Form — bmit This Form to the IRS Unle		
			F 0070 (D 01 0001)

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		Irn	202	2	OMB No. 1545	-0074	IRS Use On	ly—Do not	write 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 nation is a child but not your dependent	ame of yo	-	eparately (N use. If you cl					spo	alifying sur ouse (QSS) s name if tl	0
Your first name	and mi	ddle initial	Last nam	ne						Your s	ocial securi	ty number
MOHAN BA	BU		PATTU	JRI						106-	13-528	3
If joint return, sp	oouse's	first name and middle initial	Last nam	ne						Spouse	e's social se	curity numbe
MADHURI			KOTA							836-	56-619	4
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.	Preside	ential Electi	on Campaigr
2495 S M	IASON	N RD						E	524		here if you	, <b>,</b>
City, town, or po KATY	ost offic	ce. If you have a foreign address, also co	mplete sp	aces bel	ow.	Sta T 2		ZIP o 774		to go t		ntly, want \$3 Checking a t change
Foreign country	name		F	oreign pr	ovince/state/o	coun	ty	Foreig	n postal code	your ta	ix or refund	_
	•										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						-				XNo
Standard		eone can claim:  You as a de	-				a dependent	43301)		001013.)		
Deduction	_	Spouse itemizes on a separate return					·					
Age/Blindness	You:	Were born before January 2, 1	958 🛓	Are bli	nd Spo	ouse	: 🗌 Was bor		ore January		ls b	
Dependents	s (see	instructions):		<b>(2)</b> S	ocial security		(3) Relationsh	ip (4	) Check the	box if qua	lifies for (see	e instructions):
If more	(1) Fi	rst name Last name			number		to you		Child tax	credit	Credit for ot	ther dependents
than four												
dependents, see instructions	;											
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruc	tions)					. 1	a	42,011.
	b	Household employee wages not re	•		( )	• •				. 1	b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a								. 10	c	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s	) W-2 (see ir	nstru	ictions)			. 10	d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forn	n 2441,	line 26					. 10	e	
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29	•				. 1	f	
lf you did not	g	Wages from Form 8919, line 6 .								. 19	g	
get a Form	h	Other earned income (see instructi	ons) .					· ·		. 1	h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<b>1</b> i					
	z	Add lines 1a through 1h								. 1	z	42,011.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2	b	
if required.	3a	Qualified dividends	3a			b C	ordinary divider	nds .		. 3	b	
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4	b	
Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5	b	
• Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6	b	
Married filing	с	If you elect to use the lump-sum elected	lection m	ethod, o	check here (	(see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	requirec	l. If not requ	iired	, check here				,	
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line	e10 .							. E	3	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our <b>total inc</b>	om	e			. 9		42,011.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, lir	ne 26						. 1	0	
Head of	11	Subtract line 10 from line 9. This is	your <b>ad</b>	justed g	gross incon	ne				. 1	1	42,011.
household, \$19,400	12	Standard deduction or itemized	deductio	ons (fror	m Schedule	A)				. 1:	2	25,900.
If you checked	13	Qualified business income deducti	on from	Form 89	995 or Form	899	5-A			. 1:	3	
any box under Standard	14	Add lines 12 and 13								. 1	4	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -	0 This is y	our	taxable incom	e.		. 1		16,111.
					-							

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

Form **1040** (2022)

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	1,613.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	1,613.
	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	1,613.
	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 total tax					24	1,613.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 3	,865.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	3,865.
	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return			26	·
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	3,865.
Refund	34	If line 33 is more than line 24						34	2,252.
Refutio	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	sk here	. 🗆	35a	2,252.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 4 8 8			5   7   1		0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the <b>am</b>	ount vou owe					
You Owe	•	For details on how to pay, g						37	
	38	Estimated tax penalty (see i				38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		tructions	· · · · ·			. 🗌 <b>Yes.</b> Co	omplete b	elow.	🗙 No
		signee's		Phone			onal identif	cation	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ul signature		Date	rour occupation				N, enter it here
Joint return?					SOFTWARE E	INGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Ident (see i		ection PIN, enter it here
,		(4.60) 004 500			HOME MAKEF		(	151.)	
		one no. (469) 924-732		Email address	MOHAN.MAHEN	DRA@GMAIL.CO	PTIN		Check if:
Paid		parer's name	Preparer's signat			Date			
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/19/2023	P02082		Self-employed
Use Only		n's name GLOBAL TA		NOUT OF N	T 0001C				678)965-9522
		m's address 245 ROONE	Y CT E BRU	INSWICK N			Firm'	s EIN	84-3171965
(in to www.ire a	ov/Forn	17(1/1() tor instructions and the late	et intormation			DEV 02/00/22 DDC			Earm 1141 (2022)

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

BAA REV 03/09/23 PRO

Form **1040** (2022)

	0067	Paid Preparer's Due Diligence Checkli	et.		No. 1545	-0074
Form	8867	Earned Income Credit (EIC), American Opportunity Tax Credit (AOT		OND	For tax y	
(Rev. N	ovember 2022)	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filin	Cland		20	
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040 Go to www.irs.gov/Form8867 for instructions and the latest inform	)-PR, or 1040-SS.	Attac Sequ	hment ence No.	70
Тахрау	er name(s) shown on	return	Taxpayer identificatio	n number		
MOH	AN BABU PAI	TURI & MADHURI KOTA	106-13-528	3		
Prepare	er's name		Preparer tax identifica	ation num	ber	
SYA	M PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703			
Par	Due Dili	gence Requirements				
		ropriate box for the credit(s) and/or HOH filing status claimed on the returned (check all that apply).		e the rel AOTC		arts I–\ HOH
1	Did you comp	ete the return based on information for the applicable tax year provided	by the taxpayer	Yes	No	N/A
		obtained by you? (See instructions if relying on prior year earned income.)		×		
2	worksheets for 1040) instruction	claimed on the return, did you complete the applicable EIC and/or C und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched ons, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	lule 8812 (Form s, or your own	X		
3	<ul><li>the following.</li><li>Interview the determine th</li><li>Review information</li></ul>	taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) ar o figure the amount(s) of any credit(s) .	r's responses to nd/or HOH filing	X		
4	Did any inform information rea answer question	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " <b>No</b> ," go to question 5.)	g the return, or stent? (If " <b>Yes</b> ,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should include om you asked, when you asked, the information that was provided, and d on your preparation of the return.)	I the impact the			
5	keep a copy o applicable wor 8867 and any taxpayer that y the amount(s)	w the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 ksheet(s), a record of how, when, and from whom the information used t applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing sta of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	X		
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/her			
7		e taxpayer if any of these credits were disallowed or reduced in a previous		×		
7			syear:			
~	-	e disallowed or reduced, go to question 7a; if not, go to question 8.) ete the required recertification Form 8862?				
a o		is reporting self-employment income, did you ask questions to prepare				
8		Le C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/09/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	67 (Rev. 11-2022)			Page <b>2</b>
Part	I Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	<b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		;, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	<b>3 • • • • • • • • • •</b>		o Part	<u>VI.)</u>
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<year< td=""><td>Yes</td><td>No</td></year<>	Yes	No
Part	VI Eligibility Certification You will have complied with all due diligence requirements for claiming the applicable credit(s) and, on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	uctions	under
	1 A computed this Former 0007			

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

## If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

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Form 8867 (Rev. 11-2022)