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.

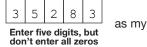
Submission Identification Number (SID)

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 |
| ERO's EFIN/PIN. 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

| 1040 | | 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 | , , |
| 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): | | (2) 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) | | | 1 i | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1 | z | 42,011. |
| Attach Sch. B | 2 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 | | | | , | |
| Married filing | 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 total inc | 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 ad | 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 2 |
|----------------------------------|---------|--|-------------------------|---------------------|-------------------|--------------------|-----------------|--------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 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 | | | | 25a 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 to | 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 am | 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 | · · · · · | | | . 🗌 Yes. 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, | both 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 | the following.Interview the determine thReview information | 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 " No ," go to question 5.) | g the return, or stent? (If " Yes ," | | 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.

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Form 8867 (Rev. 11-2022)

| Form 88 | 67 (Rev. 11-2022) | | | Page 2 |
|---------|---|--|-------------------|------------------|
| 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 | Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (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 | 3 • • • • • • • • • • | | 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? | × | |

REV 03/09/23 PRO

Form 8867 (Rev. 11-2022)