Form **8879**

(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

Subm	ission Identification Number (SID)		-					
Taxpay	er's name	Social securi	Social security number					
DHA	NYASHREE NAGRAJ	679-63	679-63-0901					
Spouse	's name	Spouse's soo	ial secu	ırity numb	er			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	re au	thorizing	g.)			
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		9,637.			
2	Total tax		2		0.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		1,471.			
4	Amount you want refunded to you		4		1 , 471.			
5	Amount you owe	<u> </u>	5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend							
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account it into fmy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation mass days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lad identification number (PIN) below is my signature for the income tax return (original or amended)	rejection of the to U.S. Treasury andicated in the trution to debit the attention to debit the attention to debit the equests must be the processing of the payment. I fur	ransmise raceing the control of the	ssion, (b) designated paration so this according to the control of	the reason of Financial oftware for count. This (cancel) a ter than 2 payment of the that the			
	onic Funds Withdrawal Consent.				1			
	ayer's PIN: check one box only	3	0 9	0 1				
×	I authorize GLOBAL TAXES LLC to enter or general ERO firm name	ř En		digits, but	as my			
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Your	signature ▶ Date ▶							
Spous	se's PIN: check one box only				-			
	I authorize to enter or general	e my PIN			as my			
	ERO firm name	-	ter five	digits, but	_			
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Spous	se's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belo	w						
Part	III Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9	8 9			
		Don't ent	er all ze	ros				
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	omitting this retu	ırn in a	accordanc	I am now e with the			
ERO's	s signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To	Do So						

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		ed filing separately (N					spou	ifying sur Ise (QSS) name if tl	Ü	
		son is a child but not your dependent		,,,,,			, ,					
Your first name and middle initial Last				me					Your social security number			
DHANYASHREE NA				AJ					679-63-0901			
If joint return, spouse's first name and middle initial Last				me					Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Presidential Election Camp			
_7701 WUE	RZBAG	CH TOWERS								Check here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	mplete spaces below. State Z					spouse if filing jointly, want \$3 to go to this fund. Checking a			
SAN ANTONIO					TX		78229		box below will not change			
Foreign country name				Foreign province/state/county F				oreign postal code your		our tax or refund.		
									You Spo			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			□Yes	⊠ No	
Standard		eone can claim: You as a de		<u>_</u>								
Deduction		Spouse itemizes on a separate retur	•	•		Соронаст						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu	ary 2,	1958	☐ Is b	lind	
Dependents	s (see	(see instructions):		(2) Social security	.	(3) Relationsh	(4) Check the		x if qualif	ies for (see	instructions):	
If more	(1) Fi	(1) First name Last name		number		to you	Child ·	Child tax cre		Credit for ot	ther dependents	
than four												
dependents, see instruction	s											
and check												
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a		9,637.	
	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6							1g			
get a Form	h	Other earned income (see instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h							1z		9,637.	
Attach Sch. B	2a	Tax-exempt interest	2a			xable interest			2b			
if required.	<u>3a</u>	Qualified dividends	3a		b Ordinary dividends				3b			
	4a		4a			xable amoun			4b			
Standard Deduction for—	5a	-	5a			xable amoun			5b			
Single or	6a	,							6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)]			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
Married filing jointly or	8	Other income from Schedule 1, line 10							8	1		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							10		9,637.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								1		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								1	9,637.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								1	12 , 950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	-		
Standard	14	Add lines 12 and 13							14 15		12 , 950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									0.	

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Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌			16	0.	
Credits	17	Amount from Schedule 2, lin	edule 2, line 3						17		
	18	Add lines 16 and 17							18	0.	
	19	Child tax credit or credit for	other dependen	ts from Sched	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	0.			
	23	Other taxes, including self-e							23	0.	
	24	Add lines 22 and 23. This is							24	0.	
Payments	25	Federal income tax withheld from:									
,	а	Form(s) W-2				25a	1	471			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	1,471.	
.,	26	2022 estimated tax paymen							26		
If you have a qualifying child,	27	Earned income credit (EIC)				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 payments and refundable credits							32		
	33	Add lines 25d, 26, and 32. These are your total payments							33	1,471.	
D. ()	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	1,471.		
Refund	35a	, , ,							35a	1,471.	
Direct deposit?	b									,	
See instructions.	d	Account number 4 8 8 1 1 4 5 4 1 5 4 3									
	36	Amount of line 34 you want				36					
Amount	37	-				- 00					
You Owe	31	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions									
	38	Estimated tax penalty (see instructions)							37		
Third Party											
Designee		Do you want to allow another person to discuss this return with the IRS? See instructions									
	De	Designee's Phone Personal identifit							ntification		
	naı	name no. number (PIN)							1		
Sign	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.										
Here										, ,	
	Your signature		Date	e Your occupation				If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				SOFTWARE ENGINEER				ee inst.)			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date Spouse's occupation			If t	If the IRS sent your spouse an			
Keep a copy for your records.	, ,							Ide	entity Prot	ection PIN, enter it here	
your records.				(see inst.)							
	Phone no. (726) 437-8040 Preparer's name Preparer's signa			Email address DHANYATHAREDDY10@GMAIL.COM							
Paid	Pre	Preparer's name Prep		ture		Date PTIN				Check if:	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PR			YA RAM SAGAR GUPTA TALLAM 03/19/2023 PO				P020	082703 Self-employed		
Use Only								one no.	ne no. (678) 965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							m's EIN			
Go to www.irs.go	ov/Forn	m1040 for instructions and the late	est information.		BAA	REV 03	/09/23 PRO			Form 1040 (2022)	