(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

Submission Identification Number (SID)		·			
Taxpayer's name	y number				
SANKAR VEDAGIRI GOWRI	-2024				
Spouse's name	Spouse's soci	cial security number			
ARCHANA RAMAN CHITTOOR SUBBARAMAN	668-53-	-3215			
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	re autl	norizing	.)	
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	121	,807.	
2 Total tax		2	12	2,338.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22	2,154.	
4 Amount you want refunded to you		4	9	,816.	
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy	y of yo	our retu	ırn)	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost of send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the LA Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomparent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements along the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	nitter, or electro- ection of the trans. Treasury and ilicated in the tar on to debit the e the authorization uests must be processing of payment. I furt	enic retuents ansmissed its description of the entry to attion. To the electric receives the electric receives and the electric return	urn origina sion, (b) the esignated aration so to this accorder revoke ed no lat octronic pa	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the	
Taxpayer's PIN: check one box only					
X I authorize GLOBAL TAXES LLC to enter or generate	my PIN 6		-	as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but all zeros	,	
I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your signature ► Date ►					
Spouse's PIN: check one box only					
I authorize GLOBAL TAXES LLC to enter or generate 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 rif you are entering your own PIN and your return is filed using the Practitioner PIN methology.	Ent dor now authorizin	n't enter ng. Che	ligits, but all zeros		
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below	1				
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 O	6 6 er all zer	1 9 8	9	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of I	nitting this retu	rn in a	ccordance		
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions					

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022
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OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	househo	ld (HOF	H) [fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the	name of v	vour spouse If vo	ıı check	ed the HOH or	r OSS bo	nx ente	r the		se (QSS) name if th	e qualifying	
one box.		son is a child but not your depender		your spouse. If yo	u cricci		QUU DI	on, crite	, 1110	Jillia 3 i	name ii tir	c qualifying	
Your first name			Last na	me					Y	our soc	ial securit	v number	
				 GIRI GOWRI						Your social security number 841-66-2024			
SANKAR VEL If joint return, spouse's first name and middle initial Last r										Spouse's social security number			
ARCHANA				TOOR SUBBA	וגאאס	ΛT.				668-53-3215			
		er and street). If you have a P.O. box, se			KAMAI	N	An	t. no.	_	Presidential Election Campaig			
1126 HI	•		o ii loti doti.	ono.			'	.46	- 1	Check here if you, or your			
		се. If you have a foreign address, also c	omplete s	naces below	Sta	te	ZIP cod			spouse if filing jointly, want \$3			
IRVING	JOSE 0111	oc. If you have a foreign address, also c	ompicio 3	paces below.				to		_		Checking a	
	v name			Foreign province/state/county				_		w will not or refund.	cnange		
Foreign country name			'	To reight province/state/county			l oreign	Toleigh postal code		You Spouse			
District	Λ± αν	ou time during 2002 did you (a) yo	2011/2/22	a varroud arroud	0 × 0 0 × 0	mant for nean	 	i	. or /b	\ aall			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	⊠ No	
		eone can claim: You as a d				a dependent	asset):	(000 111	Struct	0113.)			
Standard Deduction	_	Spouse itemizes on a separate retu		•									
Deduction			iiii oi yoo		us allei	·							
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before	e Janua	ry 2, ⁻	1958	Is bli	nd	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	nip (4)	Check th	e box	if qualifie	es for (see i	instructions):	
If more	(1) F	First name Last name		number		to you		Child tax cre		credit Credit for othe		er dependents	
than four													
dependents, see instruction	s											<u> </u>	
and check _												<u> </u>	
here]	
Income	1a	Total amount from Form(s) W-2, I	oox 1 (se	e instructions) .						1a	12	21,807.	
	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								1f			
If you did not	g	•							1g				
get a Form	h	Other earned income (see instruc	ions)						1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)							4				
	Z _	Add lines 1a through 1h								1z	12	21,807.	
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interes				2b			
if required.	3a	Qualified dividends	3a			ordinary divide				3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a			axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)							. Ц		4		
\$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	<u> </u>			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	12	21,807.	
surviving spouse, \$25,900							10	 					
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income					11	12	21,807.				
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	2	25,900.	
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	2	25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	9	5,907.		
,	,												

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	12,338.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	12,338.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,338.
	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	12,338.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions							
	d	Add lines 25a through 25c						25d	22,154.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,154.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	9,816.
riciana	35a	Amount of line 34 you want			is attached, che	eck here	🗆	35a	9,816.
Direct deposit?	b	Routing number 1 1 1			c Type:	Checking X	Savings		
See instructions.	d	Account number 4 8 8							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•				omplete b	elow.	⊠ No
		signee's		Phone			onal identif	ication	
	naı			no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
TICIC	Yo	ur signature	Date	Pi				nt you an Identity IN, enter it here	
Joint return?					MINIBIRATOR		inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here	
your records.		SR TECH SUPPORT ENGINEER (See in						,	CLIOIT FIN, enter it here
	———Ph	one no. (940)843-060	9	Email address		R@GMAIL.CO			
		eparer's name	Preparer's signat	l	O III. DAMAA	Date	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P02470	1833	Self-employed
Preparer		m's name GLOBAL TA		111A11IA 17OIJ	THE DODIEMENT	. 03/23/2023			678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			s EIN	88-2145487
Co to warm in -				TIONICK IN		DE\/ 00/:	1 1 11111	O LIIN	Form 1040 (2022)
GO TO WWW.IIS.go	VILOU	n1040 for instructions and the late	or illiorriation.		BAA	REV 03/18/23 PRO			rom 1040 (2022)