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)

T.....

Taxpayer's name	Social security number					
GARIMA RAMAN	099-04-3724					
Spouse's name	Spouse's social security number					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are authorizing.)					
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	1 109,758.					
2 Total tax	2 17,074.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,959.					
4 Amount you want refunded to you	· · · · 4 2,885.					
5 Amount you owe						

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		E
X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	4

4	3	7	2	4	
Ent don	er fiv n't en	/e di nter a	gits, all ze	but ros	as my

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 si	gnature 🕨 Da	ate 🕨					 				
Practitioner PIN Method Returns Only—continue below											
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN	J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1	8	 	2 nter a	 	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 🕨	
Don't S		
For Denominarily Deduction Act Nation of		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		202	2	OMB No. 1545	-0074	IRS Use C	nly—C)o not w	rite or staple	in this space.
Filing Status	x 8	Single Married filing jointly] Married fi	ling separately (N	1FS)	Head of	house	hold (HOH)		lifying sur use (QSS)	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the o	child's	name if th	ne qualifying
Your first name	and mi	ddle initial	Last name						Y	our so	cial securi	ty number
GARIMA			RAMAN						0	99-(04-372	4
lf joint return, sj	pouse's	first name and middle initial	Last name						S	pouse'	s social se	curity number
		r and street). If you have a P.O. box, see	instructions.					Apt. no.			ntial Electionere if you,	on Campaign
702 SPRI					0	1-		511				ntly, want \$3
	ost onic	ce. If you have a foreign address, also co	mpiete space	es below.	Sta					0		Checking a
SEATTLE			Гата	ian nuovinee (state (s	WZ		981	-			ow will not or refund.	•
Foreign country	manne		FOIE	ign province/state/c	Journ	y	FOIEIG	in postal coo	Je y		You	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes	X No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•	Your spouse re a dual-status a		•						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	re blind Spo	use	Was bor	n befo	ore Januar	y 2, 1	958	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	e box	if qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax	< cred	it	Credit for ot	her dependents
than four dependents,												
see instructions	s ——											ᆜ
and check								<u>_</u>				
here												
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	`	,			• •		•	1a 1b		09,758.
Attach Form(s)	c	Tip income not reported on line 1a	•	.,			• •		·	10		
W-2 here. Also	d	Medicaid waiver payments not rep					• •		•	1d		
attach Forms W-2G and	e	Taxable dependent care benefits f		., .	13110		• •		•	1e		
1099-R if tax	f	Employer-provided adoption bene		-	•		• •		•	1f		
was withheld.	g.									1g		
If you did not get a Form	9 h	Other earned income (see instruct								1h		0.
W-2, see	i	Nontaxable combat pay election (s	,			11			-			
instructions.	z	Add lines 1a through 1h								1z	1	09,758.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest	: .			2b		
if required.	3a		3a			rdinary divider				3b		
	4a	IRA distributions	4a		bТ	axable amount	t			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b		
Deduction for -	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection met	hod, check here (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if rec	quired. If not requ	ired	, check here				7		
 Married filing 	8	Other income from Schedule 1, lin	e10.							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This	s is your total inc	ome	.				9	10	09,758.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	26						10		
Head of	11	Subtract line 10 from line 9. This is	s your adjus	sted gross incon	ne					11	1	09,758.
household, \$19,400	12	Standard deduction or itemized	deductions	s (from Schedule	A)					12		12,950.
 If you checked 	13	Qualified business income deduct	ion from Fo	rm 8995 or Form	899	5-A				13		
any box under Standard	14	Add lines 12 and 13								14	:	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, ei	nter -0 This is ye	our 1	axable incom	ie .			15		96,808.
)												

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

Form **1040** (2022)

Form 1040 (2022	2)									P	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	17,07	74.
Credits	17	Amount from Schedule 2, lir	ne3						17		
	18	Add lines 16 and 17							18	17,07	74.
	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	17,07	74.
	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	17,07	74.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	19	,959.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	19,95	59.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
If you have a ^l qualifying child,	27	Earned income credit (EIC)			No	27					
attach Sch. EIC.	28	Additional child tax credit fro				28			1		
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31			1		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	19,95	59.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	2,88	35.
neiunu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆	35a	2,88	35.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙] Checki	ing 🗌 S	Savings			
See instructions.	d	Account number 7 5 7	5 6 2 3	0 8							
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.							
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions .				37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?		_				
Designee	ins	structions				[Yes. Co	mplete l	below.	X No	
	De nai	signee's		Phone no.				onal identi er (PIN)	fication		
								. ,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and corr									
Here		ur signature		Date	Your occupation			1		nt you an Identity	
				Dato				Prot	ection P	IN, enter it here	
Joint return?					CONSULTAN	Г		(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse ar ection PIN, enter	
your records.									inst.)		
	Ph	one no.		Email address	<u></u>	N21@C	MATT CO	` M	,		
		eparer's name	Preparer's signat		GARIMA.RAMA	Date				Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM		3/2023	P0208	2702	Self-emplo	ved
Preparer		m's name GLOBAL TA		TAUAG INA	JULIA IAUUAM	101/0	5/2025			678)965-9	,
Use Only			Y CT E BRU	NGWICK N	т 08816				's EIN		
		n1040 for instructions and the late		TIONICK IN	5 00010		00/00 555		3 LIN	84-31719	

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

8 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

	Attachment Sequence No. 52
	ber of HSA beneficiary. HSAs, see instructions
00 01	2724

20

Name(s				f HSA beneficiary. As, see instructions.
GAR	IMA RAMAN	099-04-		
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if r	requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) duri			
•				f-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. Do not include employer cont			
	contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2			
	were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$			
	family coverage). All others, see the instructions for the amount to enter		3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Fo			
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2 include any amount contributed to your spouse's Archer MSAs		4	0
5	Subtract line 4 from line 3. If zero or less, enter -0		4 5	<u> </u>
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h		5	5,050.
0	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family			
•	under an HDHP at any time during 2022, enter your additional contribution amount. See instru-	uctions.	7	0.
8	Add lines 6 and 7		8	3,650.
9 10	Employer contributions made to your HSAs for 2022 9 Qualified HSA funding distributions 10	1,200.		
10 11	Add lines 9 and 10		11	1,200.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	2,450.
12	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part		13	2,450.
10	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions		10	0.
Part			ate F	ISAs. complete
	a separate Part II for each spouse.			,
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include an	y excess		
	contributions (and the earnings on those excess contributions) included on line 14a t			
	withdrawn by the due date of your return. See instructions		14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, ind amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
	Tax (see instructions), check here	_		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin are subject to the additional 20% tax. Also, include this amount in the total on Schedule			
	1040), Part II, line 17c	`	17b	
Part				efore
	completing this part. If you are filing jointly and both you and your spouse each	have sepa	rate	HSAs,
	complete a separate Part III for each spouse.			
18	Last-month rule	_	18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, lin		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule	•		
	1040), Part II, line 17d		21	

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

REV 03/22/23 PRO BAA

Form **8889** (2022)