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.

Submission Identification Number (SID)

Тахрау	er's name	Social security n	Social security number								
RAG	A DEEPTHI KOLLI	298-67-0	298-67-0647								
Spouse	o's name	Spouse's social	security number								
Par	Tax Return Information – Tax Year Ending December 31, 2022 (En	ter 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 21,504.								
2	Total tax		2 858.								
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 2,074.								
4	Amount you want refunded to you		4 1,216.								
5	Amount you owe		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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN				ERO firm name	0 ,	Er
	X	I authorize	GLOBAL TAXE	S LLC	to enter or generate my PIN l	

7	0	6	4	7	
Ent dor	er fiv n't er	ve di iter 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 signature ►	Date				 	 		
Practitioner PIN Method Returns Only—continu	e bel	ow						
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	_	 3 all zei	 9	89	

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 >			
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	BAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2 :	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:										use (QSS)
Your first name	•	, ,	Last name						Vourse	cial security number
										67–0647
RAGA DEE		s first name and middle initial	KOLLI Last name							s social security number
	0030 0		Last name						opouse	s social security number
Home address	ínumbe	er and street). If you have a P.O. box, see	instructions	-			4	Apt. no.	Dreside	ntial Election Campaigr
840 S PA)5-33		here if you, or your
-		ce. If you have a foreign address, also co	mplete space	es below.	Sta	te	ZIP c			if filing jointly, want \$3
HOLLYWOC		,,	p p		FI		330		0	o this fund. Checking a ow will not change
Foreign country			Fore	lign province/state/c				n postal code		or refund.
, j						-			-	You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	digital ass	et (or a financial ir	nter	est in a digital	•	,	. ,	🗌 Yes 🛛 No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate return		Your spouse ere a dual-status a		•				
Age/Blindness	You:	Were born before January 2, 19	958 🗆 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents				(2) Social security		(3) Relationsh	1			fies for (see instructions):
If more	•	irst name Last name		number		to you		Child tax ci	redit	Credit for other dependents
than four										
dependents,										
see instructions and check	;									
here										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see in	structions)					. 1a	21,504.
meome	b	Household employee wages not re	ported on	Form(s) W-2					. 1b	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see instru	ictions)					. 1c	
attach Forms	d	Medicaid waiver payments not rep	orted on Fo	orm(s) W-2 (see in	Istru	ictions)			. 1d	
W-2G and	е	Taxable dependent care benefits f	rom Form 2	2441, line 26 .					. 1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29					. 1f	
lf you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form	h	Other earned income (see instructi	ons)				· ·		. 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruct	tions)		1 i				
	Z	Add lines 1a through 1h							. 1z	21,504.
Attach Sch. B	2a	· -	2a			axable interest			. 2b	
if required.	3a		3a			ordinary divider			. 3b	
	4a		4a			axable amount			. 4b	
Standard Deduction for—	5a		5a			axable amount			. 5b	
Single or	6a	, _	6a			axable amount	t	· · · ₋	. 6b	
Married filing separately,	c									
\$12,950	7	Capital gain or (loss). Attach Schee					• •	L	7 . 8	
 Married filing jointly or 	8		ome from Schedule 1, line 10							01 504
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-			• •		. 9	21,504.
\$25,900	10	Adjustments to income from Sche	. <u>10</u> . 11							
 Head of household, 	11									
\$19,400	12	Standard deduction or itemized				 5 A	• •		. <u>12</u> . 13	
 If you checked any box under 	13 14	Qualified business income deducti								
Standard Deduction,	14 15	Add lines 12 and 13					· ·		. <u>14</u> . 15	
see instructions.	15		0 01 1033, 0		Jui				. 13	0,004.

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		858.
Credits	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18		858.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		858.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is							24		858.
Payments	25	Federal income tax withheld									
i aj incluio	а	Form(s) W-2				25a	2,	074.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	,						25d	2	2,074.
	26	2022 estimated tax payment							26		<u>,</u>
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31					redits		32		
	33	Add lines 25d, 26, and 32. T	,		-				33	2	2,074.
	34	If line 33 is more than line 24	, i						34		,216.
Refund	35a	Amount of line 34 you want				•	-		35a		,216.
Direct deposit?	b	Routing number 0 6 3				Checking					
See instructions.		Account number 8 9 8					,	arnige			
	36	Amount of line 34 you want a				36					
Amount	37	Subtract line 33 from line 24									
You Owe	51	For details on how to pay, g							37		
	38	Estimated tax penalty (see ir				38			0.		
Third Party		you want to allow another	,								
Designee		structions	•		· · · · · ·		Yes. Cor	nplete b	elow.	× No	
	De	signee's		Phone			Person	al identif	ication		
	na	mē		no.			numbe	r (PIN)			
Sign		der penalties of perjury, I declare t									
Here		lief, they are true, correct, and com	plete. Declaration		,	ased on all i	ntormation				0
	Yo	ur signature		Date	Your occupation					nt you an Id N, enter it h	
Joint return?					SOFTWARE			(see i			
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sian.	Date	Spouse's occupat	ion		If the	IRS ser	nt your spou	use an
Keep a copy for	- 1-	,					Ident	ity Prote		enter it here	
your records.								(see i	nst.)		
	Ph	one no. (786) 834-610	8	Email address	DEEPTHI.KOL	LI890GM	AIL.COM	[
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/18/	2023 E	02082	2703	Self-e	employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC					Phon	e no. (678)96	5-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm'	s EIN	84-31	171965
Go to www.irs.a	ov/Form	n1040 for instructions and the late	st information		DAA		22 000			Form 1	1040 (2022)

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Form **1040** (2022)