Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### 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)

T.....

Тахрау	er's name	Social securit	ty numb	ber
VIS	HNU VARDHAN KUDUMULA	770-19-	-460	4
Spouse	o's name	Spouse's soc	ial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	re au	thorizing.)
Enter	whole dollars only on lines 1 through 5.	<u> </u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	10,613.
2	Total tax		2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,261.
4	Amount you want refunded to you		4	1,261.
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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		1

9	4	6	0	4	
Ent don	er fiv n't er	/e 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 signa	Spouse's signature D							 		
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Ce	ertification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 all ze	 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 🕨	
ERO Must Retain Don't Submit This Form			
For Paperwork Reduction Act Notice, see your tax return instru	ictions. BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury-Internal Revenue Servi		<sub>rn</sub> 202	2	OMB No. 1545	-0074	IRS Use Or	nly—Do not	write or staple	in this space.
Filing Status	<b>X</b> :	Single	Married	l filing separately (l	MFS)	Head of	house	hold (HOH)		alifying sur	
Check only one box.	,	u checked the MFS box, enter the na on is a child but not your dependent	,	our spouse. If you c	heck	ed the HOH or	QSS	box, enter	•	ouse (QSS) I's name if t	
Your first name	and mi	ddle initial	Last name	e					Your	social secur	ity number
VISHNU V	ARD	IAN	KUDUM	IULA					770	-19-460	4
If joint return, s	oouse's	first name and middle initial	Last name								curity number
-									-		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	Apt. no.	Presic	lential Elect	ion Campaigr
9304 BON	IITA	LANE								k here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	te	ZIP c	ode			ntly, want \$3
CHARLOTI	Έ				N	7	282	62		elow will no	Checking a t change
Foreign country	name		Fo	reign province/state/	coun	ty	Foreig	n postal cod		ax or refund	•
										You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward, award, or	payr	nent for prope	rty or	services); (	or (b) sel	l,	
Assets	exch	ange, gift, or otherwise dispose of a	a digital as	sset (or a financial	inter	est in a digital	asset)	? (See inst	ructions	.) 🗌 Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you v	vere a dual-status	alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	n befo	ore January	/ 2, 1958	ls b	lind
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	ip <b>(4</b>	) Check the	box if qua	alifies for (see	e instructions):
If more	•	rst name Last name		number		to you	.	Child tax	credit	Credit for o	ther dependents
than four											
dependents,											
see instructions and check	5										
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .					. 1	a	10,613.
	b	Household employee wages not re	eported or	n Form(s) W-2.					. 1	b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see insti	ructions)					. 1	c	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see i	nstru	ictions)			. 1	d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f							. 1	le	
was withheld.	f	Employer-provided adoption bene	fits from I	Form 8839, line 29					· [-	lf	
If you did not	g	•					• •			g	
get a Form W-2, see	h	Other earned income (see instruction	,			· · · ·	· ·		. 1	h	0.
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)	• •	<u>1</u> i			_		10 610
		Add lines 1a through 1h	· · ·	· · · · ·	 . <del>.</del>						10,613.
Attach Sch. B if required.	2a	· ·	2a			axable interest				2b	
	<u>3a</u>		3a			ordinary divide				Bb	
<b>•</b> • • •	4a 5a	-	4a			axable amoun axable amoun				lb ib	
Standard Deduction for—	5a		5a			axable amoun axable amoun				ib Na	
Single or	6а с	Social security benefits	6a	athod chack hara						ib	
Married filing separately,	7	Capital gain or (loss). Attach Sche			•	,	• •			7	
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin				-	• •			8	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •			-	10,613.
Qualifying surviving spouse,	10	Adjustments to income from Sche					• •			0	10,015.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is					• •				10,613.
household,	12	Standard deduction or itemized	• •	-							12,950.
\$19,400 • If you checked	13	Qualified business income deducti				5-A .				3	
any box under Standard	14	Add lines 12 and 13									12,950.
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	e .			15	0.
see instructions.			,								

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 i	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, line	ə3					17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e8					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-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	0.
Payments	25	Federal income tax withheld							
,, <b>,</b>	а	Form(s) W-2				25a 1	,261.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c .	,					25d	1,261.
	26	2022 estimated tax payments						26	
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, line				31			
	32	Add lines 27, 28, 29, and 31.				-		32	
	33	Add lines 25d, 26, and 32. Th	2	-	-			33	1,261.
Defensel	34	If line 33 is more than line 24	•					34	1,261.
Refund	35a	Amount of line 34 you want r				, ,		35a	1,261.
Direct deposit?	b	Routing number 0 5 3					Savings		
See instructions.		Account number 2 3 7					ournigo		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24.				1 1			
You Owe	07	For details on how to pay, go						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee					· · · · · ·	🗌 <b>Yes.</b> C	omplete	below.	X No
Ū	De	signee's		Phone			onal ident	fication	
	na	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare th			1 2 0		,		, ,
Here		ief, they are true, correct, and comp	plete. Declaration of			ased on all informati			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER		inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupat		If the	e IRS ser	nt your spouse an
Keep a copy for	·		Ū						ection PIN, enter it here
your records.							(see	inst.)	
		one no. (217)218-5049		Email address	VISHNUVARDHA	NINFY@GMAIL.C			1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/19/2023	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAX	ES LLC				Pho	ne no. (	678)965-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.a	ov/Forr	n1040 for instructions and the lates	t information						Earm 1040 (2022)

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

REV 02/10/23 PRO BAA

Form **1040** (2022)

	( <b>50)</b> All Pages of and W-2s H	Your		Car <u>oli</u> na D		Tax Return at of Revenue	DOR Use Only		
For calend VISHNU 9304 B		2, or fiscal yea KUD ANE	ir beginning DUMULA		and ending			e a veteran? nted an automatic	Yes No X Yes No vor extension to file your , e.g., Form 1040?
Filing Stat Were you Was your	tus X 1. S 4. H a resident of N spouse a res	Single Head of Househ N.C. for the en sident for the e	old 5. Qualif tire year?	ed Filing Jointly ying Widow(er) Yes X No Yes No o the N.C. Ed	3. Marr	ied Filing Separately Return for deceased Return for deceased wment Fund by maki	Year spous taxpayer. spouse.	Yes No se died: Date of death Date of death	
your over to the Fur Selec	payment to the nd, enter the a t box if you, o	e Fund. To ma amount of you or if married fili	ake a contribution, e ir designation on Pa ing jointly, your spor	enclose Form l age 2, Line 31 use were out o	NC-EDU and (See instructor)	your payment of \$ tions for information on April 15, 2023, ar pinted Personal Repr	0. <i>about the Fu</i> nd a U.S. citiz	To designate y nd.)	vour overpayment
FS 1	ЪЪ Л	Y	DT N	OC N	TPRES	Y SPRES	S N	VT N	SVT N
KUDU	9304	28262	DS N	EA N	TD		SD		FDEXT N
VISHNU	J VARDHA	A	KUDUMULA			770194604		MECKL	
							NC	28262	
9304 B	BONITA I	LANE				CHARLOTT	Έ		
06	1(	0613	16		0	26C		0	
07		0	18	Y	0	26E		0	
09		0	20A		441	EU			
10A		0	20B		0	27		0	
10B		0	21A		0	29		0	
11 S	G Y I	I N	21B		0	30		0	
11	12	2750	21C		0	31		0	
13	0 (	0000	21D		0	32		0	
14	-2	2137	26A		0	34		441	
15		0	26B		0				
TN	2172185	5049	PN	6789	659522	PP	P020	082703	
I declare and o	eturn Belo certify that I have e knowledge and be	examined this retu	efund Due m and accompanying sch , correct, and complete.	44 edules and statem		/ment Due Check here if you a to discuss this return	authorize the N		partment of Revenue I preparer below.
Your Signature	e RER USE ONLY	If prepared by a	Date person other than taxpaye			nt return, both must sign.) ormation of which the prepa	Date arer has any know		5049 No. (Include area code)
SYAM PI Paid Preparer		SAGAR G	UPT 02 19 2 Date		659522 ntact Phone Numb	per (Include area code)		P02082 Preparer's FEI	2703 N, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

REV 01/26/23 PRO

Last Name (First 10 Characters) KUDUMULA

770194604

0		0	10610
6.	Federal Adjusted Gross Income	6.	10613
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	10613
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction	40	0
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
44	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
10	b. Subtract Line 12a from Line 8	12b.	-2137
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	-2137
15.	N.C. Income Tax	15.	0
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0
North	Carolina Income Tax Withheld		
~~		00	
20a.	Your tax withheld	20a.	441
20b.	Spouse's tax withheld	20b.	0
Othor	Tax Payments		
other	Tax T dyments		
21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	441
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	441
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	0
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
200.	Pay this Amount	200.	0
28.	Overpayment	28.	441
20.	e rei pagnione	20.	
<u>Amoı</u>	Int of Refund to Apply to:		
29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
00.		24	4 4 1

# D-400 Line-by-Line Information

Amount to be Refunded

34.

441

34.