Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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)

Taxpayer's name	Social security number
SABARI RAJAN VENKATESAN	588-58-2580
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022	2 (Enter 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 12,379.
2 Total tax	· · · · · · · 2 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 1,703.
4 Amount you want refunded to you	4 1,703.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et 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	U I	Ē
X	I authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	

8	2	5	8	0	
Ent dor	er fiv n't er	/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	ignature 🕨 Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	6 all zei	 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 Denemicarly Deduction Act Nation	BEV 02/00/22 BBO	Earm 8870 (Payr 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Dc	o not wr	rite or staple ir	n this space.
Filing Status	5 X S	Single] Married fili	ing separately (N	1FS)	Head of	house	hold (HOH)			ifying survi Ise (QSS)	iving
one box.		u checked the MFS box, enter the nation is a child but not your dependent		spouse. If you cl	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last name						Yo	ur soo	cial security	/ number
SABARI F	RAJAI	J	VENKATI	ESAN					58	38-5	8-2580)
lf joint return, s	pouse's	first name and middle initial	Last name						Sp	ouse's	s social sec	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Pro	esider	ntial Electio	n Campaign
8727 FRE	DER	ICKSBURG RD					2	204			ere if you, o	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete space	s below.	Sta	te	ZIP c	ode				tly, want \$3 Checking a
SAN ANTO	ONIO				TX	2	782	40		•	w will not o	0
Foreign country	name		Foreig	gn province/state/o	count	у	Foreig	n postal coc	le yo	ur tax	or refund.	_
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a rev	ward, award, or	payn	nent for prope	rty or	services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital asse	t (or a financial i	ntere	est in a digital	asset)	? (See ins	tructic	ons.)	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you wer	e a dual-status	alien							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Ar	re blind Spo	use	: 🗌 Was bor		ore Januar			🗌 Is bli	-
Dependents		,		(2) Social security		(3) Relationsh	ip (4	-		· .		instructions):
If more	(1) Fi	irst name Last name		number		to you		Child tax	c credit	: (Credit for oth	er dependents
than four dependents,									<u> </u>		L	
see instructions	s ——								<u> </u>		L	
and check									<u> </u>		L	
here												<u></u>
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re		,			• •		•	1a 1b	1	2,379.
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			15110		• •		·	1e		
1099-R if tax	f	Employer-provided adoption bene			•		• •		•	1f		
was withheld.	g	Wages from Form 8919, line 6 .		,	•		• •		•	1g		
lf you did not get a Form	9 h	Other earned income (see instruct			•		• •		·	1h		0.
W-2, see	 i	Nontaxable combat pay election (s	,		·	· · · · ·			•			
instructions.	z	A shell the second as the second balls			•					1z	1	2,379.
Attach Sch. B	2a		2a		Ь Та	axable interest	• •		•	2b		
if required.	3a	· ·	3a			rdinary divider				3b		
	4a		4a			axable amoun				4b		
Standard	5a	-	5a			axable amoun				5b		
Deduction for –	6a		6a			axable amoun				6b		
 Single or Married filing 	с	If you elect to use the lump-sum e										
separately,	7	Capital gain or (loss). Attach Sche				,			\square	7		
\$12,950Married filing	8	Other income from Schedule 1, lin								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	1	2,379.
surviving spouse, \$25,900	10	Adjustments to income from Sche		2						10		
• Head of	11	Subtract line 10 from line 9. This is								11	1	2,379.
household, \$19,400	12	Standard deduction or itemized								12		2,950.
If you checked	13	Qualified business income deduct				5-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				axable incom	e.			15		0.
See manuellons.												

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		0.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	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-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24		0.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	L,703.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c	<i>.</i>					25d	1	,703.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				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						32		
	33	Add lines 25d, 26, and 32. T	,					33	1	,703.
	34	If line 33 is more than line 24						34		,703.
Refund	35a	Amount of line 34 you want				•		35a		,703.
Direct deposit?	b	Routing number 1 1 1					Savings	oou		,
See instructions.	d	Account number 4 8 8					ouvingo			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	31	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in				38		01		
Third Dorty		you want to allow another								
Third Party Designee		structions	•				omplete	below.	× No	
Decignee		signee's		Phone			sonal ident			
	nar			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informat	on of whic	h prepar	er has any k	nowledge.
nere	Yo	ur signature		Date	Your occupation				nt you an Id	
Latiant water war 0					COMDITTED CV			inst.)	IN, enter it h	
Joint return? See instructions.	Sn	COMPOTER SISTEMS ENGINEER					,	nt your spou	ise an	
Keep a copy for	op	Spouse 5 signature. In a joint return, both must sign. Date Souccupation							ection PIN, e	
your records.							(see	inst.)		
	Ph	one no. (210)473-447	2	Email address	SABARIRAJAN	1313@GMAIL.C	MC			
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/18/2023	P0208	2703	Self-e	employed
Preparer	Firi	m's name GLOBAL TAX	KES LLC				Pho	ne no. (678)96	5-9522
Use Only	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-32	171965
Go to www.irs.a	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form ⁴	040 (2022)