(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	Social security number
APPALA SWAMY PILLA	758-54-2157
Spouse's name	Spouse's social security number
HARIKA KRISHNAVENI PILLA	APPLIED FOR
Part I Tax Return Information — Tax Year Ending December	<b>31,</b> 2022 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	
2 Total tax	<del> </del>
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be Under penalties of perjury, I declare that I have examined a copy of the income tax ret	
my knowledge and belief, it is true, correct, and complete. I further declare that the return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If app Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financia payment of my federal taxes owed on this return and/or a payment of estimated tax, a authorization is to remain in full force and effect until I notify the U.S. Treasury Finapayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pabusiness days prior to the payment (settlement) date. I also authorize the financial instaxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return (Electronic Funds Withdrawal Consent.	service provider, transmitter, or electronic return originator (ERO) receipt or reason for rejection of the transmission, (b) the reason licable, I authorize the U.S. Treasury and its designated Financial al institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a syment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
• •	to enter or generate my PIN 4 2 1 5 7 as my
ERO firm name signature on the income tax return (original or amended) I am now a	don't enter all zeros
,	•
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN <b>and</b> your return is filed using the below.	
Your signature ►	Date ▶
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN as my
ERO firm name signature on the income tax return (original or amended) I am now a	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) rain now a	_
if you are entering your own PIN <b>and</b> your return is filed using the below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns On	lly—continue below
Part III Certification and Authentication — Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	lected PIN. 2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electror authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date <b>▶</b>
ERO Must Retain This Form — S	

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

OMB No. 1545-0074

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

	s 🗌 S	Single 🔀 Married filing jointly [	Marrie	ed filing separatel	ly (MFS	) Head of	househ	old (HOF	H) [		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the r	nama of v	our enauge. If yo	u chool	od the U∩U o	, 000 k	ov onto	or tha		se (QSS)	o qualifying	
one box.	-		-	our spouse. If yo	u checi	ted the HOH of	Q33 L	oox, ente	ei tile	Ciliu S i	name ii uii	e qualifying	
Your first name			Last na	me.						our soc	ial security	v number	
			PILL								4-2157		
W-2 here. Also			Last na									urity number	
			PILL							-	ED FOR	-	
							Δι	ot. no.					
	•			ono.				302		Presidential Election Campaign Check here if you, or your			
				naces helow	Sta	ate	ZIP co					tly, want \$3	
		56 youavo a 16.6.g aaa. 666, a.66 6	op.o.co o	'				to			to go to this fund. Checking a box below will not change		
			T F						oreign postal code you			change	
. o. o.g., ooa	,			0.0.g., p.0100, 0	ato, 00 a.	,	. c.c.g.	roigh poolar oodo y			You Spous		
Digital	Δt an	by time during 2022, did you: (a) rec	evive (ac	a reward award	or nav	ment for prope	rty or s	envices)	. or (h	) sell			
											Yes	X No	
						a dependent	40001,1	(000	01.00	,			
	_					•							
		·											
Age/Blindness	You:		1958 _	_ Are blind	Spouse	: Was bo			, ,		Is bli		
Dependents				(2) Social sec	urity	(3) Relationsh	nip (4)				•	instructions):	
	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	ax cred	dit C	Credit for other dependents		
									ᆜ	$\longrightarrow$			
	s ——									$\longrightarrow$			
	, —									$\longrightarrow$			
nere	]							L		$-\!\!-\!\!\!-\!\!\!\!-$	<u>L</u>		
Income	1a		,	,						1a	9	7,301.	
Attach Form(s)			•							1b			
` ,										1c			
attach Forms	d									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	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	•	,	ons)						1h		0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i						NT 201	
	<u>z</u>	Add lines 1a through 1h	· · ·							1z	<del>- 9</del>	7,301.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			Taxable interes				2b			
ii required.	3a	Qualified dividends	3a			Ordinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b	+		
Standard Deduction for—	5a	Pensions and annuities	5a			Taxable amoun				5b			
Single or	6a	Social security benefits	6a			Taxable amoun	τ			6b	_		
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,			. 님	7	4		
\$12,950	7	Capital gain or (loss). Attach Sche		•	•				. Ц	7			
Married filing jointly or	8	Other income from Schedule 1, lin								8	+		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	+ 9	7,301.	
\$25,900	10	Adjustments to income from Scho								10	+		
Head of household,	11	Subtract line 10 from line 9. This i	•							11		97,301.	
\$19,400	12	Standard deduction or itemized		•	,					12	$+\frac{2}{}$	25,900.	
If you checked any box under	13	Qualified business income deduc								13	+		
Standard Deduction,	14	Add lines 12 and 13								14		<u>25,900.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15		1,401.	

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	8,160.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	8,160.
	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	8,160.
	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 <b>total tax</b>					24	8,160.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 14	1,104.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,104.
	26	2022 estimated tax payment						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, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	33	14,104.					
	34	If line 33 is more than line 24						34	5,944.
Refund	35a	Amount of line 34 you want	•					35a	5,944.
Direct deposit?	b	Routing number 0 6 4					Savings	Julia	. ,
See instructions.		Account number 4 4 4							
	36	Amount of line 34 you want a				36			
Amount	37	•				00			
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	•		1 1		31	
Third Party		you want to allow another							
Designee		structions	•				omplete b	elow.	X No
	De	signee's		Phone		Pers	onal identifi	cation	
	naı	me		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t			, , ,		,		, ,
Here		ief, they are true, correct, and com	plete. Declaration of			based on all information	1		,
	Yo								nt you an Identity IN, enter it here
Joint return?					SOFTWARE	ARCHITECT	(see i		IIV, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa	If the	IRS ser	nt your spouse an		
Keep a copy for	Op	ouco o eignaturor ir a jonit roturii, i		opeass s sesupa			ection PIN, enter it here		
your records.					HOME MAKE	R	(see ii	nst.)	
	Ph	one no. (629)244-222	9	Email address	SWAMY.PIL	LA@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 02/28/2023	P02082	703	Self-employed
Preparer	Fire	Firm's name GLOBAL TAXES LLC Phon						e no. (	678)965-9522
Use Only	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form <b>1040</b> (2022)

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpaye	n number				
APPA	7				
Prepare	ation numb	oer			
SYAI					
Part					
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the ret				
	benefit(s) claimed (check all that apply).		AOTC		HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or 0 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheol 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	dule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you the following.				
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	•			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) are status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	stent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should includ you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 applicable worksheet(s), a record of how, when, and from whom the information used 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing st the amount(s) of the credit(s)	7, a copy of any to prepare Form provided by the	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	s year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?				

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×	П	П
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×	L	
Part	The state of the s			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s an to	⊢	VI )
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ref or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	r's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	(s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ises, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	omply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No
=	complete?		×	

REV 02/24/23 PRO



# Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

• Don't submit th		orm if you have, or are eligil	ble to get, a	a U.S.	social sec	urity nu	ımber (SS	SN).			a new ITIN n existing ITIN
		itting Form W-7. Read the ral tax return with Form V									c, d, e, f, or g, you
a Nonresident	alie	n required to get an ITIN to cla	aim tax treaty	y benef	fit						
<b>b</b> Nonresident	alie	n filing a U.S. federal tax retur	n								
		en <b>(based on days present in</b>			_						
d Dependent o	of U.	S. citizen/resident alien   If	d, enter rela	tionshi	p to U.S. cit	izen/res	ident alier	(see inst	tructions) ►		
e 🛚 Spouse of U	J.S. c		<b>d</b> or <b>e,</b> enter				S. citizen/		•		ns) ▶ 8-54-2157
f Nonresident	alie	n student, professor, or resear	rcher filing a	U.S. fe	ederal tax re	turn or o	claiming a	n excepti	on		
g Dependent/s	spou	se of a nonresident alien hold	ling a U.S. vi	sa							
h Other (see in	nstru	ctions) ▶									
Additional information	_	r a and f: Enter treaty country	<b>&gt;</b>			and	d treaty ar	-			
Name	1a	First name		Middl	e name			Last r			
(see instructions)		HARIKA KRISHNAVEN	NI					PII			
Name at birth if different •	1b	First name		Middl	e name			Last r	name		
Applicant's Mailing		Street address, apartment nu 101 GILLESPIE DR,	, IMT CO	OL S	PRINGS	Apt !	5302		_	nstruct	ions.
Address		City or town, state or provinc FRANKLIN					TN	USA	7	37	067
Foreign (non- U.S.) Address	3	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)		City or town, state or province	e, and count	try. Incl	ude postal	code wh	nere appro	priate.			
Birth Information	4	Date of birth (month / day / year) $09/01/1994$	Country of INDIA	birth		City ar	nd state or	province	(optional)	5 <u> </u>	Male Female
Other Information	6a	Country(ies) of citizenship INDIA	<b>6b</b> Foreign	tax I.D	). number (it	any)	6c Type	of U.S. vi	sa (if any), n	umber,	and expiration date
mormanon	6d Identification document(s) submitted (see instructions)										
		Issued by: INDIA	No.: T1135	5665	Ex	p. date:	04/17/	2029	(MM/DD/Y		
6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?											
		Yes. Complete line 6f. If	more than c	one, list	t on a sheet	and att	ach to this	form (se	e instruction	าร).	
	6f	Enter ITIN and/or IRSN ► I	TIN				IF	RSN			and
		name under which it was iss	ued ▶	- Cincat			Mistalla a			1 -	-1
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ▶  City and state ▶  Length of stay ▶										
		City and state ▶		, .							
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
Keep a copy for your records.	•	Signature of applicant (if del	egate, see ir	nstructi	ons)	Date (m	onth / day	/ year) 	Phone num	nber	
,	Name of delegate, if applicable (type or print)					Delegate's relationship to applicant			☐ Parent ☐ Court-appointed guardiar☐ Power of attorney		
Acceptance	1	Signature				Date (month / day / year)			Phone		
Agent's									Fax		
Use ONLY		Name and title (type or print	·)		Name of co	ompany		EIN Office o	ode	P	ΓIN