(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

OMB No. 1545-0074

▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)							
Taxpayer's name	Social security number						
VENUGOPAL NAIDU KONENI	317-63-5989						
Spouse's name	Spouse's social security number						
USHA RAMINENI	677-25-4074						
	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.	152 204						
1 Adjusted gross income							
2 Total tax							
4 Amount you want refunded to you							
5 Amount you owe							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k							
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I ar Electronic Funds Withdrawal Consent.	tter, or electronic return originator (ERO) ction of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for n to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the						
Taxpayer's PIN: check one box only							
■ I authorize GLOBAL TAXES LLC to enter or generate r	my PIN 3 5 9 8 9 as my						
ERO firm name	Enter five digits, but don't enter all zeros						
signature on the income tax return (original or amended) I am now authorizing.	200 (2002)						
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow. Your signature ▶ Date ▶	od. The ERO must complete Part III						
Spouse's PIN: check one box only							
X I authorize GLOBAL TAXES LLC to enter or generate r	•						
signature on the income tax return (original or amended) I am now authorizing.	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) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methologous.							
Spouse's signature ▶ R. USho Date ▶	03/06/2023						
Practitioner PIN Method Returns Only—continue below 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 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 electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	itting this return in accordance with the						
ERO's signature ▶ Date ▶							
ERO Must Retain This Form — See Instructions							

Don't Submit This Form to the IRS Unless Requested To Do So

£1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	Do not v	write or staple	e in this space.	
Filing Status Check only one box.	If yo	Single Married filing jointly use the MFS box, enter the nation is a child but not your dependent	ame of		separately (Nuse. If you ch				ehold (HOH) box, enter th	spo	alifying sur use (QSS) s name if t)	
Your first name	and mi	ddle initial	Last na	ame				***************************************		Your so	ocial secur	ity number	
VENUGOPAL NAIDU KONE				ONENI							317-63-5989		
If joint return, spouse's first name and middle initial Last na										Spouse's social security number			
USHA	USHA RAMINE				IENI					677-25-4074			
Home address (numbe	r and street). If you have a P.O. box, see	instruct	actions. Apt. no.					Apt. no.	Presidential Election Campaign			
A604 BIR	D CF	REEK DR						da jiya daga			here if you		
City, town, or po	st offic	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Stat	te	ZIP	code			intly, want \$3	
LITTLE E	LM				TX			750	068	to go to this fund. Checking a box below will not change			
Foreign country	name			Foreign province/state/cor			L		Foreign postal code		x or refund		
	181									Y0		Spouse	
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						-	•		-	⊠ No	
Standard		eone can claim: You as a de					a dependent	2336	y: (Oee man)	0110115.7			
Deduction		Spouse itemizes on a separate return	•		•		•						
Age/Blindness	You:	☐ Were born before January 2, 19	958 [Are bl	lind Sp o	use:	: Was bor	n bei	ore January 2	2, 1958	☐ ls b	olind	
Dependents	(see	nstructions):			(2) Social security		(3) Relationship		p (4) Check the bo		pox if qualifies for (see instructions):		
If more	(1) FI	rst name Last name		number			to you		Child tax cred				
than four	SAN	JANA KONENI		967-90-5471			Daughter				×		
dependents, see instructions	LAK	SHYA KONENI		975-98-2657			Daughter					X	
and check													
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions)					. 12	2	207,979.	
	b	b Household employee wages not reported on Form(s) W-2							. 1k	o			
Attach Form(s) W-2 here. Also	C	c Tip income not reported on line 1a (see instructions)							. 10	3			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	i		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								. 16			
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29								. 11	F		
If you did not	g	g Wages from Form 8919, line 6							. 19	3			
get a Form	h	Other earned income (see instructions)							. 11		0.		
W-2, see instructions.	ī	Nontaxable combat pay election (see instructions)											
maductions.	Z	Add the selection of th									2 2	07,979.	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.		. 2t			
if required.	3a								. 3k	-	103.		
	4a	IRA distributions	4a				axable amoun			41			
Standard	5a	Pensions and annuities	5a				axable amoun			. 5t	-		
Deduction for-	6a		6a				exable amoun			. 6t			
Single or Married filing	C	If you elect to use the lump-sum el	lection	method,					[

Capital gain or (loss). Attach Schedule D if required. If not required, check here .

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

Adjustments to income from Schedule 1, line 26

Qualified business income deduction from Form 8995 or Form 8995-A

Subtract line 10 from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

separately, \$12,950

Married filing

Head of

household, \$19,400

Deduction.

If you checked

any box under

see instructions.

jointly or Qualifying surviving spouse, \$25,900 7

8

9

10

11

12

13

14

15

126,394.

-3,000.

-52,788.

152,294.

152,294.

25,900.

25,900.

8

9

10

11

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14

15

Form 1040 (2022)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	19,034.		
Credits	17	Amount from Schedule 2, lin	е3					17			
	18	Add lines 16 and 17						18	19,034.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	1,000.		
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21	1,000.		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,034.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	18,034.		
Payments	25	Federal income tax withheld	from:			. ,					
	a	Form(s) W-2				25a 11	,485.				
	b	Form(s) 1099				25b					
	C	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	11,485.		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	syments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	11,485.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34			
	35a	Amount of line 34 you want	35a								
Direct deposit? See instructions.	b	Routing number X X X									
See instructions.	d	Account number X X X X X X X X X									
entertainment (t	36	Amount of line 34 you want									
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, g	37	6,738.							
	38	Estimated tax penalty (see in				38	189.				
Third Party		Do you want to allow another person to discuss this return with the IRS? See instructions									
Designee									X No		
		name		Phone Persona no. number							
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying sche	dules and stateme	nts, and to	the bes	t of my knowledge and		
Here	bel	ief, they are true, correct, and corr	plete. Declaration	of preparer (other	than taxpayer) is bas	sed on all informati	on of which	n prepare	er has any knowledge.		
11010	You	ur signature		Date	Your occupation		1		nt you an Identity		
laint mtuma		15. My		03/06/23		NCTNEED		ection P Inst.)	IN, enter it here		
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	US/US/23 SOFTWARE ENGINEER Date Spouse's occupation					The state of the s			
Keep a copy for	Op.	O O Do		opouse's occupation				If the IRS sent your spouse an identity Protection PIN, enter it here			
your records.	Z. Who			03/06/23 SOFTWARE ENGINEER				inst.)			
	Pho	one no. (916) 467-645	Email address VENUNAIDU@GMAIL.COM								
Paid	Pre	parer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Preparer	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		RAM SAGAR GUPTA TALLAM 03/05/2023 1				2703	Self-employed		
Use Only	Fin								678) 965-9522		
- Co City	Fin	m's address 245 ROONE	's EIN	84-3171965							