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.....

Taxpayer's name	Social securi	ty number			
ANUDEEP DALE	790-47	-0626			
Spouse's name	Spouse's soc	ial securit	y number		
Devid Tex Deturn Information Tex Very Ending December	- 01 00				
Part I Tax Return Information – Tax Year Ending Decembe	r31, 20	22 (Enter	r year you a	re autro	orizing.)
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.					
<b>1</b> Adjusted gross income				1	35,909.
<b>2</b> Total tax				2	2,552.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	5,283.
4 Amount you want refunded to you				4	2,731.
5 Amount you owe				5	

## Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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 P	X	XES LLC	I authorize	to enter or generate my PIN
--	---	---------	-------------	-----------------------------

Ent	as my				
7	0	6	2	6	

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.

Your signature

Date

## Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

				as my
er fiv n't er				

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 Re	urns Only—continue below
Part III Certification and Authentication – Practitione	PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 2 2 2 4 9 6 3 1 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 🕨				
Doi				
For Donorwork Poduction Act Notio	soo your tox roturn instructions		REV 02/22/22 RRO	Form 8879 (Pov. 01 2021)

<b>1040</b>		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
Filing Status Check only one box.									spo	lifying surv use (QSS) s name if th	0	
Your first name		, ,	Last na	me						Your so	cial securit	v number
ANUDEEP			DALE								47-062	-
	ouse's	s first name and middle initial	Last na									curity numbe
j												
Home address (	numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.	Preside	ntial Election	on Campaigr
5100 USA								2	2106	Check	here if you,	or your
-		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ite	ZIP o				tly, want \$3
SAN ANTO	NIO					T T	ζ	782	40	•	o this fund. ow will not	Checking a change
Foreign country	name		I	Foreign pr	ovince/state/o	coun	ty	Foreig	n postal code		k or refund.	•
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece aange, gift, or otherwise dispose of a						-			Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alier	1					
Age/Blindness	You	Were born before January 2, 1	958 F	Are bl	ind Spo	use	. 🗌 Was bor	n hefa	ore January 2	1958	Is bl	ind
Dependents				1	Social security		(3) Relationsh	11	) Check the b			
If more	•	(1) First name Last name		(2)	number		to you		Child tax c			her dependents
than four											[	<u> </u>
dependents,											[	
see instructions and check											[	
here											[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	1 3	35,909.
meome	b	Household employee wages not re	eported	on Form	(s) W-2					. 1b	)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see in	struction	s)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	) W-2 (see ir	nstru	uctions)			. 1d	1	
W-2G and	е	Taxable dependent care benefits f	rom For	rm 2441,	line 26 .					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29					. 1f	:	
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instruction	ions)			•		· ·		. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		•	<b>1</b> i					
	Z				· · · ·			· ·		. 1z		35,909.
Attach Sch. B	2a	· · -	2a				axable interest			. 2b		
if required.	<u>3a</u>		3a				Ordinary divider			. 3b	_	
	4a		4a				axable amoun			. 4b		
Standard Deduction for –	5a		5a				axable amoun			. 5b	_	
Single or	6a	, _	6a				axable amoun		· · ·	. 6b		
Married filing separately,	c -	If you elect to use the lump-sum e						• •	· · · L			
\$12,950	7	Capital gain or (loss). Attach Scher						• •	· · · L			
<ul> <li>Married filing jointly or</li> </ul>	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					 •	• •		. <u>8</u> . 9		35,909.
Qualifying surviving spouse,	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche					• • • • •	• •		. 9 . 10		, , , , , , , , , , , , , , , , , , ,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						• •		. 11		35,909.
household,	12	Standard deduction or itemized	-							. 12		12,950.
\$19,400 • If you checked	13	Qualified business income deducti					5-A .			. 13		<u> </u>
any box under Standard	14	Add lines 12 and 13								. 14	-	12,950.
Deduction,	15	Subtract line 14 from line 11. If zer						e .				22,959.
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	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		. 16	2,5	52.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	,	
	18	Add lines 16 and 17						. 18	2,5	52.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	)	
	20	Amount from Schedule 3, lir	ne8					. 20	)	
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	2,5	52.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	3	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	2,5	52.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	5,2	83.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	<i>.</i>					. 25	d 5,2	83.
	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, lir				31				
	32	Add lines 27, 28, 29, and 31					edits .	. 32	2	
	33	Add lines 25d, 26, and 32. T	•	-	-					83.
Defined	34	If line 33 is more than line 24						. 34	2,7	31.
Refund	35a	Amount of line 34 you want				•	-	35	<b>a</b> 2,7	31.
Direct deposit?	b	Routing number 2 5 4				Checking				
See instructions.	d	Account number 6 7 8						<b>J</b> •		
	36	Amount of line 34 you want			ed tax	36				
Amount	37	Subtract line 33 from line 24	This is the <b>am</b>	ount vou owe						
You Owe	•	For details on how to pay, g						. 37	,	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions					<b>/es.</b> Comp	olete below	/. 🗙 No	
-		signee's		Phone				identificatio	n	
	nai			no.			number (			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·					Ionnation of			
	YO	ur signature		Date	Your occupation				sent you an Identit PIN, enter it here	
Joint return?					SOFTWARE I	DEVELOP	ER	(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			sent your spouse a	
Keep a copy for your records.								Identity Pr (see inst.)	otection PIN, enter	r it here
your rooordo.								(See Inst.)		
		one no. (703) 343-667		Email address	anudeep.da			-16.1		
Paid		eparer's name	Preparer's signat			Date	PT		Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	04/12/2	2023   PO	2082703		
Use Only		m's name GLOBAL TA							(678)965-9	
			Y CT E BRU	NSWICK N				Firm's EIN		
Go to www.irc.a	ov/Form	21040 for instructions and the late	et information		DAA		0.000		Earm 104	<b>(</b> )

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

BAA REV 03/22/23 PRO

Form **1040** (2022)