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)

Taxpayer's name Social security number PRAVEEN KONIDANA 745-71-9446 Spouse's name Spouse's social security number SHAINY PRAVALLIKA BUSI APLLIED FOR Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. 49,016. Adjusted gross income 1 1 2,364. 2 2 3 3 6,752. 4 4 4,388. 5 5

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

Under penalties of perjury, 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					FBO firm name	. 0 ,	Ē	Π
	X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-

1 Ent	9 er fiv	4 ve di	4 gits, all ze	6 but	as my

Enter five digits, but don't enter all zeros

as mv

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.

Date

Your signature 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN
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 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 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros					

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 This Don't Submit This Form to the								
For Paperwork Reduction Act Notice, see your tax return instructions	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)						

1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		m 202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the operson is a child but not your dependent:								spo	lifying surv use (QSS) s name if th	0	
Your first name	and mi	ddle initial	Last nam	ne					Your so	Your social security number		
PRAVEEN			KONII	DANA					745-	71-944	6	
If joint return, sp	ouse's	first name and middle initial	Last nam	ne					Spouse	's social sec	curity numbe	
SHAINY P	RAVA	ALLIKA	BUSI						APLL	IED FO	R	
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	Apt. no.	Preside	ntial Election	on Campaigr	
1252 HID	DEN	RIDGE					3	3005		here if you,		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP c	ode	•		itly, want \$3	
IRVING					T	K	750	38	•	ow will not	Checking a change	
Foreign country	name		Fo	preign province/state/o	coun	ty	Foreig	n postal code		k or refund.	•	
Digital Assets		y time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a								 Yes	No	
Standard		eone can claim: Vou as a de	-				,	v	,			
Deduction		Spouse itemizes on a separate return	•			•						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🔄 Is bl	ind	
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax ci	redit	Credit for oth	her dependents	
than four										[
dependents, see instructions										[
and check										[
here 🗌										[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					. 1a	1 4	49,016.	
moonio	b	Household employee wages not re	eported o	on Form(s) W-2 .					. 1b)		
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a	ι (see inst	tructions)					. 10	;		
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see in	nstru	uctions)			. 1d	1		
W-2G and	е	Taxable dependent care benefits f	rom Forn	n 2441, line 26 .					. 1e	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, 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 instru	ictions)		1 i						
	z	Add lines 1a through 1h							. 1z	: 4	49,016.	
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest			. 2b			
if required.	3a	Qualified dividends	3a		bC	Ordinary divider	nds .		. 3b			
	4a	IRA distributions	4a		bТ	axable amoun	t		. 4b			
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t		. 5b			
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t		. 6b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if i	required. If not requ	ired	, check here		[7			
 Married filing 	8	Other income from Schedule 1, lin	e10 .						. 8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your total inc	om	e			. 9	4	49,016.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, lir	ne 26					. 10			
• Head of	11	Subtract line 10 from line 9. This is	your ad	justed gross incon	ne				. 11	4	49,016.	
household, \$19,400	12	Standard deduction or itemized	deductio	ons (from Schedule	A)				. 12		25,900.	
If you checked	13	Qualified business income deducti				95-A			. 13			
any box under Standard	14	Add lines 12 and 13							. 14	- 2	25,900.	
Deduction,	15	Subtract line 14 from line 11. If zer			our	taxable incom	е.		. 15		23,116.	
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): 1 🗌 881	4 2 4972	3 🗌		16	2,364.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	2,364.
	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	B. If zero or less,	enter -0				22	2,364.
	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	2,364.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	6,752		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	· · · · ·					25d	6,752.
	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credit	s	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	6,752.
Refund	34	If line 33 is more than line 24						34	4,388.
neiuliu	35a	Amount of line 34 you want	nount of line 34 you want refunded to you . If Form 8888 is attached, check here					35a	4,388.
Direct deposit?	b	Routing number 1 1 1				_	Saving		
See instructions.	d	Account number 4 8 8	0 7 3 5	0 9 6 3	3 9				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions				. 🗌 Yes.	Complet	e below.	X No
		signee's		Phone			rsonal ide		
	nai			no.			mber (PIN	,	
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ul signature		Date					IN, enter it here
Joint return?					SOFTWARE E	INGINEER	(s	ee inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.								entity Prot ee inst.)	ection PIN, enter it here
			0		HOME MAKEF		(-		
		one no. (732) 858-340 eparer's name	9 Preparer's signat	Email address	PRAVEEN675	04@GMAIL.(Date	PTIN		Check if:
Paid								00700	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA TALLAM	04/26/202		82703	
Use Only		m's name GLOBAL TA		NOMITOR N	T 00016				(678) 965-9522
		m's address 245 ROONE	Y CT E BRU	NSWICK N	J U8816		FI	rm's EIN	84-3171965
Lio to WWW ire a	OV/Forn	n 11/11 tor instructions and the late	et intormation				`		Earm 11//11 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			arate instruc		manen	reside	1115.			
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax pu	rposes	only.			ype (check one bo	x):
 Before you begin Don't submit th 	:: is form if you have, or are eligi	ble to get, a U.S.	. social sec	urity num	ber (SS	N).			for a new ITIN / an existing ITIN	
	ubmitting Form W-7. Read th ederal tax return with Form V								b, c, d, e, f, or g ,	you
a 🗌 Nonresident	alien required to get an ITIN to cla	aim tax treaty bene	efit							
_	t alien filing a U.S. federal tax retur									
	t alien (based on days present in									
d [] Dependent of	of U.S. citizen/resident alien] If	d, enter relationsh	ip to U.S. cit	izen/reside	ent alien	(see ins	tructions) 🕨	•		
e 🛛 Spouse of U		d or e, enter name PRAVEEN KON					alien (see ir		tions)► 745-71-9446	
	t alien student, professor, or resea		federal tax re	turn or cla	iming ar	n except	ion			
	spouse of a nonresident alien hold	ing a U.S. visa								
h 🗌 Other (see in	,	.								
	on for a and f : Enter treaty country 1a First name		dle name	and ti	reaty art	icle num	name			
Name (see instructions)	SHAINY PRAVALLIKA					BU				
Name at birth if different	1b First name		dle name				name			
Applicant's	2 Street address, apartment nu	mber, or rural rout	te number. If	you have	a P.O. I	oox, see	separate	instru	uctions.	
Applicant's Mailing	1252 HIDDEN RIDGE	E Apt 3005								
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Address	IRVING TX INDIA 75038									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
D : 11	4 Date of birth (month / day / year)	Country of birth		City and	stata ar	province	e (optional)	5		
Birth Information	05/31/1999	INDIA		Oity and s	state of	province	(optional)		Male ▼ Female	
	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (if	any) 6	c Type	of U.S. v	isa (if any), I		er, and expiration da	ate
Other Information	TNDTA									
mormation	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
	the United States									
	Issued by: INDIA No.: V0880735 Exp. date: 04/20/2031 (MM/DD/YYYY):									
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line 6f.									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ► ITIN IRSN and									
	name under which it was issued First name Kitable name Last name Last name									
	6g Name of college/university or company (see instructions) ►									
	City and state ►		,,	 Le	ength of	stay 🕨				
Sign	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign Here	documentation and statements, and information with my acceptance agen	I to the best of my	knowledge a	nd belief, it	is true,	correct,	and comple	te. I a	uthorize the IRS to a	
Keep a copy for your records.	Signature of applicant (if del	legate, see instruc	tions)	Date (mon	th / day /	′ year)	Phone nur	nber		
	Name of delegate, if applica	ble (type or print)		Delegate's relationship to applicant			Parent	Parent Court-appointed guardia		
Acceptance	Signature			Date (mon	th / day /	' year)	Phone			
Agent's		<u>\</u>					Fax			
Use ONLY	Name and title (type or print	:)	Name of co	ompany		EIN			PTIN	
	Office						code			

REV 03/22/23 PRO