8879 Form

(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

illemai neverue Service	-				
Submission Identification Number (SID)					
Taxpayer's name	Social security	Social security number			
PADMAJA PULIVARTHY	735-46-	-3892			
Spouse's name		al security number			
Part I Tax Return Information — Tax Year Ending December 31, 2022 (E	nter year you ar	re authorizing)			
Enter whole dollars only on lines 1 through 5.	inter year you ar	e authorizing.)			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1 117,307.			
2 Total tax		2 18,881.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,663.			
4 Amount you want refunded to you		4			
5 Amount you owe		5 218.			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer					
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 Electronic Funds Withdrawal Consent.	or rejection of the tra- he U.S. Treasury ar t indicated in the ta titution to debit the ninate the authoriza requests must be nothe processing of the payment. I furtle	ansmission, (b) the reason of its designated Financial of the preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the recknowledge that the			
Taxpayer's PIN: check one box only					
·	roto my DINI	3 8 9 2			
X I authorize GLOBAL TAXES LLC to enter or generated to enter or g	Ent	er five digits, but			
signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.					
Your signature ▶ Date					
Spouse's PIN: check one box only					
·	rata my DINI	00 my			
I authorize to enter or gener	-	er five digits, but			
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.					
Spouse's signature ▶ Date	•				
Practitioner PIN Method Returns Only—continue be					
Part III Certification and Authentication — Practitioner PIN Method Only					
EDGL EFINION F					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't ente	6 3 1 9 8 9 er all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incord authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance with the			
ERO's signature ▶ Date	•				
FRO Must Retain This Form — See Instruction					

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	S X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)		alifying		ing
Check only one box.	If vo	u checked the MFS box, enter the	name of v	our enques. If you	chock	ad tha HOH a	OSS have antar		ouse (Q		aualifyina
OHE DOX.		son is a child but not your depender		rour spouse. It you	CHECK	ed the HOH of	QOO DOX, enter	ine oniiu	3 Hairie	, 11 1116	qualifying
Your first name		• '	•				Yours	Your social security number			
PADMAJA				VARTHY					735-46-3892		
	pouse's	s first name and middle initial	Last nai								rity number
,, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Home address	(numbe	er and street). If you have a P.O. box, se	e instructio	ons.			Apt. no.	Presid	ential E	lection	Campaign
						+	Check here if you, or your				
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP code		•	,, ,	, want \$3
AUSTIN					T	ζ	78726	to go to this fund. Ch			
Foreign country name			F	Foreign province/state/count		ty	Foreign postal code	_	ax or ref		ia.igo
											You Spouse
Digital	At ar	ny time during 2022, did you: (a) re	ceive (as	a reward, award, o	or payr	nent for prope	erty or services); (or (b) sell	,		
Assets		ange, gift, or otherwise dispose of					-		_	es [X No
Standard	Som	eone can claim:	ependent	Your spor	use as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-statu	ıs alien						
Age/Blindness	. Vou	Were born before January 2,	1058 [Are blind S	pouse	· Mas bo	rn before January	, 2 1058		ls blind	4
			1900 _			(3) Relationsh	T				
-		(see instructions): (1) First name Last name		(2) Social security number		to you	Child tax	•	1		dependents
If more than four	(1)	Last name				. ,	Offilia tax	Ciedit	Orean		<u>uependents</u>
dependents,										ㅡ片	
see instructions	s —									ᅮ	
and check here	1 —									ㅡ片	
	1a	Total amount from Form(s) W-2,	nox 1 (see	e instructions)				1	a	117	7,307.
Income	b		,	,					b		7007.
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							c		
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d		
attach Forms W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							e		
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							f		
was withheld.	g	Wages from Form 8919, line 6							g		
If you did not get a Form	h	Other earned income (see instruc	<u> </u>						h		0.
W-2, see	i	Nontaxable combat pay election (see instructions)									
instructions.	z	Add lines 1a through 1h						. 1	z	117	7,307.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t	. 2	b		
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds	. 3	b		
	4a	IRA distributions	4a		b T	axable amoun	t	. 4	b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t	. 5	b		
Deduction for –	6a	Social security benefits	6a		b T	axable amoun	t	. 6	b		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)									
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
Married filing	8	Other income from Schedule 1, line 10							3		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total i	ncom	e			9	117	7,307.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							0		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							1	117	7,307.
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							2	12	2 , 950.
If you checked	13	Qualified business income deduc						. 1	3		
any box under Standard	14	Add lines 12 and 13					. 1	12,950.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						. 1	5	104	1,357.

		Page 2
Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 📗	16	18,881.
Amount from Schedule 2, line 3	17	
Add lines 16 and 17	18	18,881.
Child tax credit or credit for other dependents from Schedule 8812	19	
Amount from Schedule 3, line 8	20	
Add lines 19 and 20	21	
Subtract line 21 from line 18. If zero or less, enter -0	22	18,881.
Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
Add lines 22 and 23. This is your total tax	24	18,881.
Federal income tax withheld from:		
Form(s) W-2		
Form(s) 1099		
Other forms (see instructions)		
Add lines 25a through 25c	25d	18,663.
2022 estimated tax payments and amount applied from 2021 return	26	
Earned income credit (EIC)		
Additional child tax credit from Schedule 8812		
American opportunity credit from Form 8863, line 8		
Reserved for future use		
Amount from Schedule 3, line 15		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
Add lines 25d, 26, and 32. These are your total payments	33	18,663.
If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Routing number X X X X X X X X X X X X C Type: Checking Savings		
Account number X X X X X X X X X X X X X X X X X X X		
Amount of line 34 you want applied to your 2023 estimated tax 36		
Subtract line 33 from line 24. This is the amount you owe .		
For details on how to pay, go to www.irs.gov/Payments or see instructions	37	218.
Estimated tax penalty (see instructions)		
you want to allow another person to discuss this return with the IRS? See ructions	below.	X No
gnee's Phone Personal iden	tification	
e no. number (PIN)		

	38 Estimated tax penalty (see	instructions) .			38					
Third Party Designee	Do you want to allow anoth instructions	er person to dis	cuss this retu	ırn with the IRS?		complete below.	X No			
	Designee's name	Phone no.		Personal identification number (PIN)						
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Your signature		Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				SOFTWARE		(see inst.)				
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupati	on	Identity Prote	If the IRS sent your spouse an Identity Protection PIN, enter it her			
					(see inst.)					
	Phone no. (469) 850-90	Email address	PADMAJAORACL	EDBA@GMAIL.C	DBA@GMAIL.COM					
Paid	Preparer's name	Preparer's signa	ture		Date	PTIN	Check if:			
	SYAM PRIYA RAM SAGAR GUPTA TALLA	M SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/12/2023	P02082703	Self-employed			

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Form 1040 (2022)

Tax and **Credits**

Payments

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit?

Amount

You Owe

Preparer

Use Only

See instructions.

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Phone no. (678) 965-9522

Firm's EIN