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.

Conicl converts number

Submission Identification Number (SID)

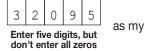
Taxpaver's name

raxpayer's name	Social security number							
VENKAT RATNAM CHELUKALA	718-63-2095							
Spouse's name	Spouse's social security number							
MANASA BUTTA	APLLIED FOR							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er 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.								
1 Adjusted gross income	1 85,079.							
2 Total tax	2 6,690.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,995.							
4 Amount you want refunded to you	4 6,305.							
5 Amount you owe	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	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		En



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.

Your signature 🕨

Date 🕨

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 ► D	ate 🖡							
Practitioner PIN Method Returns Only—continue	bel	ow						
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		3	 98	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 ► Date ►								
	Retain This Form — See Form to the IRS Unless							
For Paperwork Reduction Act Notice, see your tax retu	rn instructions. BAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)					

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 20 2	2	OMB No. 1545	-0074	IRS Use Only	v—Do not v	vrite or staple in t	this space.			
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of yo	l filing separately (N ur spouse. If you ch	,				spo	lifying surviv use (QSS) s name if the	0			
Your first name	and mi	ddle initial	Last name	е					Your so	cial security	number			
VENKAT R	ATNA	AM	CHELU	IKALA					718-	718-63-2095				
lf joint return, sp	ouse's	first name and middle initial	Last name	e					Spouse	Spouse's social security numb				
MANASA			BUTTA	L					APLL	APLLIED FOR				
Home address (numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	Apt. no.	Preside	ntial Election	Campaigr			
165 CAPR	ICOF	RN DR			_		6	5		here if you, or				
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP c	ode		if filing jointly this fund. Ch				
HILLSBOR	OUGF	ł			NJ	J	088	444939		ow will not ch				
Foreign country	name		Fo	preign province/state/c	coun	ty	Foreig	n postal code	- · · · ·					
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-			Yes	XNo			
Standard		eone can claim: You as a de	-	Vour spouse			40001)	. (000 mon	20110110.)					
Deduction	_	Spouse itemizes on a separate return		•		•								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 Is blind	d			
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see in	structions):			
lf more	(1) Fi	rst name Last name		number		to you		Child tax o	redit	Credit for other	dependents			
than four														
dependents, see instructions														
and check														
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					. 1a	ı 85	, 079.			
	b	Household employee wages not re							. 1b)				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a					• •		. 10	;				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10					
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											
If you did not	g	Wages from Form 8919, line 6 .			•		• •		. <u>1</u> g					
get a Form W-2, see	h	Other earned income (see instructi			•		÷.		. 1h	1	0.			
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)	•	<u>1</u> i				0.5	070			
		Add lines 1a through 1h	· · ·			· · · ·	• •		. 1z		, 079.			
Attach Sch. B if required.	2a	· ·	2a			axable interest		· · ·	. 2b					
	3a		3a 4a			Ordinary divider axable amoun								
Ot an el and	4a	-	ња 5а			axable amoun axable amoun			. 4b . 5b					
Standard Deduction for –	5a 6a		6a			axable amoun			. 6b					
Single or	C	If you elect to use the lump-sum el								'				
Married filing separately,	7	Capital gain or (loss). Attach Scher					• •	[7					
\$12,950 • Married filing	8	Other income from Schedule 1, line				-	• •		. 8					
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					• •		. 9		5,079.			
Qualifying spouse,	10	Adjustments to income from Sche		-		• · · · ·			. 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11		5,079.			
household,	12	Standard deduction or itemized	-	-					. 12		5,900.			
\$19,400 • If you checked	13	Qualified business income deducti				5-A			. 13		,			
any box under Standard	14								. 14		5,900.			
Deduction,	15	Subtract line 14 from line 11. If zer							. 15		,179.			
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 For	rm(s): 1 🗌 881	4 2 4972	3 🗌		16	6,690.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	6,690.
	19	Child tax credit or credit for other depende	ents from Scheo	lule 8812			19	
	20	Amount from Schedule 3, line 8				[20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			[22	6,690.
	23	Other taxes, including self-employment ta	k, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	6,690.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a 12	,995.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	12,995.
	26	2022 estimated tax payments and amount					26	,
If you have a ^L qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3. line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo			-		32	
	33	Add lines 25d, 26, and 32. These are your					33	12,995.
	34	If line 33 is more than line 24, subtract line					34	6,305.
Refund	35a	Amount of line 34 you want refunded to y					35a	6,305.
Direct deposit?	b	Routing number $0 \mid 4 \mid 4 \mid 0 \mid 0 \mid 0 \mid 0$				Savings	554	
See instructions.	d	Account number 8 7 0 8 0 8 3				Savings		
	36	Amount of line 34 you want applied to you		od tax	36			
Americat					30			
Amount You Owe	37	Subtract line 33 from line 24. This is the ar For details on how to pay, go to <i>www.irs.g</i>					07	
Tou Owe	20		-		1 1		37	
	38	Estimated tax penalty (see instructions)			38			
Third Party		you want to allow another person to d		irn with the IRS?		omplata br		X No
Designee		signee's	Phone			onal identific		
	nai		no.	2		ber (PIN)		
Sign	Un	der penalties of perjury, I declare that I have exam	ined this return an	d accompanying sch	nedules and stateme	nts, and to t	he bes	t of my knowledge and
	bel	ief, they are true, correct, and complete. Declaratio	n of preparer (othe	er than taxpayer) is b	ased on all informatio	on of which	prepare	er has any knowledge.
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
								IN, enter it here
Joint return? See instructions.				VALIDATIO	(see in	<i>,</i>		
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat			nt your spouse an ection PIN, enter it here	
your records.				HOMEMAKER		(see in	· .	
	Ph	one no. (234)281-9286	Email address		41234@GMAIL.CO)M		
		eparer's name Preparer's sign		·	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		GUPTA TALLAM	04/11/2023	P02082	703	Self-employed
Preparer		m's name GLOBAL TAXES LLC	0110111			Phone		678) 965-9522
Use Only		m's address 245 ROONEY CT E BE	UNSWICK N	J 08816		Firm's		84-3171965
Go to www.irc.co		n1040 for instructions and the latest information.	CINDWICIC IN			111115		Form 1040 (2022)
GO 10 WWW.115.90	JVITOIII	ווטיווופוועטווטווש מוע נוופ ומנפט ווווטווומנוטוו.		BAA	REV 03/22/23 PRO			

BAA

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

Acceptance

Agent's

Application for IRS Individual Taxpayer Identification Number

(Rev. August 2019)	N For use hy individual			: danta	ONIB NO. 1343-0074				
Department of the Trea Internal Revenue Service		See separate instruction		idents.					
	I taxpayer identification number (I			 Application t 	ype (check one box):				
Before you begi				🔀 Apply	for a new ITIN v an existing ITIN				
-	ubmitting Form W-7. Read the inst ederal tax return with Form W-7 u	5			o, c, d, e, f, or g, you				
a 🗌 Nonresiden	t alien required to get an ITIN to claim tax	k treaty benefit							
b 🗌 Nonresiden	t alien filing a U.S. federal tax return								
_	nt alien (based on days present in the L								
d 🗌 Dependent	of U.S. citizen/resident alien] If d, ent	er relationship to U.S. ci	tizen/resident alien (see	instructions) ►					
e 🛛 Spouse of U		, enter name and SSN/I AT RATNAM CHELI			ctions)► 718-63-2095				
f 🗌 Nonresiden	t alien student, professor, or researcher f								
_	spouse of a nonresident alien holding a	-	0	•					
h 🗌 Other (see i	nstructions) ►								
Additional informati	on for a and f : Enter treaty country b		and treaty article r	number 🕨					
Name	1a First name	Middle name		ast name					
(see instructions)	MANASA			BUTTA					
Name at birth if different ►	1b First name	Middle name	La	ast name					
Applicant's Mailing	2 Street address, apartment number, 165 CAPRICORN DR Apt		f you have a P.O. box,	see separate instru	uctions.				
Address	City or town, state or province, and	country. Include ZIP co	de or postal code where	e appropriate.					
	HILLSBOROUGH				08844-4939				
Foreign (non- U.S.) Address	3 Street address, apartment number,	or rural route number.	Don't use a P.O. box nu	ımber.					
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth Information		ntry of birth DIA	City and state or provi		☐ MaleX Female				
Other Information	6a Country(ies) of citizenship 6b F INDIA	oreign tax I.D. number (i	f any) 6c Type of U.	S. visa (if any), numb	er, and expiration date				
mormadom	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.								
	USCIS documentation	Other		Date of entry i	nto				
				the United Sta	tes				
			p. date: 10/28/203		():				
	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		mon		and				
		First name	Middle name		Last name				
	6g Name of college/university or comp	any (see instructions)							
	City and state ►		Length of stay	•					
Sign Here	Under penalties of perjury, I (applicant/de documentation and statements, and to the information with my acceptance agent in ord	e best of my knowledge a	and belief, it is true, corre	ct, and complete. I a	authorize the IRS to share				
Keep a copy for your records.	Signature of applicant (if delegate,	see instructions)	Date (month / day / year)	Phone number					
, - 3	Name of delegate, if applicable (ty	pe or print)	Delegate's relationship to applicant	Parent 0	Court-appointed guardian				
• +	Signature		Date (month / day / year)						

Name of company

Name and title (type or print)

PTIN

Fax

EIN