(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

Submission Identification Number (SID)					
Taxpayer's name	Social security number				
GNANESWARA SAI A MARUPILLA	169-47-8322				
Spouse's name	Spouse's social security number				
CHANDHINI BAYINA	988-91-5618				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (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					
2 Total tax					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099					
4 Amount you want refunded to you					
5 Amount you owe	5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit of send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the LAGENT AGENT AGE	jection of the transmission, (b) the reason J.S. Treasury and its designated Financial dicated in the tax preparation software for ion to debit the entry to this account. This te the authorization. To revoke (cancel) a quests must be received no later than 2 e processing of the electronic payment of payment. I further acknowledge that the				
Electronic Funds Withdrawal Consent.					
Taxpayer's PIN: check one box only	7 8 3 2 2				
	e my PIN  Enter five digits, but don't enter all zeros				
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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.  Your signature ► Date ►	hod. The ERO must complete Part III				
O					
Spouse's PIN: check one box only	e my PIN 1 5 6 1 8 as my				
X I authorize GLOBAL TAXES LLC to enter or generate	Enter five digits, but				
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros				
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 met below.	hod. The ERO must complete Part II				
$\Omega$	1 1				
Spouse's signature ▶ B. Chandhini. Date ▶	01/23/29				
Practitioner PIN Method Returns Only—continue below	w				
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 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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this return in accordance with th				
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do So				
For Paperwork Reduction Act Notice, see your tax return instructions. RAA REV 01/12/24 P	0070				

## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1-Dec.	31, 2023, or other tax year beginning		, 2023, end	ing		, 20	See sepa	arate instructions.
Your first name and middle initial Last name					Your social security number				
GNANESWARA SAI A MARUPILLA						169 47 8322			
If joint return, spouse's first name and middle initial  Last name						Spouse's social security number			
CHANDHINI BAYINA						988   91   5618			
		and street). If you have a P.O. box, see					Apt. no.	President	tial Election Campaign
5500 W 1	33RD	TER					825	Check he	ere if you, or your
City, town or post office. If you have a foreign address, also complete spaces below.  State  ZIP code								filing jointly, want \$3 his fund. Checking a	
OVERLAND PARK			KS 6			66209	6209 box below will not ch		
Foreign country name			Foreign province/state/county				Foreign postal code	your tax	or refund.
									You Spouse
Filing Status Check only one box.  Check only one had income)  Check on had income had income)  Check on had income had income)  Check on had income had income had income)  Check on had income had incom									
Digital Assets		y time during 2023, did you: (a) rec ange, or otherwise dispose of a dig							☐ Yes
Standard	Some	eone can claim:  You as a de	penden	t	e as a	dependent			
Deduction		pouse itemizes on a separate retur	n or you	u were a dual-status	alien				
Age/Blindness	. You:	☐ Were born before January 2, 1	959 [	Are blind Spo	ouse:	☐ Was bor	n before January	2. 1959	☐ Is blind
Dependents				(2) Social security	T	(3) Relationsh	T(4) Ob 1, 45 - 5		es for (see instructions):
		rst name Last name		number		to you	Child tax c	redit C	Credit for other dependents
If more than four	<del>``</del>								
dependents,		1							
see instructions and check	ee instructions —								
here									
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions) .				. 1a	111,078.
	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	. 1c						
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see i	nstruc	ctions)		. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							
was withheld.	f	Employer-provided adoption bene	efits fror	n Form 8839, line 29				. 1f	
If you did not	g	Wages from Form 8919, line 6 .	. 1g						
get a Form W-2, see	h	Other earned income (see instruct	ions)					. 1h	0.
instructions.	i	Nontaxable combat pay election (	see inst	ructions)		<u>1i</u>		<u> </u>	111 050
	Z	Add lines 1a through 1h	1					. 1z	111,078.
Attach Sch. B	2a		2a			xable interes		. 2b	
if required.	3a		3a				nds	. 3b	
Standard	4a	IRA distributions	4a			axable amoun		. 4b	
Deduction for -	5a	Pensions and annuities	5a			axable amoun		. 5b	
<ul> <li>Single or Married filing</li> </ul>	6a	Social security benefits	6a			axable amoun	t	. 6b	
separately,								- 1	
\$13,850 • Married filing	ried filing						. 8	17 510	
jointly or Qualifying	8	Additional income from Schedule 1, line 10							-17,518.
surviving spouse,	viving spouse, 9 Add lines 12, 20, 30, 40, 50, 60, 7, and 6. This is your total income						. 9	93,560.	
\$27,700 • Head of	10	Adjustments to income from Sche						. 10	02 500
household, \$20,800	11	Subtract line 10 from line 9. This i	•					. 11	93,560.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized deductions (from Schedule A)							27,700.
any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A							. 13	27,700.	
Deduction, see instructions.	14 15	Add lines 12 and 13							65,860.
	13	Subtract line 14 HOITI line 11. If Ze	io or les	33, GITTOI "U". ITIIS IS )	your <b>t</b> e	avanie ilicoli		. 15	00,000.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	f any from Form(	s): <b>1</b> 8814	<b>2</b> 4972	3 🗌		. 1	6	7,465.
Credits	17	Amount from Schedule 2, line 3								
	18	Add lines 16 and 17						. 1	8	7,465.
	19	Child tax credit or credit for c	ther dependent	s from Schedu	le 8812			. 1	9	
	20	Amount from Schedule 3, line	8					. 2	0	
	21	Add lines 19 and 20						. 2	1	
	22	Subtract line 21 from line 18. If zero or less, enter -0							2	7,465.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							3	0.
	24	Add lines 22 and 23. This is your total tax								7,465.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	10,5	36.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	)			25c				
	d	Add lines 25a through 25c						. 2	5d	10,536.
If you have a	26	2023 estimated tax payment	s and amount ap	oplied from 20	22 return			. 2	6	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	, line 8		29				
	30	Reserved for future use .				30		14		
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							12	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>							3	10,536.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>						. 3	34	3,071.
Horana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						□ 3:	5a	3,071.
Direct deposit?	b	Routing number 0 5 1 0 0 0 1 7 c Type: X Checking Savings						/ings		
See instructions.	d	Account number 4 3 5 0 3 8 9 2 4 4 7 7								
	36	Amount of line 34 you want applied to your 2024 estimated tax								
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37	
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See				
Designee		structions					es. Com	plete belo	w.	⊠ No
		esignee's	Phone Personal number (				I identificat	ion		
0:		me nder penalties of perjury, I declare the	nat I have evamine		accompanying sch	edules and sta			nest c	of my knowledge and
Sign	be	lief, they are true, correct, and com	plete. Declaration	of preparer (other	than taxpayer) is b	ased on all inf	ormation of	of which pre	epare	er has any knowledge.
Here	Yo	our signature		Date	Your occupation			If the IRS	S sen	it you an Identity
								Protection PIN, enter it here		
Joint return?		Masajaja.		01/23/28	SOFTWARE	DEVELOP	ER	(see inst		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					f the IRS sent your spouse an dentity Protection PIN, enter it here	
your records.	/-	B. Chandhine -			01/23/29 HOME MAKER (S					ection i iiv, enter it nere
	Ph	Phone no. (571)230-0489 Email address PEDDIPALEM@GMAIL.COM					1			
		eparer's name	Preparer's signat		LUDDITINI	Date		TIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN	01/24/2	2024 P	020827	03	Self-employed
Preparer								Phone n		678) 965-9522
Use Only								Firm's E		84-3171965