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
VIRAT REDDY BARLA	056-59-7168
Spouse's name	Spouse's social security number
MEGHANA REDDY MITTAPALLY	APPLIED FOR
Part I Tax Return Information – Tax Year Ending December 31, 2023 (En	iter 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.	
<b>1</b> Adjusted gross income	<b>1</b> 78,410.
<b>2</b> Total tax	<b>2</b> 6,139.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 11,050.
4 Amount you want refunded to you	<b>. 4</b> 4,911.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy of your return)

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

I authorize	GLOBAL TAXES		to enter or generate my PIN	E
		ERO firm name		

9	7	1	6	8	as my
Ent don	er fiv i't er	ter a	gits, all ze	but ros	5

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

X

#### Spouse's PIN: check one box only

X lauthorize 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 ►	Da	ate 🕨	•						
	ner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentica	tion – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN fol	lowed by your five-digit self-selected PIN.	2	2		6 C		7	1	

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 🕨	
	n This Form — See Instructions to the IRS Unless Requested To Do So	
Experies of Deductive Ast Matter sector states at a factor		E 9970 (D 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or stap	le in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	1		, 20	See se	parate in	structions.
Your first name	and m	iddle initial	Last r	name						Your so	cial secu	rity number
VIRAT RE	צמסי		BAR	T.A						056	59	7168
		s first name and middle initial	Last r							-		security number
MEGHANA	REDI	ΩY	мтт	TAPALI	Y					APP	LI	ਜ ਰਤ
		er and street). If you have a P.O. box, see			<u> </u>			A	Apt. no.			tion Campaign
16874 SM	1 1 S'	τ. Τ										u, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP o	ode			pintly, want \$3
PEMBROKE	E PII	NES				FI	-	330	27	, v		d. Checking a ot change
Foreign country				Foreign p	rovince/state/	count	ty		n postal code		k or refun	•
											🗌 You	J 🗌 Spouse
Filing Status	; [	Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)								
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's nam	ne if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	Atar	ny time during 2023, did you: (a) rec	eive (a	s a rewar	d award or	navr	ment for prope	ertv or	services): or	(b) sell		
Assets		hange, or otherwise dispose of a dig						-			2 Yes	s 🛛 No
Standard	Som	eone can claim:  You as a de	pende	nt 🗌	Your spous	e as	a dependent	, ,		,		
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind <b>Spo</b>	ouse	: 🗌 Was bor	rn befo	ore January	2, 1959	🗌 Is	blind
Dependents	<b>s</b> (see	instructions):		(2) 5	Social security	,	(3) Relationsh	nip (4	-		· ·	ee instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax c	redit	Credit for	other dependents
than four												
dependents, see instructions	s ——											<u> </u>
and check												<u> </u>
here												
Income	1a	Total amount from Form(s) W-2, b										73,494.
Attach Form(s)	b	Household employee wages not re	•		.,						-	
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•				· · · ·					
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f			, ,			• •		. 1d . 1e	-	
1099-R if tax was withheld.	e f	Employer-provided adoption bene			-			• •		· 1f	-	
If you did not		Wages from Form 8919, line 6.						• •		· 10		
get a Form	g h	Other earned income (see instruct				• •		• •		. 1h	·	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			• •	1i					
motractions.	z	Add lines 1a through 1h				• •		·		. 1z		73,494.
Attach Sch. B	 2a	Ŭ I	2a				axable interes	• •		. 2b	-	
if required.	3a	· ·	3a				Ordinary divide					
	4a		4a				axable amoun			. 4b	-	
Standard	5a		5a	10,	,815.		axable amoun			. 5b	-	4,916.
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amoun			. 6b	-	i
Married filing	с	If you elect to use the lump-sum e	lection	method.	check here				[			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,		[	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10										
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-							. 9		78,410.
\$27,700	10	Adjustments to income from Sche		•						. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		78,410.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	2	27,700.
If you checked any box under	13	Qualified business income deduct				,	5-A			. 13	;	
Standard Deduction,	14	Add lines 12 and 13								. 14	-	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	ne .		. 15	5	50,710.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	8)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	5,647.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,647.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8				[	20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,647.
	23	Other taxes, including self-e					[	23	492.
	24	Add lines 22 and 23. This is					[	24	6,139.
Payments	25	Federal income tax withheld							,
<b>.</b>	а	Form(s) W-2				<b>25a</b>	,094.		
	b	Form(s) 1099				<b>25b</b> 1	,956.		
	с	Other forms (see instructions				25c	<i>.</i>		
	d	Add lines 25a through 25c	<i>.</i>					25d	11,050.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return		[	26	· · · · · ·
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, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	11,050.
Refund	34	If line 33 is more than line 24						34	4,911.
norana	35a	Amount of line 34 you want				, ,	. П İ	35a	4,911.
Direct deposit?	b	Routing number 2 6 7	0 8 4 1	3 1			Savings		
See instructions.	d	Account number 5 5 6					Jan Jan		
	36	Amount of line 34 you want a		2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		•	•				omplete be	elow.	🗙 No
	De	signee's		Phone		Pers	onal identific	cation	
	nar			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration			ased on an information			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					PROJECT EN	JGINEER	(see in		in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sian.	Date	Spouse's occupat		If the I	RS ser	nt your spouse an
Keep a copy for	-1-	,,,,,,					Identit	ty Prote	ection PIN, enter it here
your records.					HOME MAKEI	२	(see in	ist.)	
	Ph	one no. (719) 663-169		Email address	BARLAVIRATR	EDDY@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/21/2024	P02082	703	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone	∍no. (	678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form <b>1040</b> (2023)

REV 02/11/24 PRO

SCHEI	DULE	2
(Form	1040)	

Department of the Treasury

## **Additional Taxes**

OMB No. 1545-0074

20

Atta	ch to	Form	1040,	1040	D-SR, or `	1040-	NR.	
	·			-				

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest	information.			Attachment Sequence No. <b>02</b>			
Name	e(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR				security number			
		ARLA & MEGHANA REDDY MITTAPALLY		056-59	9-71	168			
Pa	rt I Tax								
1	Alternative I	Alternative minimum tax. Attach Form 6251							
2	Excess adv	ance premium tax credit repayment. Attach Form 8962			2				
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-	NR, line 1	7	3				
Par	rt II Other	Taxes							
4	Self-employ	yment tax. Attach Schedule SE			4				
5		urity and Medicare tax on unreported tip income.	5						
6	Uncollecteo Form 8919	d social security and Medicare tax on wages. Attach	6						
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6			7				
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5	5329 if req	uired.					
	If not requir	red, check here		. 🗙	8	492.			
9	Household	employment taxes. Attach Schedule H			9				
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if requ	iired	[	10				
11	Additional N	Medicare Tax. Attach Form 8959		[	11				
12	Net investm	nent income tax. Attach Form 8960			12				
13		d social security and Medicare or RRTA tax on tips or rom Form W-2, box 12 .................			13				
14		tax due on installment income from the sale of certair ares			14				
15		the deferred tax on gain from certain installment sales w		-	15				
16	Recapture of	of low-income housing credit. Attach Form 8611		[	16				
				(col	ntin	ued on page 2,			

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	_		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	_		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	_		
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b .		21	4	92.
	BAA	REV 02/11/24 PRO	Schedu	ule 2 (Form 1040	) 2023

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

## Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See sepa	arate instruc		intreside	1115.		
An IRS individual	I taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax purpose	s only.	Application	type (check one box):	
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security					SN).		for a new ITIN v 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					
	alien filing a U.S. federal tax retur							
	c 🗌 U.S. resident alien <b>(based on days present in the United States)</b> filing a U.S. federal tax return							
d Dependent of U.S. citizen/resident alien   If d, enter relationship to U.S. citizen/resident alien (see instructions)								
e 🛛 Spouse of U	Spouse of U.S. citizen/resident alien							
f 🗌 Nonresident	alien student, professor, or resea	rcher filing a U.S. t	federal tax re					
	spouse of a nonresident alien hold	ing a U.S. visa						
h 🗌 Other (see in	,							
	ditional information for a and f: Enter treaty country ► 1a First name			And treaty article numb Middle name				
Name	MEGHANA REDDY					MITTAPALLY		
(see instructions)	-		Middle name			ast name		
Name at birth if different					Luot	lamo		
	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.							
Applicant's Mailing	16874 SW 1ST							
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.							
Addi 000	PEMBROKE PINES FL USA 33027							
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>							
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.							
Birth Information	4 Date of birth (month / day / year) 12/26/2000		City and state or province (optional) 5 Male					
	12/26/2000 INDIA 6a Country(ies) of citizenship 6b Foreign tax I.D. number							
Other Information	INDIA							
	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.							
	USCIS documentation							
	the United States Issued by: INDIA No.: Z6184646 Exp. date: 04/19/2031 (MM/DD/YYYY):							
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?							
	No/Don't know. Skip line 6f.							
	<b>Yes.</b> 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 Middle name Last name							
	6g Name of college/university or company (see instructions) ▶							
	City and state Length of stay							
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.							
	Signature of applicant (if delegate see instructions) Date (month / day / year) Phone number							
Keep a copy for your records.								
	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant       Parent       Court-appointed guardian         Delegate's relationship       Power of attorney				
Acceptance Agent's	Signature			Date (month / day / yea		Phone		
						Fax		
Use ONLY	Name and title (type or print	Name of company		EIN		PTIN		
				Office co		code		

REV 02/11/24 PRO