Form **8879**

(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 Ide	entification Number (SID)								
Taxpayer's name	Social sec	I security number							
VENKATESH	PODILI	778-72-6304							
Spouse's name			Spouse's social security number						
	NI TONDEPU	APPLIED FOR							
Part I Ta	x Return Information — Tax Year Ending December 31, 202	3 (Enter year you	ı are au	thorizing	.)				
	llars only on lines 1 through 5.								
	40-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 -						
	d gross income				,028.				
	(,147.				
	(-)								
	you owe			/	,919.				
	expayer Declaration and Signature Authorization (Be sure you go		_	our retu	ırn)				
my knowledge ar return (original or to send my return for any delay in p Agent to initiate a payment of my fe authorization is to payment, I must business days pri taxes to receive personal identifica Electronic Funds	of perjury, I declare that I have examined a copy of the income tax return (original or and belief, it is true, correct, and complete. I further declare that the amounts in P amended) I am now authorizing. I consent to allow my intermediate service provide to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason processing the return or refund, and (c) the date of any refund. If applicable, I author an ACH electronic funds withdrawal (direct debit) entry to the financial institution accederal taxes owed on this return and/or a payment of estimated tax, and the financial or remain in full force and effect until I notify the U.S. Treasury Financial Agent to contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation to the payment (settlement) date. I also authorize the financial institutions involved confidential information necessary to answer inquiries and resolve issues related auton number (PIN) below is my signature for the income tax return (original or ame Withdrawal Consent.	art I above are the a er, transmitter, or elec- on for rejection of the rize the U.S. Treasun- count indicated in the al institution to debit terminate the autho ation requests must red in the processing I to the payment. I	amounts for tronic reference transmission of the electronic receivant of the electroni	rom the in turn original ssion, (b) the designated paration so to this accor or revoke of ved no late ectronic paratically	come tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the				
Taxpayer's PIN	N: check one box only		2 6 3	3 0 4					
X I author		enerate my PIN		digits, but	as my				
signati	ERO firm name ure on the income tax return (original or amended) I am now authorizing.			er all zeros					
	enter my PIN as my signature on the income tax return (original or amended are entering your own PIN and your return is filed using the Practitioner F.								
Your signature l	>	Date ►							
Spausa's DIN:	check one box only								
•	•	enerate my PIN			as my				
Z radire	Enter five	digits, but	asiny						
signati	ure on the income tax return (original or amended) I am now authorizing.		don't ente	er all zeros					
	enter my PIN as my signature on the income tax return (original or amender are entering your own PIN and your return is filed using the Practitioner F.								
Spouse's signa	uture ▶ □	Date ►							
	Practitioner PIN Method Returns Only—continue	e below							
Part III Ce	ertification and Authentication — Practitioner PIN Method Only								
ERO's EFIN/PI	N. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't	6 0 enter all ze	8 2 7 eros	1				
authorized to file	above numeric entry is my PIN, which is my signature for the electronic individual for tax year indicated above for the taxpayer(s) indicated above. I confirm that I he Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Prov	am submitting this r	eturn in a	accordance					
ERO's signature	e ▶	Date ▶							
	ERO Must Retain This Form — See Instruc								
	Don't Submit This Form to the IRS Unless Request								

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

£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		ırn 🥳	20 2 :	3	OMB No. 1545	-0074	IRS Use 0	Only—I	Do not w	rite or sta _l	ple in t	his space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				5	See separate instructions.					
Your first name and middle initial Last name									١	Your social security number			number	
VENKATE	VENKATESH PODILI							778 72 6304)4			
		s first name and middle initial	Last nan							5				ity numbe
SAI SARVANI TONDEPU							APP	LI	ED	F				
		er and street). If you have a P.O. box, see						Α.	pt. no.			·		Campaig
2994 NE	OVE	RLOOK DRIVE						2	2026		Check h	ere if yo	ou, or	your
		ice. If you have a foreign address, also co	mplete sp	aces below	<i>I</i> .	Sta	te	ZIP c			•	0,	•	, want \$3
HILLSBO	RO			OR			107101			•	this fun www.ill r		necking a	
					gn province/state/county Fo			Foreig	oreign postal code			or refu		arige
												Yo	u [Spous
Filing Statu	s	Single	-				Head of h	ouseh	old (HOH))				
_	_	Married filing jointly (even if only o	ne had ir	ncome)					(- ,	·				
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spous	se (Q	SS)			
One box.	If v	you checked the MFS box, enter the	name of	f vour spoi	use. If vou	ı che					,	ld's nar	ne if	the
		ualifying person is a child but not you		•					, -					
			· ·											
Digital		ny time during 2023, did you: (a) rece	•					-		•			r	7
Assets		nange, or otherwise dispose of a digi						et)? (Se	e instruc	tions	.)	∐ Ye	s [⊠ No
Standard		neone can claim:	•		•		a dependent							
Deduction	ш:	Spouse itemizes on a separate retur	n or you	were a du	al-status a	alien	<u> </u>							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bline	d Spo	use	: Was bor	n befo	re Januai	ry 2,	1959	☐ Is	blinc	t
Dependent	s (see	instructions):		(2) Soc	rial security		(3) Relationsh	14) Check the			fies for (s	ee ins	structions)
•	•	First name Last name		, , , , , , , , , , , , , , , , , , , ,			to you	Child tax		x cred	dit	Credit for	other	dependent
If more than four	•								Г	1			\Box	
dependents,									Ī	-			市	
see instruction and check	ns									1			一百	
here] —									1			一百	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructio	ns)						1a		$\frac{-}{121}$,028.
moonic	b	Household employee wages not re	•		,						1b			
Attach Form(s) W-2 here. Also	_	Tip income not reported on line 1a	•	, ,							1c			
attach Forms	d	Medicaid waiver payments not rep		•							1d			
W-2G and	e	Taxable dependent care benefits f			•						1e	_		
1099-R if tax was withheld.	THE CAN						1f							
If you did not	g	Wages from Form 8919, line 6.									1g			
get a Form	h	Other earned income (see instructi	ions)							•	1h			0.
W-2, see instructions.	2, see													
	z	Add lines 1a through 1h									1z		121	,028.
Attach Sch. B	<u>-</u> 2a	1	2a		· .	b Ta	axable interes	t .			2b			
if required.	3a		3a				ordinary divide				3b			
	4a		4a				axable amoun				4b			
Standard	5a		5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing	C	,		nethod. ch						Ė				
separately, \$13,850	ately,							7						
Married filing jointly or	8	,	al gain or (loss). Attach Schedule D if required. If not required, check here							8				
Qualifying	9		4b, 5b, 6b, 7, and 8. This is your total income						•	9	+	121	,028.	
Surviving spouse,								•	10	+		, 020.		
Head of	11	Subtract line 10 from line 9. This is	·					•	11	+	121	,028.		
household, \$20,800	12	Standard deduction or itemized	•	-						•	12			7,700.
If you checked any box under	13	Qualified business income deducti				,				•	13	_		,,,,,,,,
Standard	14						5-A			•	14		27	7,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								•	15	-		328

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	11,147.		
Credits	17	Amount from Schedule 2, lin	те 3					17			
	18	Add lines 16 and 17						18	11,147.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	1е 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	3. If zero or less, o	enter -0				22	11,147.		
	23	Other taxes, including self-e			•			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	11,147.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2	9,066.								
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	19,066.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
allach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812	!		28					
	29	American opportunity credit	from Form 8863	8, line 8 . .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	• • •							19,066.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	7,919.		
	35a								7,919.		
Direct deposit?	b	Routing number 0 2 1			c Type:	Checking	Savings				
See instructions.	d	Account number 3 8 1 0 3 8 3 7 4 7 0 2									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•			_					
Designee		instructions							⊠ No		
							nal identification er (PIN)				
Sign			hat I have examined		accompanying sche			the best	of my knowledge and		
_		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and 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	Yo	Your signature		Date		If the IRS sent you an Identity					
					· ·			Protection PIN, enter it here			
Joint return?				SOFTWARE ENGINEER				(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	Date	Spouse's occupat	ion		If the IRS sent your spouse an Identity Protection PIN, enter it here				
your records.					HOME MAKER				(see inst.)		
	———Ph	Phone no. (845)518-5222 Email address VENKATESHRPA37@GMAIL.COM									
		Preparer's name Preparer's signature Date PTIN							Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	, ,		GUPTA TALLAM		P0208	2703	Self-employed		
Preparer		m's name GLOBAL TA	1			1 22, 23, 2021			678)965-9522		
Use Only								Firm's EIN 84-3171965			
	I IIII 9 addiess 213 MOONET CT E DIVINSMICK IN MOOTO								0-1 21/1302		



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ VENKATESH PODILI f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name SAI SARVANI TONDEPU (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 2994 NE OVERLOOK DRIVE Apt 2026 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 97124 HILLSBORO USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 05/30/1997 Information ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: P7386025 Exp. date: 01/30/2027 Issued by: INDIA (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 Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign 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. Here 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 Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code