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 Identification Number (SID)	
Taxpayer's name	Social security number
MAHIDHAR MAMILLAPALLI	393-65-4614
Spouse's name	Spouse's social security number
PUSHPA POTHINENI	APPLIED FOR
Part I Tax Return Information — Tax Year Ending December	r 31, 2023 (Enter 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	
Part II Taxpayer Declaration and Signature Authorization (Be Under penalties of perjury, I declare that I have examined a copy of the income tax re	
my knowledge and belief, it is true, correct, and complete. I further declare that the return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of or any delay in processing the return or refund, and (c) the date of any refund. If apply Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the finance payment of my federal taxes owed on this return and/or a payment of estimated tax, authorization is to remain in full force and effect until I notify the U.S. Treasury Fin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pusiness days prior to the payment (settlement) date. I also authorize the financial ir taxes to receive confidential information necessary to answer inquiries and resolv personal identification number (PIN) below is my signature for the income tax return Electronic Funds Withdrawal Consent.	e service provider, transmitter, or electronic return originator (ERO) freceipt or reason for rejection of the transmission, (b) the reason plicable, I authorize the U.S. Treasury and its designated Financial ial institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This rancial Agent to terminate the authorization. To revoke (cancel) a syment cancellation requests must be received no later than 2 astitutions involved in the processing of the electronic payment of the issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
• •	to enter or generate my PIN 5 4 6 1 4 as my
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now	
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN and your return is filed using the below.	
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN as my
ERO firm name signature on the income tax return (original or amended) I am now	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) rannow	_
if you are entering your own PIN and your return is filed using the below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns O	nly—continue below
Part III Certification and Authentication — Practitioner PIN M	lethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	elected PIN. 2 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 elect authorized to file for tax year indicated above for the taxpayer(s) indicated above. requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorize	I confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form —	

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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ıple in this	space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , :					See separate instructions.			ions.	
Your first name and middle initial Last name									Your social security number					
MAHIDHAR MAMILLAPALLI									393 65 4614					
If joint return, spouse's first name and middle initial Last name										Spouse's social security numb				
PUSHPA			POTH	TNENT							APP LI ED F			
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.				ection Ca	
2045 E 1	BOST	ON ST						- -	3006				ou, or yo	
		ice. If you have a foreign address, also co	mplete sp	aces belo	DW.	Sta	te	ZIP c				Ο.	jointly, w	-
GILBERT						AZ	7	852	95		to go to this fund. Checking a box below will not change			
Foreign countr	y name		Fo	Foreign province/state/county F			Foreign postal code			your tax			ige	
												Yo	u 🗌	Spouse
Filing Status	s [Single					Head of h	ouseh	old (HOI	 ∃)				
Check only	×	Married filing jointly (even if only o	ne had in	icome)					,	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name of	your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	е
	qι	ıalifying person is a child but not you	ır depend	dent:										
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (as a	roward										
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	x X	No
Standard		neone can claim: You as a de					a dependent	,,, (0	30 1113114	Otion	J.,			
Deduction	_	Spouse itemizes on a separate retur	•											
Deddollon	<u> </u>		11 OI you	-	dai Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	use	: U Was bor						blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	_{iip} (4) Check t		1			
If more	(1) F	irst name Last name		number to you			to you	Child tax		ax cre	edit	Credit fo	r other de	pendents
than four										<u> </u>			_ <u>_</u>	
dependents, see instruction	s									<u> </u>			_ <u>_</u>	
and check	. —									<u> </u>			_ <u>_</u>	
here L														
Income	1a	Total amount from Form(s) W-2, b	`		,						1a		142,	<u>232.</u>
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see inst	tructions	s)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep			•	nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>l 1i</u>						1.40	000
	z	Add lines 1a through 1h									1z	_	142,	232.
Attach Sch. B if required.	2a		2a				axable interes				2b			
ii required.	3a		3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t			6b			
separately,	_C	If you elect to use the lump-sum e		,		`	,							
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here								. L	7					
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8		1 4 0	000	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		142,	232.	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11			232.
If you checked	12	Standard deduction or itemized				,					12	_	<u>27,</u>	700.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14										14		27,	700.
COO II IOU UUUI IOI IO.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor I	u Ibio io v	~ I IV 4	avabla incom	•			15	- 1	1 1 /1	h 2)

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	15,812.		
Credits	17	Amount from Schedule 2, lir		17							
	18	Add lines 16 and 17		18	15,812.						
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,812.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0		
	24	Add lines 22 and 23. This is	your total tax					24	15,812.		
Payments	25	Federal income tax withheld	from:								
_	а	Form(s) W-2				25a 23	3,557.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	23,557.		
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					
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8 . .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T	33	23,557.							
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	7,745.		
	35a	Amount of line 34 you want			is attached, chec	k here		35a	7,745.		
Direct deposit?	b	Routing number 3 2 2			c Type:	Checking	Savings				
See instructions.	d	Account number 7 7 0	1 8 2 0	3 3							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		,	•			_	omplete	below.	⋈ No		
								nal identification			
				no.			ber (PIN)				
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,		
Here		our signature	,	Date	Your occupation				, ,		
	10	Tour signature		Date	Tour occupation			If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				SOFTWARE E		(see inst.)					
See instructions.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation		f the IRS sent your spouse an				
Keep a copy for your records.					HOME MAKER		Identity Protection PIN, enter it here (see inst.)				
	———Ph	-				MAMILLAPALLI29@GMAIL.COM					
		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM	01/28/2024	P0208	2703	Self-employed		
Preparer		Firm's name GLOBAL TAXES LLC P							678)965-9522		
Use Only									84-3171965		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								01 21/1/03		



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 num	ber (ITIN) is	s for U.S. feder	al tax purposes	only.		ion type (check one box):		
Before you begin • Don't submit th	SN)		oply for a new ITIN enew an existing ITIN						
	ubmitting Form W-7. Read the								
	alien required to get an ITIN to cl				, ··		,		
	alien filing a U.S. federal tax retu								
c ☐ U.S. resident alien (based on days present in the United States) 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) ▶									
		,	,		,	-,			
	J _i	MAHIDHAR	MAMILLAPAI				202 (5 4614		
	alien student, professor, or resea	_		turn or claiming a	n exceptio	on			
	spouse of a nonresident alien hold	ding a U.S. vis	sa						
h Other (see in									
Additional information	on for a and f: Enter treaty country	/ ▶		and treaty ar					
Name	1a First name		Middle name		Last n				
(see instructions)	PUSHPA		. A			HINENI			
Name at birth if different ▶	1b First name		Middle name		name				
Applicant's	2 Street address, apartment no	umber, or rura	al route number. If	you have a P.O.	box, see	separate in	nstructions.		
Mailing	2045 E BOSTON ST								
Address	City or town, state or province	ce, and countr	ry. Include ZIP co	de or postal code					
	GILBERT			AZ	USA		85295		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or province	ce, and countr	ry. Include postal	code where appro	priate.				
Birth	4 Date of birth (month / day / year	Country of	birth	City and state or	province	(optional)	5 Male		
Information	01/08/1994	INDIA					Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (if	fax I.D. number (if any) 6c Type of U.S. vis			risa (if any), number, and expiration date		
iiiioiiiiauOII	6d Identification document(s) su	bmitted (see	instructions)	Passport [Driver's	s license/St	ate I.D.		
	USCIS documentation	Other	,	•					
		-				Date of en	•		
	Issued by: INDIA No.: Z6551217 Exp. date: 01/04/2032 (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. I	f more than o	ne, list on a sheet	and attach to this	form (see	e instructior	ns).		
	6f Enter ITIN and/or IRSN ▶	ITIN		IF		and			
	name under which it was iss			Lastrani					
	First name Middle name Last name 6g Name of college/university or company (see instructions) ▶								
	of 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.								
Keep a copy for	Signature of applicant (if delegate, see instructions) Date (month / day / year)						Phone number		
your records.	Name of delegate, if application	print) Delegate's relation to applicant		nship 👠 [Parent	ent Court-appointed guardian			
	N Signatura			(NOST)	Power of attorney				
Acceptance	Signature		Date (month / day	· / ⊢	Phone				
Agent's	Name and title /t-ma ar	Nome of -	ampany.		Fax				
Use ONLY	Name and title (type or prin	IJ	Name of co	EIN	PTIN				
	/		Office code						