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

	1.070.1100 001.1100						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	Social security number				
SATY	YA CHAITANYA KUMA MAMIDI	361-67-8300					
Spouse's	s name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	ire au	thorizina)		
	whole dollars only on lines 1 through 5.	your your	ii o aa	unonzing	•)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	112	2,677.		
2	Total tax		2		7,118.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,920.		
4	Amount you want refunded to you		4				
5	Amount you owe		5		198.		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	ceep a cop	y of y	our retu	ırn)		
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to fine to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle receive confidential information necessary to answer inquiries and resolve issues related to the pation Funds Withdrawal Consent.	itter, or electrection of the testion of the test. Treasury a cated in the test to debit the authorizates must be processing of ayment. I fur	onic reransmison on the control of t	turn origina ssion, (b) t designated paration so to this acc To revoke ved no lat lectronic pa cknowledge	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X		my PINI 7	8 3	3 0 0	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Your s	ignature ▶ Date ▶						
Spous	e's PIN: check one box only						
	I authorize to enter or generate	my PIN			as my		
	ERO firm name	En		digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	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 4 9 Don't ent	6 0 er all ze	-	7 1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	x return (orig itting this ret	inal or urn in a	amended) accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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



1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		rn 20 2	3	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				See separate instructions.				
Your first name	niddle initial	Last nam					Your social security number					
SATYA CHAITANYA KUMA MAMI								361 67 8300				
If joint return, spouse's first name and middle initial Last na											l security number	
Home address (number and street). If you have a P.O. box, see instructions.					Apt. n			pt. no.	Preside	ntial Ele	ection Campaign	
4411 SH	ADY	TERRACE LN						10		Check here if you, or your		
City, town, or p	ost off	ice. If you have a foreign address, also co	omplete sp	paces below. State ZIF			ZIP cc				jointly, want \$3	
TAMPA				FL 33			336	13	-	to go to this fund. Checking a box below will not change		
Foreign countr		Fo	Foreign province/state/county Fo			Foreig	oreign postal code		x or refu	_		
										Yo	ou Spouse	
Filing Status	s 🗵	Single				☐ Head of ho	ouseho	old (HOH)				
Check only		Married filing jointly (even if only o	ne had in	come)		_						
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spouse	se (QSS)			
		you checked the MFS box, enter the			u che	ecked the HOH	or QS	S box, ent	er the ch	ild's na	me if the	
	qι	ualifying person is a child but not your dependent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award, or	payr	nent for proper	ty or s	services); o	r (b) sell,			
Assets		nange, or otherwise dispose of a dig	•				-	•		□ Y	es 🗵 No	
Standard	Son	neone can claim:	ependent	☐ Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	1						
Age/Blindnes	e Vou	: Were born before January 2, 1	1959	Are blind Spe	ouse	• Was horr	n hefo	re January	2 1050		s blind	
				•			(4)				(see instructions):	
•	•	s (see instructions): (1) First name Last name		1 11		(3) Relationshi to you	ionip			1	or other dependents	
If more than four	()					-		+				
dependents,												
see instruction	s —											
and check here \Box] —							一百				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					. 1a		112,677.	
	b	Household employee wages not reported on Form(s) W-2						. 1k	,			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10	;		
attach Forms	d								. 10	i		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 16	,		
was withheld.	f	Employer-provided adoption bene					. 11	:				
If you did not	g	Wages from Form 8919, line 6							. 10	,		
get a Form W-2, see	h								. 1ŀ		0.	
instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h							. 12	<u>.</u>	112,677.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interest			. 2k)		
if required.	3a	· · ·	3a		b C	ordinary dividen	ıds .		. 3k)		
Standard	4a	IRA distributions	4a		b T	axable amount			. 4k)		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount			. 5k)		
Single or Married filing	6a	,	6a			axable amount			. 6Ł)		
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
jointly or Qualifying	8	Additional income from Schedule 1, line 10									110 655	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		112,677.	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26									110 655	
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11		112,677.	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							. 12		13,850.	
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13		12 050	
Deduction, see instructions.	14 15		zero or less, enter -0 This is your taxable income					. 15		13,850. 98,827.		
	10	Subtract mile 14 HOTH MIR 11. II Ze	10 01 1688	, citter -u-, IIIIS IS)	oui l	Lanable IIICUIII	᠃.		. 15	,	JU,UZI.	

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	17,118.	
Credits	17	Amount from Schedule 2, lir	ne3					. 17		
	18	Add lines 16 and 17						. 18	17,118.	
	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	B. If zero or less,	enter -0				. 22	17,118.	
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 21 .			. 23	0.	
	24	Add lines 22 and 23. This is	your total tax					. 24	17,118.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	16,92	20.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25d	16,920.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allach Sch. ElC.	28	Additional child tax credit from	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	. 32							
	33	Add lines 25d, 26, and 32. These are your total payments							16,920.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								
	35a	_								
Direct deposit?	b									
See instructions.	d	Account number								
	36	Amount of line 34 you want								
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						. 37	198.	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•			_				
Designee	instructions								⋉ No	
		esignee's me	Phone no.		Personal id number (P	l identification (PIN)				
Cian	name no. number (PIN) 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									
Sign	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 Your occupation			1	If the IRS sent you an Identity		
		·			, sa. sesapanen			Protection PIN, enter it here		
Joint return?			JAVA DEVELOPER				(see inst.)			
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	ion			e IRS sent your spouse an	
your records.								Identity Protection PIN, enter it here (see inst.)		
	Phone no. (270)994-1819 Email address CHAITANYAMAMIDI93@GMAIL.COM									
		eparer's name	ature Date PTIN					Check if:		
Paid		M PRIYA RAM SAGAR GUPTA	1 .		SAR GIIDTA	04/12/20		2082703	Self-employed	
Preparer									(678)965-9522	
Use Only				NSWICK N.	J 08816			Firm's EIN	84-3171965	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								0-1-21/1202	