

**IRS e-file Signature Authorization**

OMB No. 1545-0074

► **ERO must obtain and retain completed Form 8879.**  
► **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name VENKATA SUDHEER GALLA	Social security number 849-28-9440
Spouse's name SUSHUMA SUNITHA GALLA	Spouse's social security number 967-96-4350

**Part I Tax Return Information — Tax Year Ending December 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	119,351.
2	Total tax	10,284.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	14,255.
4	Amount you want refunded to you	3,971.
5	Amount you owe	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, 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 LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros 8 9 4 4 0
- 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 ► *V. Sudheer* Date ► 01/20/2024

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros 6 4 3 5 0
- 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 ► *Sush* Date ► 01/20/2024

Practitioner PIN Method Returns Only—continue below

**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 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 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 ►

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**



D-400 (50) 8-16-23

< Staple All Pages of Your Return and W-2s Here

Individual Income Tax Return 2023  
North Carolina Department of Revenue

Amended Return

DOR Use Only

For calendar year 2023, or fiscal year beginning 23 and ending

VENKATA SUDHE GALLA SUSHUMA SUNIT GALLA  
713 TOULOUSE COURT Your SSN: 849289440  
CARY NC 27519 WAKE Spouse's SSN: 967964350

Filing Status  1. Single  2. Married Filing Jointly  3. Married Filing Separately  4. Head of Household  5. Qualifying Widow(er)

Are you a veteran? Yes  No   
Is your spouse a veteran? Yes  No

Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes  No

Year spouse died: \_\_\_\_\_

Were you a resident of N.C. for the entire year? Yes  No   
Return for deceased taxpayer. Date of death: \_\_\_\_\_  
Was your spouse a resident for the entire year? Yes  No   
Return for deceased spouse. Date of death: \_\_\_\_\_

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)

Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.  
 Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
GALL	713	27519	DS	N	EA	N	TD			SD				FDEXT	N
VENKATA SUDHE	GALLA								849289440				WAKE		
SUSHUMA SUNIT	GALLA								967964350			NC	27519		
713 TOULOUSE COURT									CARY						
06		137003				16			0	26C					0
07		0				18	Y		0	26E					0
09		0				20A		5674		EU					
10A		0				20B			0	27					0
10B		0				21A			0	29					0
11	S	Y	I	N		21B			0	30					0
11		25500				21C			0	31					0
13		00000				21D			0	32					0
14		111503				26A			0	34					378
15		5296				26B			0						
TN	9374193984					PN		6789659522		PP					P02082703



Sign Return Below  Refund Due 378  Payment Due 0

I declare and certify 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.  Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

[Signature] 01/20/2024 [Signature] 01/20/2024 9374193984  
Your Signature Date Spouse's Signature (if filing joint return, both must sign.) Date Contact Phone No. (Include area code)

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

SYAM PRIYA RAM SAGAR GUPT 01 20 24 (678) 965-9522 P02082703  
Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code) Preparer's FEIN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640