## 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 n      | y number                                       |  |  |  |  |  |  |  |
| BANGAR CHERUKURI   | 830-97-7               | -7344  |  |  |  |  |  |  |  |
| Spouse's name  | Spouse's social        | -  |  |  |  |  |  |  |  |
| KANAKA CHERUKURI   | 309-47-9               |  |  |  |  |  |  |  |  |
|  | 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  |                        | <b>1</b>   174,926.                            |  |  |  |  |  |  |  |
| 2 Total tax  |                        | 2 21,296.                                      |  |  |  |  |  |  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |                        | 3 24,002.                                      |  |  |  |  |  |  |  |
| 4 Amount you want refunded to you  |                        | <b>4</b> 2,706.                                |  |  |  |  |  |  |  |
| 5 Amount you owe   |                        | 5  |  |  |  |  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k<br>Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)  |                        |  |  |  |  |  |  |  |  |
| 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 r  | ny PIN 7 7             | 3 4 4 as my                                    |  |  |  |  |  |  |  |
| ERO firm name  | Enter                  | five digits, but<br>enter all zeros            |  |  |  |  |  |  |  |
| 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 not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.   |                        |  |  |  |  |  |  |  |  |
| Your signature ► Date ►  |                        |  |  |  |  |  |  |  |  |
| Spouse's PIN: check one box only   |                        |  |  |  |  |  |  |  |  |
| I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.   | Enter                  | 0 0 2 3 as my five digits, but enter all zeros |  |  |  |  |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or amended) I am no   |                        |  |  |  |  |  |  |  |  |
| if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.  | od. The ERO m          | nust complete Part III                         |  |  |  |  |  |  |  |
| Spouse's signature ▶ Date ▶  |                        |  |  |  |  |  |  |  |  |
| 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 4 9 6  Don't enter a | 0 8 2 7 1<br>all zeros                         |  |  |  |  |  |  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tal authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In   | tting this return      | in accordance with the                         |  |  |  |  |  |  |  |
| ERO's signature ▶ Date ▶   |                        |  |  |  |  |  |  |  |  |
| ERO Must Retain This Form — See Instructions   |                        |  |  |  |  |  |  |  |  |
| Don't Submit This Form to the IRS Unless Requested To Do So  |                        |  |  |  |  |  |  |  |  |

## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 RRS Use Only—Do not write or staple in this space

|  | <u> </u>  | Of illustradus illoonio Ta/  |             | 4111                          | _                           |            | OND NO. 1343                | -0074   INS USE OF | ny — Do not v   | mile or sta                                  | tpie iii tiiis space. |  |
|--|---|--|-------------|-------------------------------|-----------------------------|------------|-----------------------------|--------------------|---|--|-----------------------|--|
| For the year Jan   | n. 1–Dec  | c. 31, 2023, or other tax year beginning   |             |                               | , 2023, end                 | ing        |                             | , 20               | See se  | parate i                                     | instructions.         |  |
| Your first name  | our first name and middle initial Last name                       |  |             |                               |                             | Your so    | Your social security number |                    |   |  |                       |  |
| BANGAR   | BANGAR CHERUKURI  |  |             |                               | 830                         | 97         | 7344                        |                    |   |  |                       |  |
| If joint return, s   | If joint return, spouse's first name and middle initial Last name |  |             |                               | Spouse                      | 's social  | security number             |                    |   |  |                       |  |
| KANAKA   |   |  | CHER        | UKURI                         |                             |            |                             |                    | 309   | 47   | 9023                  |  |
| Home address   | (numb   | er and street). If you have a P.O. box, see  | instruction | ons.                          |                             |            |                             | Apt. no.           | Preside   | ntial Ele                                    | ection Campaign       |  |
| _19336 C   | IRCL  | E GATE DRIVE   |             |                               |                             |            |                             | 202                |   | Check here if you, or your                   |                       |  |
| City, town, or post office. If you have a foreign address, also complete   |   |  | mplete s    | te spaces below. State Z      |                             |            |                             | ZIP code           | spouse if filing jointly, want to go to this fund. Checking |  |                       |  |
| GERMANTOWN   |   |  |             | MD                            |                             |            | 20874 box I                 |                    | low will r  | not change                                   |                       |  |
| Foreign country name   |   |  | F           | Foreign province/state/county |                             |            | Foreign postal cod          | e your ta          | x or refu   |  |                       |  |
| <b></b>  |   | 7 0:   |             |                               |                             |            |                             | I-I (I IOI I)      |   | ∐ Yo   | spouse                |  |
| Filing Status  | _   | Single  Married filing identity (even if only o  | na had i    |                               |                             |            | ☐ Head of no                | ousehold (HOH)     |   |  |                       |  |
| Check only   |   | <ul><li>Married filing jointly (even if only or<br/>Married filing separately (MFS)</li></ul>          | ne nad ii   | icome)                        |                             |            | Qualifying                  | surviving spouse   | (000)   |  |                       |  |
| one box.   | L If v  | you checked the MFS box, enter the   | name o      | f vour en                     | NOUSE If YOU                | ı che      |                             |                    |   | ild'e naı                                    | me if the             |  |
|  |   | ualifying person is a child but not you  |             |                               | ouse. II you                | CITE       | ecked the Hori              | 1 01 Q33 D0X, e11  | ter the ch  | iju s riai                                   | ne ii the             |  |
|  |   |  |             |                               |                             |            |                             |                    |   |  |                       |  |
| Digital  |   | ny time during 2023, did you: (a) reco   |             |                               |                             |            |                             | •                  |   | □Ye  | es 🗵 No               |  |
| Assets   |   | nange, or otherwise dispose of a digi  |             |                               |                             |            |                             | t)? (See instructi | ons.)   |  | S NO                  |  |
| Standard Deduction   |   | neone can claim:   | •           |                               | •                           |            | a dependent                 |                    |   |  |                       |  |
| Deduction  | <u> Ш</u>   | Spouse itemizes on a separate return   | n or you    | were a c                      | Juai-Status                 | anen       | l                           |                    |   |  |                       |  |
| Age/Blindnes   | s You   | : Were born before January 2, 1  | 959         | Are bli                       | nd <b>Spc</b>               | use        | : Was bor                   | n before January   | 2, 1959   | ls   | s blind               |  |
| Dependent  |   | •  |             |                               | ocial security              |            | (3) Relationsh              | ip   · ·           |   | 1  | see instructions):    |  |
| If more  |   | First name Last name   |             |                               | number                      |            | to you                      | Child tax          | credit  | Credit for                                   | r other dependents    |  |
| than four dependents,  | <u>MA1</u>  | NASVI CHERUKURI  |             | 781-                          | -70-510                     | 3          | Daughter                    | X                  |   |  |                       |  |
| see instruction  | s   |  |             |                               |                             |            |                             |                    |   |  |                       |  |
| and check  | , —   |  |             |                               |                             |            |                             |                    |   |  |                       |  |
| here L   | 4.0   | Total amount from Form(s) W-2, be  | ov 1 /oo    | o inatriiat                   | tions\                      |            |                             |                    | . 1a  | $\Box$                                       | 167,552.              |  |
| Income   | 1a<br>b   | • •  | •           |                               | •                           |            |                             |                    | . 1b  |  | 107,332.              |  |
| Attach Form(s)   | c   | Household employee wages not reported on Form(s) W-2   |             |                               |                             |            |                             |                    |   | ;  |                       |  |
| W-2 here. Also attach Forms  | d   | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                |             |                               |                             |            |                             |                    |   | <u>,                                    </u> |                       |  |
| W-2G and   | e   | Taxable dependent care benefits f  |             |                               | •                           |            |                             |                    | . 1e  |  |                       |  |
| 1099-R if tax was withheld.  | f   | Employer-provided adoption bene  |             |                               |                             |            |                             |                    | . 1f  |  |                       |  |
| If you did not   | g<br>g  | Wages from Form 8919, line 6.  |             |                               |                             |            |                             |                    | . 1g  |  |                       |  |
| get a Form   | h   | Other earned income (see instructi   |             |                               |                             |            |                             |                    | . 1h  |  | 0.                    |  |
| W-2, see instructions, i Nontaxable combat pay election (see instructions)   |   |  |             |                               |                             |            |                             |                    |   |  |                       |  |
|  | z   | Add lines 1a through 1h  |             |                               |                             |            |                             |                    | . 1z  | <u>.</u>                                     | 167,552.              |  |
| Attach Sch. B  | 2a  |  | 2a          |                               |                             | b T        | axable interest             | :                  | . 2b  | ,  | 7,248.                |  |
| if required.   | 3a  | Qualified dividends  | За          |                               | 126.                        | <b>b</b> C | Ordinary divider            | nds                | . 3b  | ,  | 126.                  |  |
|  | 4a  | IRA distributions  | 4a          |                               |                             | b T        | axable amount               | t                  | . 4b  | ,  |                       |  |
| Standard<br>Deduction for—   | 5a  | Pensions and annuities   | 5a          |                               |                             | b T        | axable amount               | t                  | . 5b  | ,  |                       |  |
| Single or  | 6a  | Social security benefits   | 6a          |                               |                             | b T        | axable amount               | t                  | . 6b  | ,  |                       |  |
| Married filing<br>separately,  |   |  |             |                               |                             |            |                             |                    |   |  |                       |  |
| \$13,850   | 7   | Capital gain or (loss). Attach Schedule D if required. If not required, check here $\dots \dots \dots$ |             |                               |                             |            |                             | □ _ 7              |   |  |                       |  |
| Married filing jointly or Qualifying surviving spouse, surviving s |   |  |             |                               |                             | . 8        |                             | 0.                 |   |  |                       |  |
|  |   |  |             |                               |                             | . 9        |                             | 174,926.           |   |  |                       |  |
| \$27,700   | 527,700 <b>10</b> Adjustments to income from Schedule 1, line 26  |  |             |                               |                             |            | . 10                        |                    |   |  |                       |  |
| Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Subtract line 10 from line 9. This is your adjusted gross income   Standard deduction or itemized deductions (from Schedule A)   Standard deduction or itemized deduction from Form 8995 or Form 8995-A   Standard deduction or itemized deduction from Form 8995 or Form 8995-A   Standard deduction from Form 8995 or Form 8995-A   Standard deduction from Form 8995-A   Standard deductio   |   |  |             |                               | . 11                        | Щ_         | 174,926.                    |                    |   |  |                       |  |
|  |   |  |             |                               | . 12                        | <u>!</u>   | 27,700.                     |                    |   |  |                       |  |
|  |   |  |             |                               | . 13                        |            |                             |                    |   |  |                       |  |
| Deduction,   | Deduction, 14 Add lines 12 and 13                                 |  |             |                               |                             | . 14       |                             | 27,700.            |   |  |                       |  |
| see instructions.  | 15  | Subtract line 14 from line 11. If zer  | o or less   | s. enter -                    | <ol><li>This is v</li></ol> | our t      | taxable incom               | е                  | . 15  | انا  | 147,226.              |  |