## 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.

Submission Identification Number (SID)

Taxpay	ers name	Soc	Social security number									
VAM	ISHI KUMAR BOGOJU	3	30-83-	-7158	3							
Spouse	s's name	Spo	Spouse's social security number									
Part	t I Tax Return Information – Tax Year Ending December 31, 2023 (	Enter yea	ar you a	re aut	horizing.)							
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			1	82,632.							
2	Total tax			2	10,438.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	13,558.							
4	Amount you want refunded to you			4	3,120.							
5	Amount you owe			5	,							

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

Under penalties of periury. 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

			FRO firm nan		Ēr
X	l authorize	GLOBAL TAXE	ES LLC	to enter or generate my PIN	
		-			1.3

3	7	1	5	8	
Ent dor	as my				

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 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

Date

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 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 E							 			
Practitioner PIN Method Returns Only—contin	ie bel	ow								
Part III Certification and Authentication – Practitioner PIN Method Only	,									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		_	6 nter a	 	2	7 1	

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 Reta Don't Submit This Forr	in This Form — See n to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return ins	tructions. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury–Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
VAMSHI KUMAR BOG										330	83	7158
		s first name and middle initial	name								I security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>605 SPUF</u>											,	/ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3 nd. Checking a
LIBERTY						TΣ		786		box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		_
											L Yo	ou Spouse
Filing Status				、			Head of ho	buseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	i income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the	nomo	ofvouro	nouse If you	, oh			ring spouse	. ,	ild'e ne	ma if the
		alifying person is a child but not you									iu s na	ine ii the
Digital		ny time during 2023, did you: (a) rece										
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ns.)		es 🛛 No
Standard		neone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	bu were a	dual-status	alien	1					
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959		s blind
Dependents	s (see	instructions):		(2)	(2) Social security (3) Relationship (4) C			) Check the b	ox if qual	fies for	(see instructions):	
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——											<u> </u>
and check	. —											<u> </u>
here	4	Tabal and a later from From (a) M( 0, b)			- 1' )					4		
Income	1a b	Total amount from Form(s) W-2, be	•		,					. 1a . 1b		82,632.
Attach Form(s)	c		d on Form(s) W-2................ nstructions) ...................					. 10				
W-2 here. Also attach Forms	d		•	on Form(s) W-2 (see instructions)					. 1d			
W-2G and	e	Taxable dependent care benefits f		•	, ,					. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			m Form 8839, line 29					. 1f		
lf you did not	g									. 19	1	
get a Form W-2, see	h	Wages from Form 8919, line 6         .						. 1h	1	0.		
instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h	. <u>.</u>							. 1z		82,632.
Attach Sch. B	2a	Tax-exempt interest	2a			b⊺	axable interest			. 2b	)	
if required.	3a		3a			b C	Ordinary divider	nds .		. 3b	)	
Standard	4a		4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amount	t	 r	. 6b	•	
separately, \$13,850	c -	If you elect to use the lump-sum el						• •	L r	╡╿╺		
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sched						• •	l		_	
jointly or Qualifying	8 9	Additional income from Schedule								. <u>8</u> . 9		0.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Scher						• •		· 9		02,032.
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is			aross incor			• •		. 11		82,632.
household, [ \$20,800	12	Standard deduction or itemized	-					• •	• • •	. 12	-	13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti					5-A			. 13	-	,000.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	ourt	taxable incom	е.				68,782.
					,							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	10,438.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17					[·	18	10,438.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		🔽	19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,438.	
	23	Other taxes, including self-e						23	0.	
	24	Add lines 22 and 23. This is						24	10,438.	
Payments	25	Federal income tax withheld							i	
	а	Form(s) W-2				<b>25a</b> 13	,558.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,				2	5d	13,558.	
If you have a	26	2023 estimated tax payment						26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T		-	•			32 33	13,558.	
Refund	34	If line 33 is more than line 24						34	3,120.	
neruna	35a	Amount of line 34 you want	-			, .		5a	3,120.	
Direct deposit?	b	Routing number 0 4 4					Savings			
See instructions.	d	Account number 5 1 9 0 2 9 6 2 0								
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	,							
Designee		structions	•				omplete belo	ow.	× No	
	De	signee's		Phone		Perso	onal identificat			
	nai	mē		no.		num	per (PIN)			
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								
Here			piete. Declaration	、				•	, 0	
	Yo	ur signature		Date	Your occupation				t you an Identity I, enter it here	
Joint return?				SOFTWARE ENGINEER (S				i, enter it here		
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sian.	Date	Spouse's occupat		If the IR	he IRS sent your spouse an		
Keep a copy for	opouse s signature. In a joint return, <b>both</b> must sign.						Identity	Protec	ction PIN, enter it here	
your records.						(see inst	.)			
	Ph	one no. (240) 413-128	5	Email address	VAMSHIKUMAR	0401@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	7	Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/23/2024	P020827	03	Self-employed	
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone n	o. (6	578)965-9522	
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)	