

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) ▶

| | |
|--|--|
| Taxpayer's name HARSHITHA VEDAGIRI | Social security number 168-71-0688 |
| Spouse's name | Spouse's social security number |

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 | 1 | 137,815. |
| 2 Total tax | 2 | 23,152. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 22,603. |
| 4 Amount you want refunded to you | 4 | |
| 5 Amount you owe | 5 | 549. |

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

| | | | | |
|---|---|---|---|---|
| 1 | 0 | 6 | 8 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- 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 ▶ _____ 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 | 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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial HARSHITHA Last name VEDAGIRI Your social security number 168 71 0688

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2599 EVANS ROAD Apt. no. 323 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. MORRISVILLE State NC ZIP code 27560 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and 2a through 2b, including descriptions like 'Total amount from Form(s) W-2, box 1' and 'Taxable interest'

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800

Table with columns 2a through 6a and 2b through 6b, including descriptions like 'Tax-exempt interest', 'Qualified dividends', 'IRA distributions', 'Pensions and annuities', 'Social security benefits', 'Taxable interest', 'Ordinary dividends', 'Taxable amount'

D-400 (50) 8-16-23

Individual Income Tax Return 2023

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

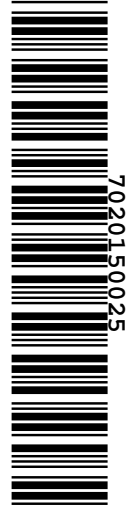
North Carolina Department of Revenue

Amended Return

DOR Use Only

For calendar year 2023, or fiscal year beginning 23 and ending
HARSHITHA VEDAGIRI
2599 EVANS ROAD 323 MORRISVILLE NC 27560 WAKE
Your SSN: 168710688 Spouse's SSN:
Filing Status: 1. Single (checked), 2. Married Filing Jointly, 3. Married Filing Separately, 4. Head of Household, 5. Qualifying Widow(er)
Were you a resident of N.C. for the entire year? Yes (checked), No
Was your spouse a resident for the entire year? Yes, No
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 1 PP Y DT N OC N TPRES Y SPRES N VT N SVT N
VEDA 2599 27560 DS N EA N TD SD FDEXT N
HARSHITHA VEDAGIRI 168710688 WAKE NC 27560
2599 EVANS ROAD 323 MORRISVILLE
06 137815 16 0 26C 0
07 0 18 Y 0 26E 0
09 0 20A 6054 EU
10A 0 20B 0 27 0
10B 0 21A 0 29 0
11 S Y I N 21B 0 30 0
11 12750 21C 0 31 0
13 00000 21D 0 32 0
14 125065 26A 0 34 113
15 5941 26B 0
TN 6572538336 PN 6789659522 PP P02082703



Sign Return Below [X] Refund Due 113 [] 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.
Your Signature Date Spouse's Signature (If filing joint return, both must sign.) Date Contact Phone No. (Include area code) 6572538336
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 02 27 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

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 137815 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 137815 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 12750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 12750 |
| | b. Subtract Line 12a from Line 8 | 12b. | 125065 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 125065 |
| 15. | N.C. Income Tax | 15. | 5941 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 5941 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 5941 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 6054 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------------|
| 21a. | 2023 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Additional Payments | 22. | 0 |
| 23. | Add Lines 20a through 22 | 23. | 6054 |
| 24. | Previous Refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 6054 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 113 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2024 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 113 |

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name HARSHITHA
Middle Initial Suffix
Last Name VEDAGIRI
Social Security No. 168-71-0688
Date of Birth 11/29/1996
or age as of 1-1- 2024 27
Date of Death
Daytime phone (657) 253-8336

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
or age as of 1-1- 2024
Date of Death
Daytime phone

Home phone (657) 253-8336

Check to print phone number on your return [X] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 2599 EVANS ROAD Apt No. 323
City MORRISVILLE State . NC ZIP Code . 27560
County WAKE
Foreign province/country Foreign postal code
Foreign code Foreign country

Part II – Resident Status

Taxpayer Spouse
[X] []
[] []
[] []

Form D-400: Full-Year Resident ►
Form D-400: Nonresident ►
Form D-400: Part-Year Resident ►

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet ►

Taxpayer residency dates From To
Spouse residency dates From To

Part III – Filing Status

- [X] 1 Single
[] 2 Married filing jointly
[] 3 Married filing separately
Spouse's name
Spouse's Social Security Number
[] 4 Head of household
[] 5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal Return Attachment:

Yes No
[] [X] Federal return attachment required

Dependent Information:

Yes No
[] [X] Can your parents (or someone else) claim you as a dependent?
[] [X] Can your parents (or someone else) claim your spouse as a dependent?

Veteran Information:

Yes No
[] [X] Are you a veteran?
[] [] Is your spouse a veteran?

Federal Automatic Extension:

Yes No
[] [X] Were you granted an automatic extension to file your 2023 federal income tax return

NC Itemized Deductions or NC Standard Deduction:

- [] Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
[] Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name . . _____
Phone Number _____

Part V – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 01
QuickZoom to Firm/Preparer Info ▶ _____

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to the North Carolina Department of Revenue.

File **state** return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled _____ Preparer First name . . SYAM
Date return was accepted by state _____ Preparer Middle initial . . _____
Date Form D400V was given to client _____ Preparer Last name . . PRIYA RAM SAGAR GUPTA TALLAM

Electronic Filing of Amended Return:

The amended return will be filed electronically
Date amended return was Efiled _____
Date amended return was accepted by the state _____

Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)

See Tax Help for Refund Expectation

Yes No
 Use **direct deposit** for **state tax refund**? (Electronic Filing Only)
 Do you want **electronic funds withdrawal** of **state tax payment** (EF Only)?
 Use **electronic funds withdrawal** for state tax payment of **amended return**? (EF Only)

Enter the following information if you want to directly deposit the state tax refund:

Bank Information:

Name of Financial Institution (optional) . . . US BANK
Check the appropriate box:
Checking Routing number . . 122235821
Savings Account number . . 157517698708

Enter the following information only if you are requesting direct debit of balance due:

Type of account Personal Business
Enter the payment date to withdraw from the account above _____
State balance-due amount from this return _____

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above _____
State balance-due amount paid with this amended return _____

International ACH Transactions

Yes No
 Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?

Part VIII – Extension Status

If the North Carolina tax return can't be filed by April 15th, a 6-month automatic extension of time to file is allowed. **Note:** An extension of time to file is **not** an extension of time to pay.

| Yes | No | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tax return due date extended? |
| <input type="checkbox"/> | <input type="checkbox"/> | Out of the country on the date that this application was due? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the tax return due date been extended by filing a NC extension using Form D-410? |
| Extended due date _____ | | |

Filing and acceptance information (Electronic Filing Only)

| | |
|---|--------------------------------|
| <input type="checkbox"/> | File extension electronically? |
| <input type="checkbox"/> | Extension accepted? |
| Extension filing date _____ | |
| Extension acceptance date _____ | |

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

| Yes | No | |
|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of extension tax payment? |
| Enter settlement date to withdraw the extension amount from the account above _____ | | |
| Balance-due amount paid with this extension _____ | | |

QuickZoom to Form D-410, Application for Extension of Time to File ► _____