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

1.1.0.1.0.1.0.1.0.0.0.0.0.0.0.0.0.0.0.0					
Submission Identification Number (SID)					
Taxpayer's name	Social securit	ty number			
RAVINDRA GALLA	074-59-	-9367			
Spouse's name	Spouse's social security number				
KALPANA MARRIPUDI	994-95	-4176			
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you a	re 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 1			
1 Adjusted gross income		1 108,122.			
2 Total tax		2 9,211.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 16,102.			
4 Amount you want refunded to you		4 6,891.			
5 Amount you owe		1 - 1			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the income tax return (original to the control of the con		<u> </u>			
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finantization is to remain in full force and effect until I notify the U.S. Treasury Financial Agrayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original electronic Funds Withdrawal Consent.	or reason for rejection of the trauthorize the U.S. Treasury are ion account indicated in the transcial institution to debit the ent to terminate the authorization requests must be involved in the processing of related to the payment. I furt	ransmission, (b) the reason nd its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as e received no later than 2 f the electronic payment of ther acknowledge that the			
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter	er or generate my PIN	as mv			
ERO firm name	Ent doi	ter five digits, but n't enter all zeros			
signature on the income tax return (original or amended) I am now authorizi	ng.				
I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.					
Your signature ►	Date ▶				
Spouse's PIN: check one box only					
X I authorize GLOBAL TAXES LLC to ente	er or generate my PIN 5	· · · · · · · · · · · · · · · · · · ·			
signature on the income tax return (original or amended) I am now authorizi		ter five digits, but n't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.	ended) I am now authorizii				
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—co	ntinue 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 F		6 0 8 2 7 1 er all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	that I am submitting this retu	irn in accordance with the			
ERO's signature ▶	Date ►				
ERO Must Retain This Form — See Ins					

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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate instruc	ctions.
Your first name	and m	iddle initial	Last na	ame					Your so	ocial security n	umber
RAVINDR <i>I</i>	Ā		GALI	LΑ					074	59 936	57
		s first name and middle initial	Last na							's social securi	
KALPANA			MARE	RIPUDI					994	95 417	16
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ential Election	Campaign
7330 GAI	LLAG	HER DR					B-148		Check I	here if you, or	your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code		•	if filing jointly,	
EDINA					MN	I	55435			o this fund. Cho low will not cho	
Foreign country	/ name			Foreign province/state/o	count	у	Foreign postal	code		x or refund.	3 -
										You	Spouse
Filing Status	, [Single				Head of ho	ousehold (HC	H)			
Check only	_	Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	ouse (QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS box	, enter	r the ch	ild's name if t	the
	qu	alifying person is a child but not you	ır depei	ndent:							
Distribut	Λ+ οι	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	nav/n	nont for propor	rty or convice	c): or l	(b) coll		
Digital Assets		nange, or otherwise dispose of a digi									X No
	_	eone can claim: You as a de					1). (000 1110111	3011011	.,		
Standard Deduction	_	Spouse itemizes on a separate return	•			a dependent					
Deduction	Ш.		ii Oi you		anen						
Age/Blindness	You	: Were born before January 2, 19	959 [Are blind Spo	ouse:	: Was bor	n before Janı	uary 2	, 1959	Is blind	l .
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	יין קי			ifies for (see ins	
If more	(1) F	irst name Last name		number		to you	Child	tax cre	edit	Credit for other	dependents
than four											
dependents, see instruction	s ——										
and check	, —										
here L											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	108	, 122.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b)	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							10	1	
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f	·		
If you did not get a Form	g	Wages from Form 8919, line 6 .							19		
W-2, see	h	Other earned income (see instructi	,						1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				100	100
	<u>z</u>	<u> </u>							1z		<u>,</u> 122.
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
	3a		3a			rdinary divider			3b		
Standard	4a	_	4a			axable amount			4b		
Deduction for—	5a		5a			axable amount			5b		
Single or Married filing	6a	Social security benefits 6a b Taxable amount					6b	1			
separately, \$13,850	c	,		,	`	,			- -		
Married filing	7	Capital gain or (loss). Attach Sched						. L			
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	•						8		0. ,122.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		<u>,</u> ⊥∠∠.
Head of	10	Adjustments to income from Sche							10		1 2 2
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-					11		<u>,122.</u>
If you checked	12	Standard deduction or itemized				 5 A			12		<u>,</u> 700.
any box under Standard	13	Qualified business income deducti		III OIIII 0990 OF FORM	099	J-A			13		,700.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer		es antar -0 - This is w	 Our +	avahla incom			14		,700. ,422.
		Subtract mile 14 HOLLI III E 11. II ZEI	J 01 168	,,, onto -u-, iiilo io y	Jui t	<u> </u>			10	, 1	,

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	9,211.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	9,211.
	19	Child tax credit or credit for c	ther dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9,211.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	9,211.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2							
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						25d	16,102.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit f	rom Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. These are your total payments						33	16,102.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	6,891.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							6,891.
Direct deposit?	b	Routing number 0 7 5				Checking	Savings		
See instructions.	d	Account number 1 8 2	3 7 9 6	3 9 8 2	2 2 1				
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37	
	38	Estimated tax penalty (see in:	_	-		38		0,	
Third Party Designee	Do	you want to allow another structions	person to disc	cuss this retu	rn with the IRS?	See	omplete b	nelow.	⊠ No
Designee	De	signee's		Phone			onal identif		
	na	mě		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and comp							
Here	Yo	Your signature		Date Your occupation				nt you an Identity	
				SOFTWARE ENGINEER			ection P inst.)	IN, enter it here	
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Data		`	, ,		
Keep a copy for your records.				Date Spouse's occupation HOME MAKER			Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
	Ph	one no. (612)247-6138	}	Email address	RAVINDRA.GALI		MC		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/19/2024	P0208	2703	Self-employed
Preparer	Fir								678) 965-9522
Use Only	Fir							's EIN	84-3171965
<u> </u>		10101 : 1 : 1 : 1 : 1 : 1							- 1040





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

	NDRA st Name and Initial	GALLA Last Name		074599367 Your Social Security Number		11989 e of Birth (MM/DD/YYYY)
KALPANA If a Joint Return, Spouse's First Name and Initial		MARRIPUDI Spouse's Last Name	994954176 Spouse's Social Security Num			31999 Date of Birth
) GALLAGHER DR APT #B Home Address	-148		Check if Address is:	Nev	w Foreign
EDIN City	IA .			MN State	5543 ZIP Code	5
2023	B Federal Filing Status (plac	e an X in one b	ox):			
(1)	S	Married Filing Separately pouse Name pouse SSN		(4) Head of Household	(5) Qualify	ving Surviving Spouse
	E Elections Campaign Fund \$5 to this fund, enter the code for the party of your	r choice. It will help candidat	es for state offices pa	y campaign expenses. This will r	not increase your	tax or reduce your refund.
Your Cod	Political Party Code le Spouse's Code			Grassroots/Legalize Cannabis Libertarian		
Fron	n Your Federal Return (see	instructions)				
A. Wage	108122 es, salaries, tips, etc. B. IRA, pensions	o, and annuities	C. Unemployme	O D	804 D. Federal taxable	
1	Federal adjusted gross income (from line	11 of federal Form 104	0 and 1040-SR) .		. 1 ■	108122
2	Additions to income from line 10 of Sched	lule M1M and line 9 of S	Schedule M1MB (s	see instructions)	2 ■	
3	Add lines 1 and 2				3	108122
4	Itemized deductions (from Schedule M1S	A) or your standard dec	duction (see instru	uctions)	4 ■	27650
5	Exemptions (from Schedule M1DQC)			• • • • • • • • • • • • • • • • • • • •	5 🔳	
6	State income tax refund from line 1 of fed	leral Schedule 1			6 ■	
7	Subtractions from line 35 of Schedule M1	M and line 21 of Schedu	ıle M1MB (see ins	tructions)	7 ■	
8	Total subtractions. Add lines 4 through 7.				8	27650
9	Minnesota taxable income. Subtract line	8 from line 3. If zero or	less, leave blank.		9	80472
10	Tax from the table or schedules in the For	m M1 instructions			. 10	4833
11	Alternative minimum tax (enclose Schedu	le M1MT)		•••••	11 ■	
	Add lines 10 and 11				12	4833
1	Full-year residents: Enter the amount from Part-year residents and nonresidents: From line 13, from line 28 on line 13a, and from 13a ■ 13b ■	m Schedule M1NR, ente	r the amount fron	n line 32 on	. 13	4833

2023 M1, page 2



14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)	2 3 1	
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳 _	
15	Tax before credits. Add lines 13 and 14		15 _	4833
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16 ■ _	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave bla Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe			4833
19	Add lines 17 and 18		.19 _	4833
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G and S		20 ■ _	6638
21	Minnesota estimated tax and extension payments made for 2	2023	21 🔳 _	
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 ■ _	
23 24	Total payments. Add lines 20 through 22			
25	Direct deposit of your refund (you must use an account not a Savings Savings Routing Number	associated with a foreign bank): 2 182379639822 Account Number		
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also so this amount from line 24 or add it to line 26 (enclose Schedule	ubtract		
IF Y	Penalty and interest (see instructions)	to estimated tax, complete lines 29 and 30.	28 ■ _	
	Amount from line 24 you want sent to you			
	Amount from line 24 you want applied to your 2024 estimate ayer(s): I declare that this return is correct and complete to the		30 🔳 _	
Vour	Signature	Spouse's Signature If Filing Jointly)	- Data /	MM/DD/YYYY)
	22476138	RAVINDRA.GALLA369@GMAIL.		IVIIVI/ DD/ TTTT)
SYZ Paid	me Phone AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 89659522 arer's Daytime Phone	Email Address 02192024 Da MM/DD/YYYY) Syam@gtaxfile.com Preparer's Email Address		082703 or VITA/TCE # (required
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indicates.		

REV 02/08/24 PRO 1031





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

RAVINDRA		GALLA		074599367					
Your First Name and In		Last Name				Security Number			
KALPANA					99495				
If a Joint Return, Spouse's First Name and Initial Spouse's Last Name						Spouse's So	ocial Security Number		
complete this sched amounts to the nea W-2G; keep them w	lule to determine line rest whole dollar. You ith your tax records. s and Minnesota tax w	e 20 of Form N u must include All instruction	M1. List only the form this schedule when as are included on the	ms that re n you file y nis schedu	W-2G. If you have mor	ne tax withhe send in your	eld. Round dollar Forms W-2, 1099, or orms W-2,		
If the Form W-2 is fo			seven-digit Minnesota		vages, tips, etc.		a tax withheld		
• you, enter 1	box is checked,	Tax ID Numb	· ·		to nearest whole dollar)				
 spouse, enter ? 				,	,	•	,		
a1 <u>1</u>	_{b1} ×	c1 MN	2684759	d1	108122	e1	6638		
a2	b2	c2 MN		d2		e2			
a3	b3	c3 MN		d3		e3			
a4	b4	c4 MN		d4		e4			
a5	b5	c5 MN		d5		e5			
Subtotal for addit	tional Forms W-2 (fron	n line 5 on page	e 2)						
Total Minnesota	tax withheld on all Fo	rms W-2 (add	amounts in line 1, co	lumn E) .		1 🔳	6638		
 Minnesota tax wi A If the Form 1099, W- you, enter 1 spouse, enter 2 		B Payer's seve	042-S. If you have mo	C Incom	ur forms, complete line e amount (see the table on cck for amounts to include)	D Minnes	k. ota tax withheld to nearest whole dollar)		
a1		b1 MN		c1		d1			
a2		b2 MN		c2		d2			
a3		ьз ММ		c3		d3			
a4		b4 MN		c4		d4			
Subtotal for addit	tional 1099, W-2G, and	d 1042-S (from	line 6 on page 2)						
Total Minnesota	tax withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2■			
	tax withheld by partn		•			ર ■			
,	innesota tax withheld								
	oro and on line 20 of E		iiu J.			4 ■	6638		