## 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

	5							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social security number						
SHAE	RADA KARUMANCHI	751-99-7431						
Spouse'	s name	Spouse's social security number						
Dort	Toy Poture Information Toy Year Ending Personher 21 2002 (Enter	VOOR VOUL	ro 011	thorizina	<u> </u>			
Part	, ,	year you a	re au	trionzing.	)			
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	110	,862.			
2	Total tax		2		,686.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,754.			
4	Amount you want refunded to you		4		, 754. , 068.			
5	Amount you owe		5		,000.			
Part		еер а сор		our retu	rn)			
my know return ( to send for any Agent t paymer authoriz paymer busines taxes to persona Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Unionitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (settlement) at a payment inquiries and resolve issues related to the payled identification number (PIN) below is my signature for the income tax return (original or amended) I arnic Funds Withdrawal Consent.  Yer's PIN: check one box only	e are the am tter, or electrication of the to S. Treasury a cated in the to n to debit the the authorizests must be processing or ayment. I fur n now author	ounts for the counts of the co	from the inc turn originat ssion, (b) th designated paration sof to this acco To revoke (in ved no late ectronic pa cknowledge and, if applic	come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the			
X		m, DIN 9	7 4	4 3 1	00 1001			
_	ERO firm name	ř En		digits, but	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 not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.							
Your s	ignature ▶ Date ▶							
Snous	e's PIN: check one box only							
Ороцо	I authorize to enter or generate r	ny DINI			as my			
	ERO firm name	_	ter five	digits, but	as my			
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros				
	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 <b>and</b> your return is filed using the Practitioner PIN method below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part l	Certification and Authentication — Practitioner PIN Method Only							
ERO's	<b>EFIN/PIN.</b> 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 ent	er all Z6	5103				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of In	tting this retu	urn in a	accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To D	o So						

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		rn 2	<b>023</b>	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2	023, ending			, 20		See se	parate i	instructions.
Your first name SHARADA If joint return, s		iddle initial s first name and middle initial	Last nam KARUN Last nam	MANCHI						Your social security number 751 99 7431 Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			А	pt. no.				ection Campaign
4722 BROOKMEADOW DR SE  City, town, or post office. If you have a foreign address, also complete sp  KENTWOOD  Foreign country name				MI 49			ZIP co		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.  You Spouse			
Check only one box.	If y	Single  Married filing jointly (even if only or Married filing separately (MFS)  you checked the MFS box, enter the lalifying person is a child but not you  ny time during 2023, did you: (a) receipt	name of ur depend	your spouse lent:			surviv I or QS	ing spou SS box, e	use (Q	the chi	ld's na	me if the
Digital Assets Standard	exch	nange, or otherwise dispose of a diginate can claim: You as a de	ital asset	(or a financi	al interest i						☐ Ye	es 🗵 No
Deduction		Spouse itemizes on a separate retur		1								
		: Were born before January 2, 1	959 📋	Are blind	Spouse	e: U Was bor						s blind
Dependent	s (see instructions):			(2) Social security (3) Relations number to you			ship (4) Check the b					see instructions): or other dependents
If more	(1) =	irst name Last name		Transer to yo		to you	Z Office Las			uit	Orean 10	
than four dependents,								L				<del>-</del>
see instruction and check here	s — ]							[				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions	·)				<del>-</del>	1a		110,862.
IIICOIIIC	b	Household employee wages not reported on Form(s) W-2								1b		· · ·
Attach Form(s) W-2 here. Also	C									1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and	e								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6							1g			
get a Form	b h	Other earned income (see instructi	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
inotractione.	z	Add lines 1a through 1h								1z		110,862.
Attach Sch. B	<u>-</u> _	1	2a		b 7	 Taxable interest				2b		
if required.	3a	· —	3a			Ordinary divider				3b		
	4a		4a			Taxable amount				4b		
Standard	5a		5a			Taxable amount				5b		
Deduction for— Single or	6a		6a			Taxable amount				6b		
Married filing	C	,					. 🗀					
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)							7			
Married filing jointly or	8	Additional income from Schedule 1, line 10								8		0.
Qualifying	9		ib, 6b, 7, and 8. This is your <b>total income</b>						9		110,862.	
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26										
Head of household,	11	· · · · · · · · · · · · · · · · · · ·									110,862.	
\$20,800	12									12		13,850.
If you checked any box under	13	Qualified business income deducti								13		
Standard	14									14		13,850.
Deduction, see instructions.	15											97 012

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	16,686.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	16,686.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	16,686.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	16,686.	
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				<b>25a</b> 1	8 <b>,</b> 754.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	18 <b>,</b> 754.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	18,754.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,068.	
	35a	,							2,068.	
Direct deposit?	b	Routing number 0 2 1 2 0 0 3 3 9 c Type: X Checking Savings								
See instructions.	d	Account number 3 8 1 0 4 2 1 5 3 3 8 8 9								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe						
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions			37		
	38	Estimated tax penalty (see i	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Designee	ins	instructions							<b>⋉</b> No	
		Designee's Phone Personal id						tification		
0:	name no. number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the								of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Υo	ur signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity	
	10	rour dignature		Date	Tour occupation			Protection PIN, enter it here		
Joint return?			SOFTWARE ENGINEER			see inst.)				
See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
Keep a copy for your records.										
•	Phono no (000) (10, 4000			Email address SHARADJ07@GMAIL.COM						
	Phone no. (908) 612-4999   Email address SHARADJ07  Preparer's name   Preparer's signature				GMAIL.COM Date	PTIN		Check if:		
Paid		'	1 .		רווחת מחתודיים			2772	Self-employed	
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	01/18/2024	P0208			
Use Only									(678) 965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							n's EIN	84-3171965	