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	y number			
HARISH KOTHAGADI	3127			
Spouse's name	Spouse's soci	al security number		
PREETHI MUSLAPURAM	APPLIEI	FOR		
, , ,	nter year you ar	e authorizi	ng.)	
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			94,276.	
2 Total tax		2	7,549.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			13,698.	
4 Amount you want refunded to you		4	6,149.	
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the trace U.S. Treasury are indicated in the tatution to debit the nate the authorizarequests must be the processing of the payment. I furtile	ansmission, (it its designary preparation entry to this a tion. To revolute received no the electronic acknowled	the reason ted Financial software for account. This se (cancel) a later than 2 payment of dge that the	
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or general to enter o	ate my PIN	3 1 2	7 as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, b 't enter all zero	ut	
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Your signature ▶ Date ▶	·			
Spouse's PIN: check one box only			_	
I authorize GLOBAL TAXES LLC to enter or general 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	Ent don	er five digits, b	os	
if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spouse's signature ▶ Date ▶	•			
Practitioner PIN Method Returns Only—continue bel	ow			
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 4 9 6 Don't ente	or all zeros	7 1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in accorda	nce 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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, end	, 2023, ending , 20			S	See separate instructions.					
Your first name	our first name and middle initial Last name Y					Y	Your social security number						
HARISH	SH KOTHAGADI						210 92 3127						
If joint return, spouse's first name and middle initial Last name					Sį	oouse'	s social se	curity number					
PREETHI	PREETHI MUSLAPURAM				1	APP	LI E	D F					
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. n	Э.	Pı	resider	ntial Electi	ion Campaign	
7972 N GLEN DR 1075					5	C	Check here if you, or your						
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	State ZIP code						٠,	ntly, want \$3	
IRVING			TX						to go to this fund. Checking a box below will not change				
Foreign country	name		Foreign province/state/county For			Foreign pos				or refund			
										You Spous			
Filing Status	, \Box	Single			[Head of ho	ousehold (l	HOH)					
Check only Married filing jointly (even if only one had income)													
one box.		Married filing separately (MFS)			[Qualifying	surviving s	spous	e (QSS)				
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS b	ox, e	nter tl	iter the child's name if the			
	qu	alifying person is a child but not you	ır depe	ndent:									
Digital	Δt an	ny time during 2023, did you: (a) rece	oive (as	a reward award or	navm	ent for prope	rty or servi	ces).	or (h)	sell			
Assets		ange, or otherwise dispose of a digi									Yes	⊠ No	
Standard	_	eone can claim: You as a de		_			, ,						
Deduction		Spouse itemizes on a separate return		•									
										050		P. d.	
		Were born before January 2, 19	959 [Are blind Spo	ouse:	Was bor	n before Ja		-		∐ Is b		
Dependents				(2) Social security	<i>'</i>	(3) Relationsh	P					e instructions):	
If more	(1) ⊢	irst name Last name		number	to you	Cr	Child tax cr		IL	Credit for or	ther dependents		
than four dependents,									1				
see instructions	s —								1				
and check									1				
here \square	4	Total amount from Form(a) W 2 ha	ny 1 /ne	a inaturational						140	$\overline{}$	94,276.	
Income	1a	Total amount from Form(s) W-2, bo	•	,					•	1a		94,270.	
Attach Form(s)	b									1b 1c			
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g g	Wages from Form 8919, line 6							1g				
get a Form	h	Other earned income (see instructions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	1		•				
instructions.	z	Add lines to through th				· · <u> </u>				1z	7	94,276.	
Attach Sch. B		1	2a		b Ta	xable interest	t			2b			
if required.	3a		3a			rdinary divider				3b			
	4a		4a			axable amount				4b			
Standard Deduction for—	5a		5а			axable amount				5b			
Single or	6a	Social security benefits	6a			axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0						8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come					9		94,276.	
\$27,700	10	Adjustments to income from Schedule 1, line 26							10		<u> </u>		
Head of household,	<u>11</u>	Subtract line 10 from line 9. This is	your a	djusted gross incor	ne					11		94,276.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		27,700.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13				
Standard Deduction,	14	Add lines 12 and 13								14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		66,576.	

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,549.	
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	7,549.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	7,549.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	7,549.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2	3,698							
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	13,698.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	., . ,		26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
allacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	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	33	13,698.						
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	١	34	6,149.	
	35a								6,149.	
Direct deposit?	b									
See instructions.	d	Account number 5 8 6								
-	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions								
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee	ins	instructions								
							rsonal iden	tification		
		name no. number (I						41 14	-f l	
Sign		Under penalties of perjury, I declare 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here		ur signature	Date Your occupation				If the IRS sent you an Identity			
	10	rodi signaturo		Date	Tour occupation			Protection PIN, enter it here		
Joint return?				SOFTWARE ENGINEER			(se	(see inst.)		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	tion		If the IRS sent your spouse an		
Keep a copy for your records.					HOME MAKED			Identity Protection PIN, enter it here (see inst.)		
,		200 no / 2(1)720 F(2	0	HOME MAKEK						
		one no. (361)720-562 eparer's name	Preparer's signat	Email address	HAKISHV96	Date	PTIN		Check if:	
Paid		·	, ,		מווחתא תאוואי			27702	Self-employed	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM	1	NAUN SAGAK	GUPIA IALLAN	1 0 2 / 14 / 20 24				
Use Only								one no.(n's EIN	(678)965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								84-3171965	



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ HARISH KOTHAGADI f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name PREETHI MUSLAPURAM (see instructions) 1b First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 7972 N GLEN DR Apt 1075 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75063 TRVING USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 09/09/1999 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: V3211985 Issued by: INDIA Exp. date: 10/11/2031 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code