## 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	ial security n	number			
SRI LAKSHMI NARA C REMINISETTY	39-89-0	.0107			
		al security number			
TULASI MANASA BATHINA	95-95-6	5546			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year	ar 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		<b>1</b> 153,890.			
<b>2</b> Total tax		<b>2</b> 18,362.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		26,388.			
4 Amount you want refunded to you	_	<b>4</b> 8,026.			
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and kee Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I are					
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectio for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tagent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicate payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the protaxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment settlement in the protaxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment settlement in the protaxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment electronic Funds Withdrawal Consent.	n of the tran reasury and d in the tax debit the er authorization must be re- tessing of the ent. I furthe	smission, (b) the reason its designated Financial preparation software for try to this account. This on. To revoke (cancel) a eceived no later than 2 the electronic payment of r acknowledge that the			
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or generate my I	NN [9]	0 1 0 7 as my			
ERO firm name	Enter	five digits, but enter all zeros			
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 if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. below.					
Your signature ► Date ►					
Spouse's PIN: check one box only	[_]				
X I authorize GLOBAL TAXES LLC to enter or generate my I					
signature on the income tax return (original or amended) I am now authorizing.		five digits, but enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. below.					
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below					
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	4 9 6  Don't enter a	0 8 2 7 1 all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax re authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual income tax represents the submitted in the provider of the p	this return	in accordance 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

## 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		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ıce.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions	 s.
Your first name	and m	iddle initial	Last nar	me							Your social security number			er
SRI LAK	SHMI	NARA C	REMI	NISETT	SETTY				339   89   0107					
		s first name and middle initial	Last nar										security nu	mber
TULASI 1	MANA	SA	BATH	TNA							995	95	6546	
		er and street). If you have a P.O. box, see						A	Apt. no.		Presidential Election Cam			aign
12102 S	E 31	ST							301	- 1			ou, or your	·
City, town, or post office. If you have a foreign address, also complete spaces below.						te	ZIP c			•	_	jointly, want		
BELLEVUE				WA			A	98005			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Foreig	Foreign postal code			or refu	•		
											You Spouse			
Filing Status	s $\square$	Single					☐ Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)			
00 20	lf v	you checked the MFS box, enter the	name o	of your spo	use. If you	ı che	ecked the HOF	l or Q	SS box,	enter	the chi	ld's na	me if the	
		ialifying person is a child but not you												
Bir ii d	Λ± α.	ny time during 2023, did you: (a) rec	oive (oo											
Digital Assets		ny time during 2023, did you: (a) rect nange, or otherwise dispose of a dig										X Ye	es 🗆 No	,
		neone can claim:  You as a de					a dependent	,,, (0,	oc mona	Otion	J.,		<u></u>	
Standard Deduction	_	Spouse itemizes on a separate retur	•				•							
Deddollon	<u> </u>		11 O1 yOu	_	adi Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	_ Are blin	d <b>Spc</b>	use:	: U Was bor						s blind	
Dependent	s (see	instructions):			cial security	.	(3) Relationsh	<sub>iip</sub> (4	-				see instructi	
If more	(1) F	irst name Last name		number to yo			to you	Child ta		ax cre	edit	Credit fo	or other depen	dents
than four														
dependents, see instruction	s —													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		153,66	<u>7.</u>
Attach Form(s)	b	Household employee wages not re	eported	on Form(s	) W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•	,							1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	39, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						150 66	-
	<b>Z</b>	Add lines 1a through 1h									1z	_	153,66	
Attach Sch. B	2a		2a		100		axable interest				2b	_		5.
if required.	3a_		3a				rdinary divide					_	20	8.
Standard	4a		4a				axable amoun					_		
Deduction for—	5a		5a				axable amoun					_		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately, c if you elect to use the lump-sum election method, check here (see instructions)														
\$13,850 <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	+					
jointly or Qualifying	8	Additional income from Schedule	•								8	+	150.00	
surviving spouse,	9		b, 6b, 7, and 8. This is your <b>total income</b>						9	+	153,89	U .		
\$27,700 • Head of	10	•									10	-	150.00	
household, 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>										11	+	153,89		
If you checked	12	Standard deduction or itemized									12		27,70	υ.
any box under Standard	13	Qualified business income deducti									13		07.55	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 <b>,</b> 70	
	15	SUPERGOT UPO 1/1 trom lino 11 lt zor	O OF LOCA	- ontor O	I DIC IC V	aur t	TOVODIO IDOOM				15		1/6 10	.1.1

Form 1040 (202	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	18,362.		
Credits	17	Amount from Schedule 2, lin	17								
	18	Amount from Schedule 2, line 3							18,362.		
	19	Child tax credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, line 8									
	21	•						21			
	22							22	18,362.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							0.		
	24								18,362.		
Payments	25	Federal income tax withheld									
. ayoo	а	Form(s) W-2				<b>25a</b> 26	,388.				
	b	Form(s) 1099				25b	•				
	c	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	•					25d	26,388.		
16	26	2023 estimated tax payment						26	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
If you have a 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					31					
	32	Amount from Schedule 3, line 15									
	33	Add lines 25d, 26, and 32. T						32	26,388.		
Refund	34	If line 33 is more than line 24	•					34	8,026.		
riciana	35a	Amount of line 34 you want i				•	. 🗀	35a	8,026.		
Direct deposit?	b	Routing number 3 2 5		<u> </u>							
See instructions.											
	36	Amount of line 34 you want a			ed tax	36					
Amount	37	Subtract line 33 from line 24	••								
You Owe	0,	For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see in	_	-		38					
Third Party Designee		you want to allow another	person to disc	cuss this retur			mplete b	elow	⊠ No		
Designee		signee's		Phone			nal identifi		<u></u>		
,		me		no.			er (PIN)				
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com									
Here	Yo	ur signature		Date Your occupation				If the IRS sent you an Identity			
							(000)	Protection PIN, enter it here (see inst.)			
Joint return? See instructions.				Dete		TRODUCTOWNER					
Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign.			'				the IRS sent your spouse an lentity Protection PIN, enter it here ee inst.)		
	——Ph	one no. (425) 956-415	8	Email address		NANTEJA@GMAIL.CC	)M	•			
		eparer's name	Preparer's signat		White the state of	Date	PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA			GAR GUPTA		P02082	703	Self-employed		
Preparer		m's name GLOBAL TAX		11 10111 DAG	5111 001 111	01/03/2021		ne no. (678) 965-9522			
Use Only									rm's EIN		
Go to www irs a		n1040 for instructions and the late			BAA	DEV 02/07/24 DDO	1		Form <b>1040</b> (2023)		