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

THE THE TOTAL CONTROL								
Submission Identification Number (SID)								
Taxpayer's name		Social security number						
GOVIND S NAIR		536-61-8025						
Spouse's name		Spouse's social security number						
Part I Tax Return Information — Tax Year	Ending December 31, 2023 (Ente	r vear vou a	re auth	orizina)				
Enter whole dollars only on lines 1 through 5.	Ending December 61, 2023 (Line	i yeai you a	i e auti	101121119.)				
Note: Form 1040-SS filers use line 4 only. Leave lines	1. 2. 3. and 5 blank.							
1 Adjusted gross income			1 1		156.			
2 Total tax			2		0.			
3 Federal income tax withheld from Form(s) W-2 a	nd Form(s) 1099		3					
4 Amount you want refunded to you			4					
5 Amount you owe			5		0.			
Part II Taxpayer Declaration and Signature	Authorization (Be sure you get and	keep a cop	y of yo	our retur	<u>'n)</u>			
Under penalties of perjury, I declare that I have examined a comy knowledge and belief, it is true, correct, and complete. return (original or amended) I am now authorizing. I consent to send my return to the IRS and to receive from the IRS (a) for any delay in processing the return or refund, and (c) the dagent to initiate an ACH electronic funds withdrawal (direct depayment of my federal taxes owed on this return and/or a payauthorization is to remain in full force and effect until I notificate payment, I must contact the U.S. Treasury Financial Agent business days prior to the payment (settlement) date. I also a taxes to receive confidential information necessary to answersonal identification number (PIN) below is my signature for Electronic Funds Withdrawal Consent.	I further declare that the amounts in Part I about allow my intermediate service provider, transman acknowledgement of receipt or reason for rejute of any refund. If applicable, I authorize the Ulebit) entry to the financial institution account interpret of estimated tax, and the financial institution by the U.S. Treasury Financial Agent to terminate at 1-888-353-4537. Payment cancellation requauthorize the financial institutions involved in the per inquiries and resolve issues related to the present a service of the service	ve are the amo nitter, or electro ection of the tr I.S. Treasury and iicated in the ta on to debit the e the authoriza uests must be processing of payment. I furt	ounts from the counts from the	om the inc arn originatesion, (b) the esignated for aration soft or this account or revoke (come ed no latesic ctronic pay anowledge	ome tax or (ERO) e reason Financial ware for unt. This cancel) a r than 2 ment of that the			
Taxpayer's PIN: check one box only								
X lauthorize GLOBAL TAXES LLC	to enter or generate	mv PIN 1	8 0	2 5	as my			
ERO firm name signature on the income tax return (original or	•	[*] Ent		igits, but all zeros	a.c,			
I will enter my PIN as my signature on the inc if you are entering your own PIN and your re below.								
Your signature ▶	Date ▶							
Spouse's PIN: check one box only								
I authorize	to enter or generate	my PIN			as my			
ERO firm name		,	er five d	igits, but	ao my			
signature on the income tax return (original or	amended) I am now authorizing.	doı	n't enter	all zeros				
I will enter my PIN as my signature on the inc if you are entering your own PIN and your re- below.								
Spouse's signature ▶	Date▶							
	Method Returns Only—continue below	1						
Part III Certification and Authentication — I	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 Don't ente	6 0 er all zer	8 2 7 os	1			
I certify that the above numeric entry is my PIN, which is my authorized to file for tax year indicated above for the taxpa requirements of the Practitioner PIN method and Pub. 1345 , i	yer(s) indicated above. I confirm that I am subn	nitting this retu	ırn in ad	ccordance				
ERO's signature ▶	Date ▶							
	etain This Form — See Instructions							
Don't Submit This Fo	orm to the IRS Unless Requested To I	DO 20						

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



£1040		eartment of the Treasury-Internal Revenue Serves. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or stap	ole in this space.
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 Last name										Your so	cial secu	urity number	
GOVIND S	GOVIND S NAIR							536 61 8025					
		s first name and middle initial	Last na										security number
Home address	(numbi	er and street). If you have a P.O. box, see	instruction	ons					Apt. no.		Drocido	ntial Elec	ction Campaign
414 210	•	, ,	, ii loti doti	0110.				ľ	ıpı. no.	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode		•	٠,	ointly, want \$3
BOTHELL						W.P	A	980	21	- 1	•		d. Checking a not change
					Foreign province/state/county Foreign province/state/county				ın postal c	- 1		or refur	nd.
Filing Status	<u> </u>	Single					Head of h	ouseh	old (HOF				opouco
_	, <u>-</u>	☐ Married filing jointly (even if only o	ne had i	ncome)				oucon	0.0 (1.101	.,			
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)		
one box.	lf v	you checked the MFS box, enter the	name c	of your sp	pouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nar	ne if the
		ualifying person is a child but not you			•								
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services); or (b) sell,		
Assets	excl	nange, or otherwise dispose of a dig	ital asse	et (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)	☐ Ye	s 🛚 No
Standard		neone can claim: 🔀 You as a de	penden	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959	☐ Is	blind
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (s	see instructions):
If more	(1) F	1) First name Last name			number to you		to you	Child tax of		ax cre	dit	Credit for	other dependents
than four													
dependents, see instruction	s —												
and check	· —									<u> </u>			
here L	<u> </u>			L									
Income	1a	Total amount from Form(s) W-2, b	•		,						1a	_	89.
Attach Form(s)	b	Household employee wages not re									1b	_	
W-2 here. Also attach Forms	۲ C	Tip income not reported on line 1a	a (see instructions) ported on Form(s) W-2 (see instructions)						10				
W-2G and	d	Taxable dependent care benefits for		•	,	iistru	ictions)				1d 1e	_	
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f	_	
If you did not		Wages from Form 8919, line 6.	1115 11011	11 01111 0	033, 11116 23	•					1g		
get a Form	a Form						1h		0.				
W-2, see instructions.	i	Nontaxable combat pay election (,			•		i.					
instructions.	Z	Add lines 1a through 1h	000 111011	dollorio,							1z		89.
Attach Sch. B	<u>-</u> 2a	·	2a		· · i	b Т	axable interes	t .			2b	_	67.
if required.	3a	· –	3a				ordinary divide				3b	_	
	4a	· –	4a				axable amoun				4b	_	
Standard	5a	_	5a				axable amoun				5b	_	
Deduction for— Single or	6a	_	6a				axable amoun				6b	_	
Married filing separately,	С	If you elect to use the lump-sum e		method,	check here								
\$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, line 10									8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		156.	
\$27,700	10	Adjustments to income from Schedule 1, line 26									10		
Head of household,	11	Subtract line 10 from line 9. This is	s your a c	djusted	gross incor	ne					11		156.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12		1,250.
any box under	13	Qualified business income deduct	ion from	Form 89	995 or Form	or Form 8995-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		1,250.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loc	c ontor	O This is y	Our t	avabla incom				15		Λ

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	0.	
Credits	17	Amount from Schedule 2, lir	•				- 	17		
	18	Add lines 16 and 17	18	0.						
	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	22	0.						
	23	Other taxes, including self-e	23	0.						
	24	Add lines 22 and 23. This is						24	0.	
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•					25d		
If you have a	26	2023 estimated tax paymen						26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3. line 8		29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T						33		
Refund	34	If line 33 is more than line 24						34		
neiuliu	35a	Amount of line 34 you want	•					35a		
Direct deposit?	b	Routing number X X X			c Type:		Savings			
See instructions.	d	Account number X X X			<i>,</i> –		Cavings			
	36	Amount of line 34 you want				36				
Amount		Subtract line 33 from line 24				00				
You Owe	37	For details on how to pay, g						37	0.	
rou o we	38	Estimated tax penalty (see in	_	-		38		37	0.	
Third Dorty		you want to allow another								
Third Party Designee		structions	•				Complete	below.	⋉ No	
D 00191100		signee's		Phone			sonal iden			
	nar			no.			nber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bei	ief, they are true, correct, and com	ipiete. Deciaration	1	1	ised on all informat	1		_	
	Your signature			Date Your occupation			I	If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?				STUDENT			see inst.)			
See instructions.	——Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		on If the		ne IRS sent your spouse an		
Keep a copy for		opouco o oignaturo in a joint rotain, 2011 mast oign		- 3			lde	ntity Protection PIN, enter it here		
your records.							e inst.)			
	Ph	Phone no.		Email address						
Paid	Pre	eparer's name	Preparer's signat	ature Date			PTIN	N Check if:		
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	A RAM SAGAR GUPTA TALLAM 03/02/2024 P0:				2082703 Self-employed		
Preparer	Firm's name GLOBAL TAXES LLC Phor						one no. (678)965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm						n's EIN	84-3171965		
		n1040 for instructions and the late			BAA				Form 1040 (2023)	