## 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)	<u> </u>					
Taxpayer's name	Social security number					
SAI CHAITANYA YENDLURI	320-21-0942					
Spouse's name	Spouse's social security number					
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year 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						
2 Total tax						
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099						
4 Amount you want refunded to you						
5 Amount you owe	<b>5</b>   23.					
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended						
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind 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 terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipments of the payment (settlement) date. I also authorize the financial institutions involved in the 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) I a Electronic Funds Withdrawal Consent.	J.S. Treasury and its designated Financial licated in the tax preparation software for on to debit the entry to this account. This e the authorization. To revoke (cancel) a juests must be received no later than 2 be processing of the electronic payment of payment. I further acknowledge that the					
Taxpayer's PIN: check one box only  X I authorize GLOBAL TAXES LLC to enter or generate	my DIN 1 0 9 4 2					
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	my PIN Enter five digits, but don't enter all zeros					
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.						
Your signature ► Date ►						
Spouse's PIN: check one box only						
I authorize to enter or generate	my PIN as my					
ERO firm name	Enter five digits, but					
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros					
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.						
Spouse's signature ▶ Date ▶						
Practitioner PIN Method Returns Only—continue below	1					
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						
	Don't enter all zeros					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	nitting this return in accordance with the					
ERO's signature ▶ Date ▶						
Life 5 signature						

## E 1040 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	c. 31, 2023, or other tax year beginning		, 2023, end	ling		,	20		See se	parate in	structions.	
Your first name	and mi	iddle initial	Last na	ıme					١,	Your so	cial secu	rity number	
SAI CHAI	TAN	YA	YEND	DLURI						320	21	0942	
If joint return, sp	pouse's	s first name and middle initial	Last na						;	Spouse'	s social s	ecurity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Ap	ot. no.	1	Preside	ntial Elec	tion Campaign	
8400 STONEBROOK PKWY							1	1211 Check here if			•		
		ce. If you have a foreign address, also co	mplete s	olete spaces below. State			ZIP co				spouse if filing jointly, want \$3 to go to this fund. Checking a		
FRISCO			TX			7503	7 5 6 7 1			box below will not change			
Foreign country	/ name			Foreign province/state/o	e/state/county		Foreign	Foreign postal code					
									You Spo				
Filing Status	; X	Single				☐ Head of ho	ouseho	ld (HOH	H)				
Check only		Married filing jointly (even if only one had income)											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS											
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	l or QS	S box,	enter	the chi	ld's nam	ie if the	
	qu	alifying person is a child but not you	ır deper	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	nent for prope	rtv or s	ervices	): or (l	a) sell.			
Assets		lange, or otherwise dispose of a digi									Yes	s 🛛 No	
Standard	Som	eone can claim: You as a de	penden	t	e as	a dependent							
Deduction		Spouse itemizes on a separate return		•		•							
A /Directors				_				. 1		1050		L.P., J	
		Were born before January 2, 1	959 [	<u> </u>	ouse		(4)					blind	
Dependents				(2) Social security	'	(3) Relationsh to you	ip (4)	Child t			· `	ee instructions): other dependents	
If more	(1) F	irst name Last name		number to			J you Oring tax o			uit	Orealt for t	Jiliei dependents	
than four dependents,	-								=			<u> </u>	
see instructions	s —							[	+			<u> </u>	
and check here $\square$								[	+			<u> </u>	
-	10	Total amount from Form(a) W 2 h	ov 1 /oo	o instructions)				l		10	$\Box$	70,840.	
Income	1a b	Total amount from Form(s) W-2, bo	•	•						1a 1b		70,040.	
Attach Form(s)										10			
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	Wages from Form 8919, line 6							1g				
get a Form	9 h	Other earned income (see instructions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	Ϊ.						
instructions.	Z	Add lines to through th								1z		70,840.	
Attach Sch. B	2a		2a		b Ta	axable interest	t .			2b			
if required.	3a		3a			rdinary divider				3b			
	4a		4a			axable amount				4b	,		
Standard Deduction for—	5a		5a			axable amount				5b	,		
Single or	6a	Social security benefits	ба			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			
<ul> <li>Married filing jointly or</li> </ul>	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 <b>total income</b>							9		70,840.		
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26						10			
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne					11		70,840.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12	?	13,850.	
any box under	13	Qualified business income deducti				5-A				13	;		
Standard Deduction,	14	Add lines 12 and 13								14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									5	56,990.	

Form 1040 (202)	3)								Page 2
Tax and Credits	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	7,842.
	17	Amount from Schedule 2, line 3	3					17	
	18	Add lines 16 and 17	18	7,842.					
	19	Child tax credit or credit for oth	ner dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8	3					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less,	enter -0				22	7,842.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					24	7,842.
Payments	25	Federal income tax withheld from	om:						
-	а	Form(s) W-2				25a	7,819		
	b	Form(s) 1099							
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	7,819.
If you have a	26	2023 estimated tax payments a	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 from S							
	29	American opportunity credit fro	m Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31. T	32						
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments				33	7,819.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							
Direct deposit?	b	Routing number X X X X							
See instructions.	d	Account number							
	36	Amount of line 34 you want app	plied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. T							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	23.
	38	Estimated tax penalty (see inst	ructions) .			38			
<b>Third Party</b>		you want to allow another pe				_			
Designee		structions				<del>_</del>	•		⊠ No
		signee's me		Phone no.			sonal iden nber (PIN)	tification	
Sign		der penalties of perjury, I declare that	I have examined		accompanying sche		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and comple			, , ,		,		, ,
Here	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity		
				SOFTWARE ENGINEER					IN, enter it here
Joint return?			Date	`	(see inst.)				
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupation	Ide	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	Phone no. (704)605-4013 Email address SAI.YENDLURI@GMAIL.COM						•	
		(701)003 1013	reparer's signat		2111 . 1 11101101	Date	PTIN		Check if:
Paid		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/10/2024 P02082						32703	Self-employed
Preparer		m's name GLOBAL TAXE				1 - 3 / 2 3 / 2 3 2 1			678)965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			n's EIN	84-3171965
		40406					1	0	- 1010 (coop)