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 Social security number 320-21-0942 SAI CHAITANYA YENDLURI Spouse's social security number Spouse's name Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. 70,840 1 7,842. 2 2 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 7,819 4 4 Amount you want refunded to you 5 5 Amount you owe . . . Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't 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 authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III Spouse's PIN: check one box only to enter or generate my PIN as my I authorize ERO firm name Enter five digits, but 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 authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Practitioner PIN Method Returns Only-continue below Certification and Authentication — Practitioner PIN Method Only Part III 2 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ 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

2023

OMB No. 1545-007

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, ending , 20					See separate instructions.			
Your first name and middle initial				Last name					Your social security number		
SAI CHAITANYA				YENDLURI					320 21 0942		
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number		
600 1711	202	1000 GE 137700-8476	50,300,100,000						531 • 6 - 107/0048-0000		
Home addres	s (numb	er and street). If you have a P.O. box, see	instruct	tions.			Apt	. no.	Preside	ntial Election Campaign	
8400 ST	ONEB	ROOK PKWY				12			Check here if you, or your		
City, town, or post office. If you have a foreign address, also comp				spaces below.	Sta	ate	ZIP cod	ZIP code sp		if filing jointly, want \$3 this fund. Checking a	
FRISCO					X	7503			ow will not change		
Foreign country name				Foreign province/state/county For			Foreign	postal code	your tax or refund. You Spouse		
Filing Statu	s X	Single				☐ Head of ho	ouseholo	d (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)				,			
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (Q							(QSS)		
	lf y	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the							(6)	ld's name if the	
		qualifying person is a child but not your dependent:									
Digital	At at	ny time during 2023, did you: (a) rece	oive (as								
Assets		nange, or otherwise dispose of a digi						349000 CO		☐ Yes ☒ No	
Standard		eone can claim: You as a dep			_		, ,				
Deduction		Spouse itemizes on a separate return				7/1					
Age/Rlindnes	s Vou	: Were born before January 2, 19	250 [Are blind Spo	1160	· D Was bor	n hoforo	January 2	1050	☐ Is blind	
			333 [T	use		140.0		400	fies for (see instructions):	
150		(see instructions): (1) First name Last name		(2) Social security number		(3) Relationshi	ip	Child tax cr		Credit for other dependents	
If more than four	-										
dependents,	-							 			
see instructior and check	is							П		T T	
here []							一百			
Income	1a	Total amount from Form(s) W-2, bo	x 1 (se	ee instructions)					. 1a	70,840.	
	b	Household employee wages not re	ported	on Form(s) W-2	848				. 1b		
Attach Form(s) W-2 here. Also		Tip income not reported on line 1a (see instructions)							. 1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 1e			
was withheld.	f	Employer-provided adoption benef	its fror	m Form 8839, line 29			a 100 0		. 1f		
If you did not	g	Wages from Form 8919, line 6 .							. 1g		
get a Form W-2, see	h	Other earned income (see instruction	ons)		14	an an e _e e			. 1h	0.	
instructions.	i	Nontaxable combat pay election (s	ee inst	ructions)		1i					
	Z	Add lines 1a through 1h							. 1z	70,840.	
Attach Sch. B	2a	Tax-exempt interest 2	2a		b T	axable interest			. 2b		
if required.	3a	Qualified dividends 3	Ba		b 0	rdinary dividen	nds		. 3b		
tandard	4a		la			axable amount			4b		
eduction for—	5a		ia		b Ta	axable amount			. 5b		
Single or Married filing	6a		ia			axable amount		· · <u>·</u>	6b		
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)									
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
jointly or	8	Additional income from Schedule 1	, line 1	0					. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		E	ome				9	70,840.	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26									
household,	11	Subtract line 10 from line 9. This is	Street, Contract of the Contra						11	70,840.	
\$20,800 If you checked	12	Standard deduction or itemized of				1 8 10 1			12	13,850.	
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		
Deduction, see instructions.	14								14	13,850.	
occ manuchons.	15	Subtract line 14 from line 11. If zero	or les	s, enter -0 This is yo	our t	axable income	е		15	56,990.	

Form 1040 (2023)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16	7,842.	
Credits	17	Amount from Schedule 2, line 3								
	18	Add lines 16 and 17					[18	7,842.	
	19	Child tax credit or credit for	other dependen	its 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	7,842.	
	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	7,842.	
Payments	25	Federal income tax withheld								
r dymento	а	Form(s) W-2				25a 7	,819.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	200					25d	7,819.	
"	26	2023 estimated tax paymen					-	26		
If you have a L qualifying child,	27			7.00		27				
attach Sch. EIC.	28	Earned income credit (EIC)								
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir								
	32	Add lines 27, 28, 29, and 31				31 adable credite		32		
	33	Add lines 25d, 26, and 32. T						33	7,819.	
Refund	34						· · ·	34	1,013.	
Retuna	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a		
Direct deposit?	b						Savings	00a		
See instructions.	d	Routing number X X X X X X X X X								
	36	Amount of line 34 you want applied to your 2024 estimated tax 36								
Amarınt			n resolution or lesson			30				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	23.	
rou owe	38	Estimated tax penalty (see in				38		3/	25.	
Third Party		you want to allow another								
Designee		instructions						low.	X No	
3	De	signee's		Phone			nal identific	ation		
		name no. number (PIN)								
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		o a ser gara da se se en la compacta de la compacta del compacta de la compacta de la compacta del compacta de la compacta del la compacta del la compacta de la compacta del la compacta de la compacta del la compacta del la compac								
	Yo	Your signature		Date Your occupation					nt you an Identity IN, enter it here	
Joint return?					SOFTWARE E	NGINEER	(see in:		irt, enter it here	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	If the If	If the IRS sent your spouse an				
Keep a copy for								dentity Protection PIN, enter it here		
your records.								st.)		
	Ph	one no. (704) 605-401	3	Email address	SAI.YENDLU	RI@GMAIL.COM	M			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/10/2024	P02082	703	Self-employed	
Use Only	Fire								(678) 965-9522	
- Oliny	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965	
Go to www.irs.go	v/Forn	1040 for instructions and the late	est information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)	