## 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

Submi	ission Identification Number (SID)						
Taxpaye	er's name	Social securit	Social security number				
VAMS	SHI KRISHNA KURATHOTA	036-51-	036-51-0504				
Spouse'	's name	Spouse's soc			•		
Dort	Tay Patura Information Tay Year Ending December 21	(Enter year year a	(0, 0) 1	thorizina	<u> </u>		
Part		(Enter year you a	re aui	morizing.	)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		4	l 56	1 / 0		
1	Adjusted gross income		2		,148. ,853.		
2 3	Total tax		3				
4	Amount you want refunded to you		4	5	,787 <u>.</u>		
5	Amount you owe		5		934.		
Part	,	and keen a con		our retu	rn)		
Under I my knoreturn (to send for any Agent t paymer busines taxes t persona Electro.	penalties of perjury, I declare that I have examined a copy of the income tax return (original or an owledge and belief, it is true, correct, and complete. I further declare that the amounts in Par (original or amended) I am now authorizing. I consent to allow my intermediate service provider, if my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related that identification number (PIN) below is my signature for the income tax return (original or amending Financial Consent.  Inver's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or general 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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	nended) I am now aut t I above are the amo transmitter, or electro for rejection of the tr e the U.S. Treasury ar unt indicated in the ta nstitution to debit the erminate the authoriza on requests must be d in the processing of o the payment. I furt ded) I am now authori  nerate my PIN  I am now authorizing	norizin- punts fonic retansmis ansmis nd its can receive the electry to the electry are according are five entry the entry the electry are five entry the electry are five entry the entry the electry are five entry the entry th	g, and to the rom the incurrence of the incurren	ne best of come tax tor (ERO) ne reason Financial ftware for tount. This cancel) a er than 2 hyment of that the cable, my		
Spous	se's PIN: check one box only						
L	I authorize to enter or ger	-			as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.						
Spous	se's signature ▶ Da	te ▶					
	Practitioner PIN Method Returns Only—continue	below					
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> 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 ze	8 2 7 eros	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incided to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.	n submitting this retu	rn in a	accordance			
ERO's	s signature ► Da	te ►					
	ERO Must Retain This Form — See Instruction						
	Don't Submit This Form to the IRS Unless Requeste	d To Do So					

## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



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			
VAMSHI KRISHNA				KURATHOTA					036 51 0504		
				Last name					Spouse's social security numbe		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electi	on Campaign
6301 STC	ONEW	OOD DRIVE					3306			here if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces below. State			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
PLANO			TX			75024		box below will not change			
Foreign country	/ name			oreign province/state/coun		y	Foreign postal code		your ta	x or refund.	
								You Spous			
Filing Status	; X	Single				Head of he	ousehold (H0	DH)			
Check only		☐ Married filing jointly (even if only one had income)									
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	ouse (	QSS)		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	cked the HOH	or QSS box	k, ente	r the ch	ild's name	; if the
	qu	alifying person is a child but not you	r deper	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navm	nent for prope	rty or service	es): or	(b) sell.		
Assets		ange, or otherwise dispose of a digi								☐ Yes	⊠ No
Standard	Som	eone can claim:	penden	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate return		•		•					
A /DI' l		_							4050		PI
	•	Were born before January 2, 19	959 [		ouse:		n before Jan			∐ Is bl	
Dependents				(2) Social security		(3) Relationsh to you	ip   · ·	tax cr	-		e instructions): ther dependents
If more	(1) F	(1) First name Last name		number		to you	Office		cuit	Orealt for ot	
than four dependents,											
see instructions	s				-			<u> </u>			
and check here	ı —				-			<u> </u>			
-	10	Total amount from Form(s) W-2, bo	ov 1 (oc	oo inatruationa)				<u> </u>	10		<u> </u>
Income	1a h		•	,					1a		JO, 140.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)							10		
W-2 here. Also attach Forms	c d								10		
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							16		
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.							10		
get a Form	9 h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	· · · ·				
instructions.	z	Add lines to through th				· · <u> </u>			1z	,	56,148.
Attach Sch. B	 2a	1	2a		b Ta	xable interest	· · ·		2b		
if required.	3a		3a			rdinary divider			3b		
	4a		4a			axable amoun			4b		
Standard Deduction for—	5a		5a		<b>b</b> Ta	axable amount	t		5b	,	
Single or	6a	Social security benefits	ба			axable amount			6b	,	
Married filing separately,	С	· · · · · · · · · · · · · · · · · · ·	n 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							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9		56,148.
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26					. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne				. 11	. !	56,148.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				12		13,850.
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		
Standard Deduction,	14	4 Add lines 12 and 13								13,850.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15	j	42,298.

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	4,853.
Credits	17	Amount from Schedule 2, lir					[	17	·
	18	Add lines 16 and 17					[	18	4,853.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	,
	20	Amount from Schedule 3, lir	•					20	
	21	Add lines 19 and 20					🗀	21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			🗀	22	4,853.
	23	Other taxes, including self-e	•				_	23	0.
	24	Add lines 22 and 23. This is			•		🗀	24	4,853.
Payments	25	Federal income tax withheld							,
. ayee	а	Form(s) W-2				<b>25a</b> 5	,787.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•				:	25d	5 <b>,</b> 787.
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	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T		=	=		🗀	33	5,787.
Refund	34	If line 33 is more than line 24						34	934.
	35a	Amount of line 34 you want				•	. 🗆 🖯	35a	934.
Direct deposit?	b	Routing number 0 4 4				_	Savings		
See instructions.	d	Account number 5 9 0					· 1		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36	_		
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> o	ount you owe					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				. 🗌 <b>Yes.</b> Co	mplete bel	ow.	<b>⋈</b> No
		signee's		Phone			nal identifica er (PIN)	ation	
0:	naı		hat I have examined	no.	accompanying scho		, ,	host	of my knowledge and
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	Yo	ur signature	Date Your occupation			If the IF	RS se	nt you an Identity	
		ar orginaturo	Tour occupation			Protect	ion P	IN, enter it here	
Joint return?			SOFTWARE DEVELOPER			(see ins	st.)		
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Date Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
your records.						,			
		one no	0	Email address	MANGILIAN CIMARI.	DAMIOMA GOMATI CO			
		one no. (470) 695-828 eparer's name	Preparer's signat		VANIOTIVKI 2HIVAK	RATHOTA@GMAIL.CC	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM		P020827	υz	Self-employed
Preparer			1	NAPI DAGAK	GOLIW INTINU	03/03/2024			
Use Only			XES LLC Y CT E BRU	INICMITOR N	J 08816		Firm's I		(678) 965-9522
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