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	ssion Identification Number (SID)							
Taxpaye	Social securit	rity number						
RAHU	JL MUPPINENI	445-99-	-99-4325					
				pouse's social security number				
NAVE	EENA VEMULA	988-91	-0186	ĵ.				
Part	Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you a	re aut	horizing.))			
Enter v	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		1	121	,795.			
2	Total tax		2	11	,312.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19	,355.			
4	Amount you want refunded to you		4	8	,043.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a cop	y of y	our retui	rn)			
return (to send for any Agent t paymer authoriz paymer busines taxes to persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Pa original or amended) I am now authorizing. I consent to allow my intermediate service provide my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellase days prior to the payment (settlement) date. I also authorize the financial institutions involved or receive confidential information necessary to answer inquiries and resolve issues related al identification number (PIN) below is my signature for the income tax return (original or amen nic Funds Withdrawal Consent.	r, transmitter, or electron for rejection of the trize the U.S. Treasury and count indicated in the tall institution to debit the terminate the authorization requests must be ded in the processing of to the payment. I furt	onic returnation of its day preparently to attend to att	urn originatesion, (b) the esignated laration softo this accoor revoke (ced no late ectronic parknowledge	or (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the			
	yer's PIN: check one box only							
X		enerate mv PIN	4 3	2 5	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but 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 and your return is filed using the Practitioner P below.							
Your s	ignature ▶D	ate▶						
Snous	se's PIN: check one box only							
×	I authorize GLOBAL TAXES LLC to enter or government to enter or gove	doı ا am now authorizir)	n't enter ng. Ch					
Spous	0	ate ▶						
	Practitioner PIN Method Returns Only—continue	below						
Part	Certification and Authentication — 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 ze	8 2 7 ros	1			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in the tax year indicated above for the taxpayer(s) indicated above. I confirm that I at the tax part of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provi	am submitting this retu	ırn in a	ccordance	am now with the			
ERO's	signature ► D	ate ►						
	ERO Must Retain This Form — See Instruct							

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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ıple in tł	nis 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 na									Your social security number			number		
RAHUL MUPE											445	99	432	2.5
If joint return, spouse's first name and middle initial Last na											445 99 4325 Spouse's social security numb			
NAVEENA VEMU											988 91 0186			-
	(numbe	er and street). If you have a P.O. box, see							Apt. no.					Campaign
		OLLOW DR								- 1	Check I			
		ce. If you have a foreign address, also co	mplete si	paces belo	OW.	Sta	te	ZIP c	ode					, want \$3
ROUND RO		,		TX				78665			to go to this fund. Checking a box below will not change			
Foreign country name			l F							your tax			ange	
	,						,		, , ,		,		_	Spouse
Filing Status	s \square	☐ Single ☐ Head of household (HOH)												
Check only	X	Married filing jointly (even if only or	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if t	the
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	ment for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a digi											s [X No
Standard	Som	neone can claim:	pendent	: 🔲 '	Your spous	e as	a dependent							
Deduction	<u></u> :	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janu	arv 2.	1959		s blind	1
Dependent				Ī	ocial security		(3) Relationsh	11						structions):
-		irst name Last name		number to you			iib	Child t					dependents	
If more than four													\Box	
dependents,														
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		121	,795.
	b	Household employee wages not reported on Form(s) W-2							1b					
Attach Form(s) W-2 here. Also	С	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								1e					
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 W-2, see	h							1h			0.			
instructions.	i	Nontaxable combat pay election (see instructions)												
	z	Add lines 1a through 1h									1z		121	, 795.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	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					
 Married filing jointly or 	8	Additional income from Schedule	n Schedule 1, line 10							8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	7, and 8. This is your total income					9		121	, 795.			
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a c	djusted g	gross incor	ne					11		121	, 795.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i ons (fror	n Schedule	A)					12			,700.
any box under	13	Qualified business income deducti	ion from	Form 89	95 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27	,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or less	e enter -	O Thic ic v	011r t	tavabla incom				15		0.1	095

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	11,312.		
Credits	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17						18	11,312.		
	19	Child tax credit or credit for	other dependent	ts 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	. If zero or less,	enter -0				22	11,312.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	11,312.		
Payments	25	Federal income tax withheld	l from:								
_	а	Form(s) W-2				25a 19	,355.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	19,355.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	·		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	31								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments							19,355.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	8,043.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	8,043.		
Direct deposit?	b	Routing number 2 1 1			c Type: 🛛	Checking	Savings				
See instructions.	d										
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No		
		signee's		Phone no.		onal ident ber (PIN)	ification				
<u></u>		me der penalties of perjury, I declare t	the best	of my lenguinders and							
Sign			er has any knowledge.								
Here	Vo	ur signature	Date		lf the	· · ·	nt you an Identity				
	10	ui signature		Date Your occupation				Protection PIN, enter it here			
Joint return?			DATA SCEINTISTS				(see inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation				f the IRS sent your spouse an				
your records.					HOME MAKED				Identity Protection PIN, enter it here (see inst.)		
			Email address	HOME MAKER	,						
-		Phone no. (737) 298-5651 Email address RAHUL, MUPPINANI@GMAIL, COM Preparer's name Preparer's signature Date PTIN							Check if:		
Paid		·	'		רווסתו האודאיי			2702	Self-employed		
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/04/2024	P0208				
Use Only		m's name GLOBAL TA		INIOUT OUT 37	T 00016			Phone no. (678) 965-9522 Firm's EIN 84-3171965			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								84-3171965		