## 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	y number								
VISW	-1559								
Spouse's	sname	Spouse's soci	ial security number						
VANI	ATHOTA	988-94-	-9775						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re auth	orizing.	)				
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	160	,211.				
2	Total tax		2	19	,767.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	23	,291.				
4	Amount you want refunded to you		4	3	,524.				
5	Amount you owe		5						
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of yo	ur retu	rn)				
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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization necessary 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									
	nic Funds Withdrawal Consent.  yer's PIN: check one box only								
X	•	ov DINI 1	1 5	5 9	00 mv				
	ERO firm name	ř Ent		gits, but	as my				
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter	all zeros					
Your si	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.  Ignature ▶ Date ▶	od. The ERC	must						
_									
· —	e's PIN: check one box only								
	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method.	Ent dor ow authorizir	n't enter a ng. Che	ck this b					
Spouse	below. e's signature ▶	03/04/2	2023						
	Practitioner PIN Method Returns Only—continue below								
Part I	II 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		8 2 7 os	1				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in ac	cordance					
EDO:	alemature N								
EHU'S	signature ► Date ►  ERO Must Retain This Form — See Instructions								
	ERCIVILE RAISID INC FORM — SAA INCITICTIONS								

Don't Submit This Form to the IRS Unless Requested 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 instruct			tructions.	
Your first name and middle initial			Last name				Y	Your social security number				
VISWA TEJA				POSANI						776   91   1559		
If joint return, spouse's first name and middle initial				Last name					_	Spouse's social security number		
VANI				АТНОТА						988   94   9775		
	(numbe	er and street). If you have a P.O. box, see					Apt. n	Э.		Presidential Election Campaig		
7201 S CUSTER RD							2214	2214 Ch			Check here if you, or your	
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete :	mplete spaces below. State			ZIP code	ZIP code sp			0,	ntly, want \$3
MCKINNE	Y		TX						to go to this fund. Checking a box below will not change			
Foreign country	y name		Foreign province/state/		county F		Foreign pos	Foreign postal code		your tax or refund.		
							,					
Filing Status	<b>5</b> [	Single				Head of ho	ousehold (l	НОН	 l)			
Check only	_	✓ Married filing jointly (even if only one had income)										
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS								SS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS b	ox, e	enter t	the chi	ld's name	if the
	qu	alifying person is a child but not you	ır depe	ndent:								
Distribut	Λ+ α	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	navn	mont for propo	rty or convi	000)	or (b	y coll		
Digital Assets		nange, or otherwise dispose of a digi					-				Yes	⊠ No
		neone can claim: You as a de					1). (000 111	Judo	7110110	•,		
Standard Deduction		Spouse itemizes on a separate return				•						
Deduction	Ш.		ii Oi yo		alleri	<u> </u>						
Age/Blindness	s You	: Were born before January 2, 19	959 [	Are blind Spo	ouse	: Was bor	n before Ja	anua	ıry 2,	1959	☐ Is bl	ind
Dependent	<b>s</b> (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Che	ck th	ne box			instructions):
If more	(1) F	(1) First name Last name		number		to you	Child tax c		ax crec	dit	Credit for ot	her dependents
than four												
dependents, see instruction	s ——											
and check	, —											
here L								L				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)						1a	1 1 6	60,211.
Attach Form(s)	b									1b		
W-2 here. Also	С									1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	-		
1099-R if tax	е								1e	_		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .						•		1g		
W-2, see	h	Other earned income (see instructi	,				· · ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>l 1i</u>					1.	CO 011
	<u>z</u>	<u> </u>	 . i					•		1z		60,211.
Attach Sch. B if required.	2a	'	2a			axable interest		•		2b		
	3a		3a			ordinary divider				3b		
Standard	4a		4a			axable amount				4b		
Deduction for—	5a		5a			axable amount		•		5b		
Single or Married filing	6a	,						6b	_			
separately, \$13,850		c If you elect to use the lump-sum election method, check here (see instructions)							_			
Married filing	7	,						•	. Ш	7	+	
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	-					•		8	1.	60 211
surviving spouse, \$27,700	9		5b, 6b, 7, and 8. This is your <b>total income</b>						9		60,211.	
Head of	10	Adjustments to income from Schedule 1, line 26							10		60 211	
household, \$20,800	11		e 10 from line 9. This is your <b>adjusted gross income</b>							11		60 <b>,</b> 211.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		27,700.	
any box under Standard	13			III OIIII 0990 OF FORM	099	J-A		•		13		27,700.
Deduction, see instructions.	14 15								14 15	_	32 <b>,</b> 511.	
	10	Sabtrast mic 14 Horn IIIIC 11. II Zel	J 01 108	,,, oritor -o-, iiilo io y	Jui L	MAGDIC IIICUIII		•		13		<i>,</i> ∟⊥⊥.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	19,767.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	19,767.	
	19	Child tax credit or credit for	other dependent	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	. If zero or less,	enter -0				22	19,767.	
	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 <b>total tax</b>					24	19,767.	
<b>Payments</b>	25	Federal income tax withheld	l from:							
	а	Form(s) W-2				<b>25a</b> 23	3,291.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	23,291.	
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	2		28				
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	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							23,291.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,524.	
	35a								3,524.	
Direct deposit?	b	Routing number 0 8 1			<b>c</b> 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 <b>amount you owe</b> .  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 <sup>*</sup>	instructions								<b>⋈</b> No	
		signee's me	Phone no.		onal identi ber (PIN)	l identification (PIN)				
Ciana			hat I have examined		accompanying sche		( /	the hest	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	Your signature		Date Your occupation			If the	If the IRS sent you an Identity		
		Ğ			·			Protection PIN, enter it here		
Joint return?					ENGINEER		(see inst.)			
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation  HOME MAKER			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	——Ph	Phone no. (816) 468-3962 Email address POSANI.TEJA@GMAIL.COM								
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM		P0208	2703	Self-employed	
Preparer		m's name GLOBAL TA				1,2,22,2021		one no. (678) 965-9522		
Use Only				NSWICK N	J 08816			Firm's EIN 84-3171965		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								01 01/1000	