## 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

	1					
Submi	ssion Identification Number (SID)					
Taxpaye	or's name	Social secur	ity numl	ber		
IVA	NASH VAKKANTULA	371-71-7087				
Spouse'	s name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear Voll a	are au	thorizina	<u> </u>	
	whole dollars only on lines 1 through 5.	year you a	are au	ti lorizirig.	)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1	115	,789.	
2	Total tax		2		,865.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,033.	
4	Amount you want refunded to you		4		,168.	
5	Amount you owe		5		<u>, 100.</u>	
Part		eep a cor	y of y	our retu	rn)	
my know return ( to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the path identification number (PIN) below is my signature for the income tax return (original or amended) I arnic Funds Withdrawal Consent.	e are the ameter, or electriction of the test. Treasury a cated in the test to debit the authorizests must be processing cayment. I fur	counts fronic re- ransmin and its cax preper entry ation. The entry ation of the electric than the electric	from the inc turn original ssion, <b>(b)</b> th designated paration sof to this acco To revoke (i ved no late lectronic pa cknowledge	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the	
Тахра	yer's PIN: check one box only					
×	I authorize GLOBAL TAXES LLC to enter or generate i	my PIN		0 8 7	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	í	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.					
Your s	ignature ▶ Date ▶					
Snous	e's PIN: check one box only	_				
Орошо	I authorize to enter or generate	my DINI			as my	
	_	ter five	digits, but	asiny		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.					
Spous	e's signature ▶ Date ▶					
	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 4 9	6 6	1 9 8	9	
		Don't en	ter all Ze	2108		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to take to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submoments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Providers of International Pub. 1345, Handbook for Authorized IRS e-file Pub. 1345, Handbook for Authorized IRS	itting this ret	urn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o 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.		tructions.			
Your first name and middle initial			Last name						Your social security number		
AVINASH			VAKKANTULA						371   71   7087		
If joint return, spouse's first name and middle initial			Last na								curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electi	on Campaign
8404 WAI	RREN	PKWY					728		Check here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State	Э	ZIP code				ntly, want \$3
FRISCO			TX			75034	to go to this fund. Checking a box below will not change				
Foreign country	y name		Foreign province/state/county		,	Foreign postal	oreign postal code		your tax or refund.		
									You Spouse		
Filing Status	; X	Single				Head of he	ousehold (HC	H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	ouse (0	QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u ched	cked the HOH	or QSS box	, enter	the ch	ild's name	; if the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	rty or service	s): or (	b) sell.		
Assets		nange, or otherwise dispose of a digi					-			☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as a	dependent					
Deduction		Spouse itemizes on a separate returi	•								
A /DPl		<u> </u>		_				0	1050		P - J
		: Were born before January 2, 19	959 <u>[</u>	T ·	ouse:		n before Janu			∐ Is bl	
Dependent				(2) Social security number	/	(3) Relationsh to you	iP	tax cre	-	1	e instructions): ther dependents
If more	(1) F	irst name Last name		number		to you	Offila		Juit	Orealt for ot	
than four dependents,											
see instruction	s				-						
and check here	1 —				-						
-	10	Total amount from Form(s) W 2 h	ov 1 /oc	a instructions)					10	1 1	<u> </u>
Income	1a b	Total amount from Form(s) W-2, be	,	,					1a 1b		13, 109.
Attach Form(s)		Household employee wages not reported on Form(s) W-2								;	
W-2 here. Also attach Forms	c d										
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1d		
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.							19		
get a Form	э h	Other earned income (see instructi						•	1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i					
	z	Add lines to through th							1z	1.	15 <b>,</b> 789.
Attach Sch. B	 2a	1	2a	ĺ	<b>b</b> Ta	xable interest	t		2b		<u> </u>
if required.	3a		3a			dinary divider			3b	,	
	4a	IRA distributions	4a			xable amount			4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amount	t		5b	,	
Single or	6a	Social security benefits	6a		<b>b</b> Ta	xable amount	t		6b	,	
Married filing separately,	c 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									
Married filing jointly or	8	Additional income from Schedule							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, 7, and 8. This is your <b>total income</b>						9	1.	15 <b>,</b> 789.
\$27,700	10	Adjustments to income from Scheen	•							)	
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	me				11	1.	15 <b>,</b> 789.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				12	2	13 <b>,</b> 850.
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	า 8995	-A			13	}	
Standard Deduction,	14	Add lines 12 and 13							14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our <b>ta</b>	axable incom	ie		15	<u> </u>	01,939.

Form 1040 (202)	3)							Page Z	
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	з 🗌		16	17 <b>,</b> 865.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17	18	17 <b>,</b> 865.					
	19	Child tax credit or credit for other depende	ents from Sched	lule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				22	17,865.	
	23	Other taxes, including self-employment tax	k, from Schedul	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	17,865.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			<b>25a</b> 21	,033.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	21,033.	
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	12		28				
	29	American opportunity credit from Form 886	63, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are you	ur <b>total other p</b>	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. These are your	total payments	·			33	21,033.	
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you <b>overpaid</b>		34	3,168.	
	35a	Amount of line 34 you want refunded to yo	ou. If Form 888	8 is attached, chec	k here		35a	3,168.	
Direct deposit?	b	Routing number 0 8 1 0 0 0 0	3 2	<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 3 5 5 0 1 2 4	1 0 7 8	6 7					
	36	Amount of line 34 you want applied to you	r 2024 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the an							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					37		
	38	Estimated tax penalty (see instructions) .			38				
<b>Third Party</b>		you want to allow another person to dis							
Designee		structions			<del></del>	•		⊠ No	
		signee's me	Phone no.	•		onal ident ber (PIN)	ification		
Sign		der penalties of perjury, I declare that I have examin	ned this return and	accompanying sche		, ,	the best	of my knowledge and	
Here	be	lief, they are true, correct, and complete. Declaration	n of preparer (othe	er than taxpayer) is ba	sed on all informati	on of whic	h prepar	er has any knowledge.	
пеге	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity		
							ection P	IN, enter it here	
Joint return?					IWAILE ENGINEER				
See instructions. Keep a copy for your records.	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.)		
	———Ph	one no. (417) 895-0507	Email address	VAVINASH29	110GMATI.CO	 )M			
		eparer's name Preparer's sign			Date Date	PTIN		Check if:	
Paid		·   · · · · ·		MAR DUDIPALLI		P0247	0833	Self-employed	
Preparer		m's name GLOBAL TAXES LLC			1		one no. (678) 965-9522		
Use Only		m's address 245 ROONEY CT E BR	UNSWICK N	J 08816			n's EIN	88-2145487	
		40404				1		= 1010 (	

### Form **8889**

Department of the Treasury

Internal Revenue Service

#### **Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AVINASH VAKKANTULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 371-71-7087

Befo	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions.	X Se	elf-only $\square$ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		3,000.
Ū	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		3,000.
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	880.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,970.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate l	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040). Part II. line 17d	21	

For Paperwork Reduction Act Notice, see your tax return instructions.