## 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

Subm	ission Identification Number (SID)						
Taxpay	er's name	Social securit	y number	,			
SHA	RANYA REDDY ALLURI	143-43-	143-43-3557				
				Spouse's social security number			
Par	, , , , ,	year you a	re auth	orizing.)			
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		اما	40.064			
1	Adjusted gross income		1	42,064.			
2 3	Total tax		3	3,167.			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		4	4,892.			
4 5	Amount you want refunded to you		5	1,725.			
Part	Amount you owe		-	ur return)			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended						
to send for any Agent paymed author paymed busined taxes person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particular information necessary to answer inquiries and resolve issues related to the particular information necessary to answer inquiries and resolve issues related to the particular information necessary to answer inquiries and resolve issues related to the particular information in the particular in the particular information in the particular in the particular in the p	ection of the trans. Treasury are cated in the table to debit the earth authorization to debit the processing of payment. I furt	ansmissind its deax preparentry to attion. To receive the electors	on, (b) the reason signated Financia ration software fo this account. This revoke (cancel) a d no later than 2 stronic payment on owledge that the			
-	ayer's PIN: check one box only	3 J	3 5	5 7			
>	I authorize GLOBAL TAXES LLC to enter or generate	ř Ent	er five di				
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter a	all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.						
Your	signature ▶ Date ▶ _						
Cnau	se's PIN: check one box only						
Spou	_	my DINI		00 my			
L	I authorize to enter or generate	-	er five dig	as my			
	signature on the income tax return (original or amended) I am now authorizing.		i't enter a				
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodow.		•				
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	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 6 1 er all zero				
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Pincompared to	itting this retu	rn in acc	cordance with the			
ERO's	s signature ▶ Date ▶						

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

20**23** OMB No. 1545-0074

						0.112 1.01 10 10			<u> </u>	no or otapio in tino opacor	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	S	ee sep	arate instructions.	
Your first name and middle initial Last na				ast name					Your social security number		
SHARANYA REDDY AL			ALL	ALLURI						143   43   3557	
	s first name and middle initial	Last name						s social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Pı	resider	ntial Election Campaign	
8404 WAI	RREN	PKWY					#2118			ere if you, or your	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code			if filing jointly, want \$3 this fund. Checking a	
FRISCO				TX			75034			w will not change	
Foreign country	y name	ne		Foreign province/state/co		у	Foreign postal of	ode yo	our tax	or refund.	
										You Spouse	
Filing Status	s 🗵	☑ Single ☐ Head of household (HOH)									
Check only		<ul><li>☐ Married filing jointly (even if only one had income)</li><li>☐ Married filing separately (MFS)</li><li>☐ Qualifying surviving spouse (QSS)</li></ul>									
one box.		Married filing separately (MFS)									
		ou checked the MFS box, enter the	ne chil	d's name if the							
	qu	alifying person is a child but not you	ır depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	s a reward, award, or	payn	nent for prope	rty or services	); or (b)	sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a financial intere	est ir	n a digital asse	et)? (See instru	ctions.)	)	☐ Yes 🔀 No	
Standard	Son	neone can claim: 🗌 You as a de	pender	nt Your spouse	e as	a dependent					
<b>Deduction</b>		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse	· 🗌 Was bor	n before Janu	arv 2 1	959	☐ Is blind	
Dependent				<del>-</del>			(4) Chook t			ies for (see instructions):	
-		irst name Last name		(2) Social security number	´	(3) Relationsh to you	iib I.,	ax cred		Credit for other dependents	
If more than four	<del>.,</del>					•		П			
dependents,									$\neg$		
see instruction and check	s										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)					1a	42,064.	
Attach Form(s)	b	Household employee wages not re	eportec	d on Form(s) W-2					1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see in	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26					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 .	19, line 6						1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1</u> i					
	Z	Add lines 1a through 1h	. ;						1z	42,064.	
Attach Sch. B if required.	2a	'	2a			axable interest			2b	+	
	3a		3a			rdinary divide			3b		
Standard	4a		4a			axable amoun			4b		
Deduction for—	5a		5a			axable amoun			5b		
Single or Married filing	6a	,	6a			axable amoun	τ		6b	_	
separately, \$13,850	C									4	
Married filing	7 ο	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	+	
jointly or Qualifying	8								9	42,064.	
surviving spouse, \$27,700	10		, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						10	72,004.	
Head of	11	Adjustments to income from Schedule 1, line 26							11	42,064.	
household, \$20,800	12		-						12	13,850.	
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)         Qualified business income deduction from Form 8995 or Form 8995-A							13	10,000.	
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	ss, enter -0 This is v	 our <b>t</b>	axable incom	ne		15	28,214.	
	-						-	•	1 -		

Form 1040 (2023	3)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> $\square$ 881	4 <b>2</b> 🗌 4972	3 🗌	. 16	3,167.
Credits	17	Amount from Schedule 2, line 3				. 17	
	18	Add lines 16 and 17				. 18	3,167.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 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,	enter -0			. 22	3,167.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax				. 24	3,167.
<b>Payments</b>	25	Federal income tax withheld from:					
	а	Form(s) W-2			<b>25a</b> 4,8	92.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				. 25d	4,892.
If you have a	26	2023 estimated tax payments and amount a	pplied from 20	22 return		. 26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)		No .	27		
allacii Scii. Elc.	28	Additional child tax credit from 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, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are your	. 32				
	33	Add lines 25d, 26, and 32. These are your to	. 33	4,892.			
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b> .	. 34	1,725.
	35a	Amount of line 34 you want refunded to you	☐ 35a	1,725.			
Direct deposit?	b	Routing number 1 0 1 1 0 0 0	ings				
See instructions.	d	Account number 5 1 8 0 1 0 5	1 8 2 0	)   7			
	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>amo</b> For details on how to pay, go to <i>www.irs.go</i>	. 37				
	38	Estimated tax penalty (see instructions) .			38		
Third Party Designee		you want to allow another person to disc structions			See . Yes. Comp	olete below.	⊠ No
		signee's me	Phone no.		Personal number (l	identification PIN)	
Sign		der penalties of perjury, I declare that I have examined iief, they are true, correct, and complete. Declaration of					
Here	Yo	ur signature	Date	Your occupation		ent you an Identity PIN, enter it here	
Joint return?				SOFTWARE D	EVELOPER	(see inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date				ent your spouse an tection PIN, enter it here

Email address

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI

(704) 904-1155

GLOBAL TAXES LLC

Phone no.

Firm's name

Firm's address

**Paid** 

**Preparer** 

**Use Only** 

Preparer's name

Self-employed

Check if:

Phone no. (678) 965-9522

SHARANYAREDDY.ALLURI@GMAIL.COM

Date

PTIN

P02470833

Firm's EIN