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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of 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, and to the best of 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, transmistirer, 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 at 1-888-353-4537. Payment cancellation requests must 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. I will enter my PIN as my si					
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Submission Identification Number (SID)				
Spouse's social security number	Taxpayer's name	So	cial security n	number	
Enter 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 1 144, 863. 2 Total tax 2 2 24, 843. 3 Federal income tax withhold from Form(s) W-2 and Form(s) 1099 3 3 24,665. 4 Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I show are the amounts in Part I show are the amounts and the processing the return or return, and is 10 the date of any return. I declare that the amounts in Part I show are the temperature (Fix) of or any delay in processing the return or return, and is 10 the date of any return. I declare that the sumbour and the state of the sum of the	KAMAL SAI RAJ KUNCHA		705-83-3	358	
Enter whole dollars only on lines 1 through 5. Note: Form 104-0S filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 24, 655. 4 Amount you want refunded to you 4 5 Total tax 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to gou 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to you 10 Amount you you get and keep a copy of your return in 10 Amount you 10 Amount you want refunded to you 10 Amount you 10 Amount you want refunded to reason the feat want you 10 Amount you want refunded to you 10 Amount	Spouse's name	Sp	ouse's social	security number	
Enter whole dollars only on lines 1 through 5. Note: Form 104-0S filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 24, 655. 4 Amount you want refunded to you 4 5 Total tax 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to gou 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 10 Amount you want refunded to you 10 Amount you you get and keep a copy of your return in 10 Amount you 10 Amount you want refunded to you 10 Amount you 10 Amount you want refunded to reason the feat want you 10 Amount you want refunded to you 10 Amount	Part I Tax Return Information — Tax Year Ending December 31.	, 2023 (Enter ye	ar you are	authorizing.)
1 44,863. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099					<u>'</u>
2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 24,665. 4 Amount you want refunded to you 5 Amount you owe 5 Amount you owe 6 Taxapayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjuny. Ideclare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of the same and the part I above are the transmission, (b) the reason for any delay in processing the return or returd, and (c) the date of any refund. If applicable, lauthorize the U.S. Tressury financial Agent to initiate an ACH electronic funds withdrawal (gired clebil) entry to the financial institution account indicated in the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the U.S. Tressury financial Agent at 1 makes and ACH electronic funds withdrawal (gired clebil) entry to the financial institution account indicated in the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, lauthorize the fund the processing of the electronic payment of payment, I must contact the U.S. Tressury Financial Agent at 1 ressury Financial Agent to terminate the authorization. To revoke (cancell) a supprient, I must contact the U.S. Tressury Financial Agent at 1 ressure in the tax preparation and the processing of the electronic payment of the payment (settlement) date. It also authorize the financial institutions involved in the processing of the electronic payment of the transmission, (b) and the U.S. Tressury Financial Agent at 1 ressure the processing of the electronic payment of the termination of the result of the U.S. Tressury Financial Agent at 1 ressure t	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
Amount you want refunded to you A A A Amount you want refunded to you A A A Amount you want refunded to you A A A Amount you want refunded to you A A A A A A A A A A A A A A A A A A A	1 Adjusted gross income			1 144	,863.
Amount you want refunded to you Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perliph, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whowledge and belief, it is true, correct, and complete. I further declare that the amounts for the mounts from the income tax return (original or amended) I am now authorizing, and to the best of 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 of the receipt of the properties of the properties of the properties of the transmission of the properties of the transmission of the properties of the transmission of	2 Total tax			2 24	,843.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of 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, and to the best of 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 IRS (and complete. I further declare that the amounts in Part I above are the amounts from the IRS (and complete. I further declare that the amounts in Part I above are the amounts from the IRS (and complete. I further declare that the amounts in Part I above are the amounts from the IRS (and complete in Institution I and Institution I amounts from the IRS (and complete in Institution I amounts) in Part I above are the amounts in Part I amou	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3 24	,665.
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of 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 processing the return or return, and an electrical processing the return or return, and an electrical processing the return or return, and (e) the date of any return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for recipion of the transmission, (b) the reason for any delay in processing the return or return, and (c) the date of any refund, if applicable, lauthorize the U.S. traversup 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 rederal taxes owed on this return and/or a payment of estimated tax, and the financial institution is 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, function to the payment of estimated at a set or caver confidential information necessary to answer inquiries and resolucities and resolucit	,				
Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I chirther 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 (EFO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 delbid) entry to the financial institution account indication to 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 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 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 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 in the tax preparation software for payment of the payment and the payment of the paymen					178.
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 original or amended) In processing the treatment of the processing the return or return, and (c) the date of any return (I applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my referral tax as over on this return and/or a payment of settimated tax, and the financial institution account indicated in the tax preparation software for payment of my referral tax as over on the return and/or a payment of settimated tax, and the financial institution account indicated in the tax preparation software for payment of the settimated tax, and the financial institution account indicated in the tax preparation software for anyment of settimated tax, and the financial institution account indicated in the tax preparation software for anyment of settimated tax, and the financial institution account indicated in the tax preparation software for the such setting and the sett	Part II Taxpayer Declaration and Signature Authorization (Be su	re you get and kee	p a copy o	of your retu	rn)
Taxpayer's PIN: check one box only authorize GLOBAL TAXES LLC	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for any delay in processing the return or refund, and (c) the date of any refund. If applicate Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial inspayment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financia payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payme business days prior to the payment (settlement) date. I also authorize the financial institu taxes to receive confidential information necessary to answer inquiries and resolve iss personal identification number (PIN) below is my signature for the income tax return (orig	eipt or reason for rejection of authorize the U.S. I stitution account indicate the financial institution to all Agent to terminate the ent cancellation requestions involved in the proues related to the paymes.	on of the trans reasury and ed in the tax to debit the end a authorization s must be recessing of the nent. I furthe	smission, (b) the its designated preparation softer to this account. To revoke (electived no late electronic par acknowledge	ne reason Financial Itware for bunt. This cancel) a er than 2 yment of that the
I authorize GLOBAL TAXES LLC ER0 firm name 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only □ I authorize □ I authorize □ I will enter my PIN as my 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) I am now authorizing. □ I will enter my PIN as my 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ □ Date ▶ □ Practitioner PIN Method Returns Only—continue below Part III 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 6 0 8 2 7 1 □ Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ □ Date ▶ □ ERO Must Retain This Form ─ See Instructions					
ERO firm name 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize to enter or generate my PIN I authorize to enter or generate my PIN I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III 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 6 0 8 2 7 1 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	·		3 3	3 3 5 8	
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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶		enter or generate my	Enter		as my
Spouse's PIN: check one box only I authorize ERO firm name 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) I am now authorizene Pin method. The ERO must complete Part III		orizing.	don't	enter all zeros	
Spouse's PIN: check one box only I authorize ERO firm name 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ERO Must Retain This Form — See Instructions	if you are entering your own PIN and your return is filed using the Pra				
I authorize	Your signature ▶	Date ▶			
I authorize	Snouse's PIN: check one hox only				
ERO firm name 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ☐ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐ Certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ☐ Date ► ERO Must Retain This Form — See Instructions	· _	enter or generate my	DINI		as my
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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions		criter or generate my		five digits, but	asiny
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III 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 2 4 9 6 0 8 2 7 1 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶	signature on the income tax return (original or amended) I am now auth	orizing.	don't	enter all zeros	
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	if you are entering your own PIN and your return is filed using the Pra				
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Spouse's signature ▶	Date ►			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions	Practitioner PIN Method Returns Only-	-continue below			
Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Part III Certification and Authentication — Practitioner PIN Method	od Only			
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-select	ed PIN. 2 2 2	- - -		1
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I con	firm that I am submittin	g this return	in accordance	
	ERO's signature ▶	Date ►			
			<u> </u>		

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last nar	ne							Your so	cial sec	urity num	nber
KAMAL SA	AI R.	AJ	KUNC	HA							705	83	3358	
		s first name and middle initial	Last nar										security	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				P	Apt. no.	- 1			ection Ca	
2800 ELI						10.		710					ou, or yo jointly, wa	
	ost otti	ice. If you have a foreign address, also co	omplete sp	oaces bei	ow.	Sta		ZIP c			•	.	nd. Checl	
SEATTLE						WA		981					not chan	ge
Foreign country	y name			oreign pro	ovince/state/	count	У	Foreig	ın postal c	ode	your tax	or retu	_	Spouse
Filing Status	, X	Single					Head of he	L ouseh	old (HOH	∟ ∃)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					,	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spoi	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the)
	qu	ialifying person is a child but not you	ur depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🛛 I	No
Standard	Son	neone can claim: 🔲 You as a de	pendent	. 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959	☐ Is	s blind	
Dependents	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	iip (4) Check t	he bo	x if quali	fies for (see instru	ıctions):
If more		irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other dep	pendents
than four														
dependents, see instruction														
and check	- —													
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a	_	144,7	799 .
Attach Form(s)	b	Household employee wages not re	•		` '						1b	_		
W-2 here. Also	C	Tip income not reported on line 1a	•		•						1c	_		
attach Forms W-2G and	d	Medicaid waiver payments not rep		` '	,	nstru	ctions)				1d	_		
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 88	839, 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 instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1i</u>						144,7	700
AII	Z	Add lines 1a through 1h			· · · i	 L T	 axable interest				1z	_	<u> </u>	22.
Attach Sch. B if required.	2a	· —	2a								2b			
	3a_		3a				rdinary divide				3b 4b			
Standard	4a		4a 5a				axable amoun axable amoun				5b			
Deduction for—	5a	_	6a				axable amoun			-	6b			
Single or Married filing	6a	Social security benefits If you elect to use the lump-sum e		nethod 4	chack boro					· .	7 00			
separately, \$13,850	С 7	Capital gain or (loss). Attach Sche		,		`	,				7			64.
Married filing	8	Additional income from Schedule		•	•					٠ ـ	8			U-I.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		144,8	363
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7. Adjustments to income from Sche		-							10			,,,,,
Head of	11	Subtract line 10 from line 9. This is									11		144,8	363
household, \$20,800	12	Standard deduction or itemized	•	-	_						12			850.
If you checked any box under	13	Qualified business income deduct				-					13	_		,,,,,,
Standard	14										14		13.8	350.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		131 (

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	24,843.		
Credits	17	Amount from Schedule 2, lir	ne 3				- 	17			
	18	Add lines 16 and 17						18	24,843.		
	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	24,843.		
	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	24,843.		
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a 2	4,665				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	24,665.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	32]							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	24,665.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34			
	35a	Amount of line 34 you want	35a								
Direct deposit?	b	Routing number X X X	3								
See instructions.	d	Account number X X X									
	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 amo	ount you owe.							
You Owe		For details on how to pay, g						37	178.		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See					
Designee	ins	structions	e below.	⋉ No							
		signee's me		Phone no.		ntification					
<u></u>		ider penalties of perjury, I declare t	hat I have examine		accompanying sche		nber (PIN)		of my knowledge and		
Sign		lief, they are true, correct, and com							, ,		
Here	Yo	ur signature		Date	Your occupation	l If t	he IRS se	ent you an Identity			
		g	Tour dodapation			Pr	otection F	PIN, enter it here			
Joint return?					SOFTWARE I	ENGINEER	(se	ee inst.)			
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				ent your spouse an ection PIN, enter it here		
	Ph	Phone no. (352)871-5180 Email address KAMALSAIRAJK29@GMAIL.COM									
Daid	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/28/2024	P020	82703	Self-employed		
Preparer		m's name GLOBAL TA				•			(678)965-9522		
Use Only			Y CT E BRU	NSWICK N	J 08816			m's EIN			

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

 Internal Revenue Service
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Sequence No. 12

 Name(s) shown on return
 KAMAL SAI RAJ KUNCHA
 Your social security number

 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
 Yes
 No

 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 698. 64. 634. Totals for all transactions reported on Form(s) 8949 with Box B checked 1,740. 1,740. 0. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 64. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with 14. 14. 0. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 64. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

705-83-3358

KAMAL SAI RAJ KUNCHA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B	·			
1 (a) Description of property	1 (0) 1 5 .	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/23	12/31/23	698.	634.			64.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	698.	634.			64.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KAMAL SAI RAJ KUNCHA

Social security number or taxpayer identification number 705-83-3358

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

✗ (D) Long-term transactions☐ (E) Long-term transactions	•		-	•	,		9)
(F) Long-term transactions				•			
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	14.	14.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	14.	14.			0.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Department of the Treasury Go to www.irs.gov/Form8949 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0074

Attachment Sequence No. 12A

ivairie(s) sii	OWIT OIT	return	
KAMAT	SAT	RAJ	KUNCHA

Social security number or taxpayer identification number 705-83-3358

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

🗵 (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
AMAZON COM INC	01/01/23	12/31/23	1,740.	1,740.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), lir	lude on your ne 2 (if Box B	1,740.	1,740.			0.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

KAMAL SAI RAJ KUNCHA

Social security number of HSA beneficiary.

If both spouses have HSAs, see instructions.

705-83-3358

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
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	⊠ Se	lf-only 🗌 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. Do not 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 every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , 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		
	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		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,350.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
D. 1	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.		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	
C 15	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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 Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. 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	