## 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

Submis	ssion Identification Number (SID)						
Taxpaye	r's name	Social security number					
MURA	ALIDHAR R YASAGARI	810-36-7831					
Spouse's	s name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re aut	horizing.)			
Enter v	whole dollars only on lines 1 through 5.						
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	19,433.			
	Total tax		2	558.			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2,623.			
	Amount you want refunded to you		4	2,065.			
	Amount you owe		5	\\\\\\			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and keep tensities of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
return (or to send for any Agent to payment authorize payment business taxes to personal	wledge 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, transming my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.I. 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 processor of the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) and the income tax return (original or amended) I are funds Withdrawal Consent.	tter, or electro- ction of the tr S. Treasury ar cated in the ta n to debit the the authoriza- lests must be processing of ayment. I furt	onic ret ansmise nd its cax prepentry tation. The receiventry the electric than the el	urn originator (ERO) sion, (b) the reason lesignated Financial aration software for o this account. This or evoke (cancel) a ved no later than 2 ectronic payment of knowledge that the			
	yer's PIN: check one box only						
X	•	Ent	er five	digits, but			
	signature on the income tax return (original or amended) I am now authorizing.	40.		an Edido			
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.						
Your si	gnature ►	2/16/20	)24				
Snous	e's PIN: check one box only						
Opous	I authorize to enter or generate	my DINI		as my			
	ERO firm name	-	er five	digits, but			
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	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	6 6 er all ze	1 9 8 9 ros			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm nents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this retu	ırn in a	ccordance with the			
EPO's	signature ▶ Date ▶						
LITU S	ERO Must Retain This Form — See Instructions						
	LIV MUSE REGIN THIS FORM — OCC HISH UCHONS						

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



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending					, 20		See separate instructions.			_
Your first name and middle initial Last na					ame						Your social security number			_
MURALIDHAR R YASA				GARI							810	36	7831	
If joint return, spouse's first name and middle			Last nar										security numb	eı
		er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	- 1			ection Campaig	gn
		TA TRACE PKWY #300	manlata am			Cto	<b>t</b> o	ZID a					ou, or your jointly, want \$3	3
• • • •	ost om	ice. If you have a foreign address, also co	mpiete st	baces bei	ow.	Sta		ZIP c			•	•	nd. Checking a	
AUSTIN Foreign country	v namo							78727 Foreign postal code				not change		
r oreign country	y mame		'	oreign pr	OVITICE/State/	Couri	y	i oreig	jii postai c	oue	your tax	Yc		se
Filing Status	s ×	Single					Head of he	useh	old (HOH	H)				_
Check only		☐ Married filing jointly (even if only one had income)												
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	If 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	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payn	nent for prope	rty or	services	); or (l	b) sell,			_
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)		es 🛚 No	
Standard	Som	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	ind <b>Sp</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	(see instructions):			(2) Social security (3) Relationship			ip (4	) Check t	he box	x if quali	fies for (	(see instructions	3):
If more		(1) First name Last name			number to you				Child t	ax cre	dit	Credit fo	or other dependen	ıts
than four									[					
dependents, see instruction	c ——								[					
and check	- —													
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a 1b		19,433.	
Attach Form(s)	b	3												_
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	Taxable dependent care benefits f									1e			_
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	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	,					ή.			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>1i</u>						10 422	
	z	Add lines 1a through 1h			· · · ·	 . <del>-</del>					1z		19,433.	_
Attach Sch. B if required.	2a	· —	2a				axable interest				2b			_
roquiiou. 	3a_		3a				rdinary divide				3b			_
Standard	4a		4a				axable amoun				4b			_
Deduction for—	5a	<del>-</del>	5a				axable amoun			-	5b			_
Single or Married filing	6a	,	6a	n a th = =1	obook harri		axable amoun	ι			6b			_
separately, \$13,850	C								,					
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			_		
jointly or Qualifying	8		•								8		10 /22	
surviving spouse, \$27,700	9		6b, 7, and 8. This is your <b>total income</b>						9		19,433.	_		
Head of	10	•	nents to income from Schedule 1, line 26							10		10 422		
household, \$20,800	11		-	-	_						11		19,433.	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)						12		13,850.				
any box under Standard	13										13		12 050	_
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer									14		13,850.	_

Form 1040 (2023	3)										Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			. 16	;	558.	
Credits	17	Amount from Schedule 2, lin							. 17	,		
	18	Add lines 16 and 17							. 18	3	558.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19	•		
	20	Amount from Schedule 3, lin	ie 8						. 20	)		
	21	Add lines 19 and 20							. 21	ī		
	22	. Subtract line 21 from line 18. If zero or less, enter -0								2	558.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				. 23	3	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 24	ı	558.	
Payments	25	Federal income tax withheld										
	а	Form(s) W-2				25a		2,62	23.			
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c							. 25	d 2,	623.	
If you have a	26	2023 estimated tax payment							. 26	;		
qualifying child,	27	Earned income credit (EIC)				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, lin				31						
	32	Add lines 27, 28, 29, and 31					e credits		. 32	,		
	33	Add lines 25d, 26, and 32. T								_	623.	
Refund	34	If line 33 is more than line 24						•	. 34		065.	
neiulia	35a	Amount of line 34 you want	•			•	•	•	35		065.	
Direct deposit?	b	Routing number 1 2 1				Chec		Savi				
See instructions.	d	Account number 3 2 5					9 🗀	Ouvi	ings			
	36	Amount of line 34 you want a				36	T <sup>'</sup>					
Amount						00				_		
You Owe	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								. 37	,		
roa owe	38	Estimated tax penalty (see in	_	-		38	 	•	. 37			
Third Dorty												
Third Party Designee	y Do you want to allow another person to discuss this return with the IRS? See instructions											
Designee	Designee's Phone Personal identity											
	na			no.				ber (F				
Sign		der penalties of perjury, I declare the			, , ,			,		,	0	
Here	be	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is t	based on	all informati	on of	which prep	arer has any kno	wledge.	
									e IRS sent you an Identity			
		Gmuralidhar	reddy	2/16/2024	SOFTWARE	ENCTI	ATE ED		(see inst.)	n PIN, enter it her	е	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, t	noth must sign	Date	Spouse's occupa		NEEK		If the IRS sent your spouse an			
Keep a copy for	opodoo o olgitataro. Il a joint rotarri, <b>botii</b> maot olgit.			Spouse a occupation					Identity Protection PIN, enter it here			
your records.								(see inst.)				
	Ph	one no. (737)296-069	0	Email address	YASAGARIMU	RALI@	GMAIL.C	MC				
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTI	N	Check if:		
Paid	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO 247						247083	0833 Self-employed				
Preparer	Firm's name GLOBAL TAXES LLC Pho							Phone no.	one no. (678)965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								Firm's EIN	n's EIN 88-2145487		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 0	2/05/24 PRO			Form 10	40 (2023)	
Ü					<b>2</b> , 03	0						