Form 8879

(Rev. January 2021)

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8879 for the latest information.

OME
No.
1545-00
074

Submission Identification Number (SID)			
Taxpayer's name Soc	Social security number	number	
VIJAY KUMAR R ENUMULA 7	769-76-7309	769-76-7309	umhar
ANDULA	882-83-	2537	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	you ar	e author	izing.)
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	6	-	186,329.
Total tax	6 53 6 53	N	23,439.
A Amount you want refunded to your		4	A 633
		σ 1.	T/OUG.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy	а сору		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 o 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	now auth	orizing, an unts from	nd to the best of the income tax
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent 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 payment. I further acknowledge that the	or electro of the tra electro of the tra electro of the tra electro el	nic return of the control of the con	originator (ERO, , (b) the reasor, nated Financia ion software for ion socount. This voke (cancel) a no later than 2 noic payment of viedge that the
Taxpayer's PIN: check one box only X lauthorize GLOBAL TAXES LLC to enter or generate my PIN		6 7 3 0 9 Enter five digits, but	9 as my
signature on the income tax return (original or amended) I am now authorizing.	· uon	Tellie iailia	COLOS
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.	uthorizin he ERO	g. Check must cor	g. Check this box only must complete Part III
Your signature ► Cong KAB Date ► 04	106	2024	
Spouse's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generate my PIN	Σ ω	2 5 3	7 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Enter five digits, but don't enter all zeros	s, but zeros
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.	uthorizin he ERO	g. Check must cor	g. Check this box only must complete Part III
Spouse's signature ▶	0	6/2024	14
Practitioner PIN Method Returns Only—continue below			
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	0 8	2 7 1
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.	ım (origin this retur ıal Incom	al or amer n in accor e Tax Retu	nded) I am now rdance with the arms.
ERO's signature ▶ Date ▶			

Your name: EX	ENUMULA	Your SSN or ITIN: 769-76-7309	7309		
MPORTANT: See	IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.	attach a copy of your complet	e federal tax return.		
o locate FTB 1131 EN Inder penalties of po	Our privacy notice can be found in annual tax booklets or online. Go to fib.ca.gov/privacy to learn about our privacy policy statement, or go to fib.ca.g to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of	o ftb.ca.gov/privacy to learn about lection. To request this notice by mareturn, including accompanying s	our privacy policy statement, or go ail, call 800.338.0505 and enter for chedules and statements, and to t	to fib.ca.gov n code 948 w he best of m	ov/forms and search for 1131 when instructed. my knowledge and belief, it
Your signature	7	Date	Spouse's/BDP's signature (if a joint tax	a joint tax ret	return, both must sign)
2	3人の	04/06/2024			
	Your email address. Enter only one email address	ldress.		Prefe	Preferred phone number
Cin	villauece@gmail.com	ail·can		9169	9169183275
2000 7	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	arer is based on all information	of which preparer has any know	ledge)	
<u> </u>	SYAM PRIYA RAM SAGAR GUPTA	GUPTA			
9	Firm's name (or yours, if self-employed)				• PTIN
					P02082703
	GLOBAL TAXES LLC				Firm's FEIN
n?	GLOBAL TAXES LLC Firm's address	BRUNSWICK NJ 08816			843171965
See instructions.	TAXES LLC			Yes	X No
	BAL TAXES LLC ddress ROONEY CT E	iscuss this tax return with us?	See instructions		

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