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

	5				
Submi	ssion Identification Number (SID)				
Taxpaye	or's name	Social securi	ty numl	per	
KIEV	/A ALYNN BARKER	231-67	-420	9	
Spouse'	s name	Spouse's soo			
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re au	thorizina \	
	whole dollars only on lines 1 through 5.	n year you a	ie au	uionzing.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	69.	585.
2	Total tax		2		829.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		581.
4	Amount you want refunded to you		4		752.
5	Amount you owe		5		
Part		keep a cop	y of y	our retur	n)
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 about 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 redelay 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 into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutive tation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a contact the unit of the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I among the With taxet of the payment (settlement) and the financial with the payment (settlement) and the financial with the payment (original or amended) I among the Withdrawal Original or amended in the original or ame	we are the amenitter, or electro- jection of the trace. The authorization is debit the trace is the authorization to debit the authorization must be processing of payment. I furniture is the authorization is the processing of payment.	ounts for the counts of the country settion. The country settion. The country settion is the country settion.	from the inc turn originate ssion, (b) the designated F paration soft to this accou To revoke (c ved no later ectronic pay knowledge	ome tax or (ERO) e reason Financial ware for unt. This ancel) a r than 2 ment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PIN 7	4 2	2 0 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN metibelow.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
Г	I authorize to enter or generate	my PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
Part	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 4 9 Don't ent	6 0	8 2 7	1
		Don tent	or an Ze	03	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Pince Pi	nitting this retu	ırn 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	Do So			

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



1040		artment of the Treasury—Internal Revenue Servi		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name		iddle initial	Last nar		-								curity number
		s first name and middle initial		_ast name									security number
	•	er and street). If you have a P.O. box, see CHURCH RD	instructio	ons.				A	pt. no.	- 1			: ection Campaign ou, or your
City, town, or p		ce. If you have a foreign address, also co	mplete sp	oaces belov	w.	Stat		ZIP co			spouse	if filing	jointly, want \$3 nd. Checking a
PALMYRA Foreign countr	y name		F	oreign pro	vince/state/o	VA		229 Foreig	63 In postal c	- 1	box bel your tax		
Filing Status Check only one box. Single Married filing jointly (even if only one had income) Married filing separately (MFS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's qualifying person is a child but not your dependent:								ld's na	me if the				
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig	ital asset	t (or a fina	ncial intere	est in	a digital asse					□ Ye	es 🗵 No
Standard Deduction	_	neone can claim:	•		•		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	d Spc	ouse:	: Was bor						s blind
Dependent		s (see instructions): (1) First name Last name			(2) Social security number (3) Relationship to you			ip (4	-				(see instructions):
If more	(1) F								Child tax o		dit	Credit fo	or other dependents
than four dependents,									[<u> </u>			
see instruction	s												
and check here []												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ons)						1a		69,585.
Attach Form(s)	b	Household employee wages not re	eported o	on Form(s	s) W-2						1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								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	from Form	m 2441, li	ne 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f		
If you did not	g	Wages from Form 8919, 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 instr	uctions)			<u>1</u> i						
	z	Add lines 1a through 1h									1z		69,585.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divider	nds .			3b		
Name desired	4a	IRA distributions	4a				axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, cl	heck here	(see i	instructions)						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									7		
jointly or	8	Additional income from Schedule	1, line 10)							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	This is you	ur total inc	ome					9		69 , 585.
\$27,700	10	Adjustments to income from Schedule 1, line 26								10			
Head of household,	11	Subtract line 10 from line 9. This is	s your ad	djusted g	ross incon	ne					11		69,585.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (from	Schedule	A)					12		21,761.
any box under	13	Qualified business income deduct	ion from	Form 899	95 or Form	899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		21,761.
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or less	ontor O	Thic ic v	our +	avahla incom				15		17 821

Form 1040 (202)	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5,829.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5 , 829.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,829.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	5,829.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7,581.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	7,581.	
If you have a	26	2023 estimated tax payment	s 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	n Schedule 8812	·		28				
	29	American opportunity credit from Form 8863, line 8								
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	7,581.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	1,752.	
	35a	Amount of line 34 you want			is attached, chec	ck here		35a	1,752.	
Direct deposit?	b	Routing number 0 5 1			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 1 3 5 3 2 4 3 3 0 4								
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37		
roa o we	38	Estimated tax penalty (see in	_	-		38		37		
Third Party Designee	Do	you want to allow another	person to disc	cuss this retu		See	omplete	helow	⊠ No	
Designee		signee's		Phone			onal identi		M NO	
		me		no.			ber (PIN)			
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation				nt you an Identity	
									IN, enter it here	
Joint return? See instructions.				5.	REGISTERE		`	ee inst.)		
Keep a copy for your records.		ouse's signature. If a joint return, t	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (540) 848-489	6	Email address	KIEVA BARK	ER@YAHOO.CO	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	GUPTA TALLAM	01/28/2024	P0208	2703	Self-employed			
Use Only	Fir	Firm's name GLOBAL TAXES LLC							(678) 965-9522	
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965	
0 1	/-	10101 : 1 1: 111 1.1	11.6						1040	

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on	Form	1040 or 1040-SR			You	SO	cial security number
KIEVA ALYI	NN	BARKER			231	L — (67-4209
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see instructions)	1				
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2					
Expenses		Multiply line 2 by 7.5% (0.075)	3				
•		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	_			4	
Taxes You		State and local taxes.					
Paid		State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If					
		you elect to include general sales taxes instead of income taxes,					
		check this box	5a	3,28	4.		
	b	State and local real estate taxes (see instructions)	5b	2,175			
		State and local personal property taxes	5с	,			
		Add lines 5a through 5c	5d	5,459	9.		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing					
		separately)	5е	5 , 459	ə. l		
	6	Other taxes. List type and amount:		,			
			6				
	7	Add lines 5e and 6				7	5,459.
Interest	8	Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest deduction may be	а	Home mortgage interest and points reported to you on Form 1098.					
limited. See instructions.		See instructions if limited	8a	16,302	2.		
mon donono.	b	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b		_		
	C	Points not reported to you on Form 1098. See instructions for special	0-				
	_	rules	8c				
		Reserved for future use	8d	16 206	\dashv		
		Add lines 8a through 8c	8e 9	16,302	-		
		Add lines 8e and 9	_		-	10	16,302.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see					10,302.
Charity	• • •	instructions	11				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,			\exists		
made a gift and	12	see instructions. You must attach Form 8283 if over \$500	12				
got a benefit for it, see instructions.	13	Carryover from prior year	13				
		Add lines 11 through 13				14	
Casualty and		Casualty and theft loss(es) from a federally declared disaster (other			d		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1					
		instructions				15	
Other	16	Other—from list in instructions. List type and amount:					
Itemized							
Deductions						16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	nter	this amount o	n		
Itemized		Form 1040 or 1040-SR, line 12			- 1	17	21,761.
Deductions	18	If you elect to itemize deductions even though they are less than your	stan	dard deduction	۱,		
		check this box			7 [

2023 VA760CG Page 1





Page 1 of 2

KIEVA ALYNN

BARKER

1342 BYBEES CHURCH RD

PALMYRA	VA	22963
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_					_
SSN - You E	BARK	231674209	Vendor ID 1555		XXXXX
SSN - Spouse					
Fed Adj Gross Income (FAG	l) 1.	69585.	Withholding (VA) - You	19A.	3284.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	69585.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpaym	ent 6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	3284.
Total VA Adj Gross Income (VAGI) 9.	69585.	Tax You Owe	27.	
Itemized Deductions - VA Sc	ch A 10.	18477.	Tax Overpayment	28.	656.
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exer	mptions) 14.	19407.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	50178.	Sales and Use Tax	33.	
Amount of Tax	16.	2628.	Amount You Owe		
Spouse Tax Adjustment (STA	A) 17.		Will Pay by Credit/Debit Card N Your Refund	1	656.
VAGI - Spouse	17A.		Pank Pouting #		051400549
Net Amount of Tax	18.	2628.	Bank Routing #	1252	
			Bank Account #	13332	243304

__LAR __DLAR __DTD __LTD \$____



Additional Filing Information

Χ

Page 2 of 2

Dependent on Another's Return

Amended

Reason Code

Overseas on Due Date

Obtain Electronic 1099G

Farmer / Fisherman / Merchant Seaman



Filing Status	1	Locality	065

Federal Head of Household Uninsured & Authorize DMAS

DOB - You 12131992 Name or Filing Status Change

VA Driver's License ID - You A63455778 Address Change

08302022 VA Driver's License - Iss. Date - You VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

Filing Status, Age & License Information

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Exemptions (B) Exemptions (A) 65 & Over - You Federal EIC & Amount You Spouse 65 & Over - Spouse **Deceased Indicator** Form 760C or 760F Dependents Blind - You Total (A) 1 Blind - Spouse No Sales & Use Tax Due Indicator

ID Theft PIN

Contact Information

Total (B)

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You Date 5408484896 Phone - You

Signature - Spouse _____ Date Phone - Spouse

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 012824 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. 7

Preparer Information P02082703 GLOBAL TAXES LLC

File by May 1, 2024

Include Page 1, Page 2 and all supporting 760CG documents. 245 ROONEY CT

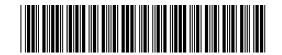
2023 Schedule INC/CG

231674209

Report all W-2s, 1099s & VK-1s with VA Withholding

KIEVA ALYNN

BARKER



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					コ
231674209	M	3284.	521271901	30521271901F001	69585.

Total VA Withholding

You
231674209
3284.

Spouse

Total # of W-2s,1099s & VK-1s
01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

	r Name	B Your Social Sec	, i						
	VA ALYNN BARKER use's Name	231-67-42 A Spouse's Socia							
Оро	use s Hume	A opouses soom	1 Occurry Trumber						
Par	t I Tax Return Information	A Spouse	B Yourself						
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		69585.						
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		69585.						
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		50178.						
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2628.						
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		3284.						
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)								
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		656.						
Par	t II Declaration of Taxpayer and Signature Authorization								
filing liable Virgi refur of the signa	number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 7 4 2 0 9 as my signature on my 2023 e-filed Virginia individual income tax return.								
	Do not enter all zeros GLOBAL TAXES LLC								
	ERO Firm Name								
Ш	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check the PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	nis box only if you are entering	your own e-File						
Your	Signature Date								
Spo	use's e-File PIN: check one box only								
I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros									
	ERO Firm Name								
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.								
Spot	use's Signature Date								
Par	Part III Certification and Authentication – Practitioner PIN Method Only								
ERO	o's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.	6 0 8 2 7 1							
indic Hand a sig	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.								
ERU	O's Signature Date	01-28-24							