

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RAKESH GOGINENI	Social security number 715-29-3028
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

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	6,000.
2	Total tax	2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	23.
4	Amount you want refunded to you	4	23.
5	Amount you owe	5	

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. 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 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 and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	3	0	2	8
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all 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.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all 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.

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
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 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
Don't Submit This Form to the IRS Unless Requested To Do So

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 RAKESH Last name GOGINENI Your social security number 715 29 3028

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 5151 HIGHLAND ROAD 262 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code BATON ROUGE LA 70808 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and 2a through 2b, including taxable interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, wages, and other earned income.

Table for tax calculations including lines 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 15z, leading to total income and taxable income.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration of preparer and signature fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone/EIN.



Your first name and initial RAKESH GOGINENI	Last name GOGINENI	Your Social Security Number 1 7 1 5 2 9 3 0 2 8	2023
Spouse's first name and initial	Last name	Spouse's Social Security Number 2	
Present home address (number and street including apartment number or rural route) 5151 HIGHLAND ROAD #262		Daytime Telephone Number 4 6 9 7 4 0 4 7 2 8	
City, town, or post office BATON ROUGE		State ZIP LA 70808	

Part A Tax Return Information

Balance Due , , . Refund Due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

, , .

Account Number

Withdrawal Date

Type of Account: Checking Savings
(Check one.)

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 12/19/23 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. _____
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

This form is to be maintained by ERO. Do not submit to LDR.

Name Change

2023 LOUISIANA RESIDENT - 2D

Decedent Filing

RAKESH GOGINENI

Your SSN

715293028

Spouse Decedent

Spouse's SSN

Address Change

5151 HIGHLAND ROAD APT 262

Amended Return

BATON ROUGE LA 70808

Telephone

4697404728

NOL Carryback

08221993
Your Date of Birth

Spouse's Date of Birth

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

- 1 Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.
If the qualifying person is not your dependent, enter name here. _____
- Enter a "5" in box if **qualifying surviving spouse**.
If the qualifying person is not your dependent, enter name here. _____

6 EXEMPTIONS:

6A	<input checked="" type="checkbox"/>	Yourself	65 or older	Blind	Qualifying Surviving Spouse	Total of 6A & 6B	1
6B	<input type="checkbox"/>	Spouse	65 or older	Blind			

6C **DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on Federal Form 1040 or 1040-SR here.

6C 0

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D **EXEMPTIONS** – Total of 6A, 6B, and 6C. 6D 1

6E **DEPENDENTS FOR CERTAIN ADOPTIONS DEDUCTION** – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions. Enter name here. 6E 0

6F **TOTAL EXEMPTIONS** – Subtract Line 6E from Line 6D. 6F 1



FOR OFFICE USE ONLY				
Field				
Flag				

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 12

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	6000
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES		8B	0
8C	FEDERAL STANDARD DEDUCTION		8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.		8D	0
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter '0'. Use this figure to find your tax in the tax tables.		9	6000
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.		10	30
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 .		11	0
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0".		12	30
13	2023 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.		13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		13B	0
14	2023 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.		14	0
	5 0 4 0 3 0 2 0			
15	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.		15	0
16	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9.		16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.		17	0
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		18	30
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		19	0
20	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16.		20	0
21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.		21	30



22A	CONSUMER USE TAX – You must mark one of these boxes.	<input checked="" type="checkbox"/> No use tax due.	22A	0
		Amount from the Consumer Use Tax Worksheet.		
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE	<input checked="" type="checkbox"/> No usage fee due.	22B	0
		Amount from Form R-19000A.		
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE – Add Lines 21, 22A and 22B.		23	30
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19.		24	0
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.		25	0

PAYMENTS

26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach Forms W-2 and 1099.		26	116
27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022		27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023		28	0
29	AMOUNT OF EXTENSION PAYMENT		29	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29.		30	116
31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.		31	86
32	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.		32	0
33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.		33	86
34	TOTAL DONATIONS – From Schedule D, Line 22.		34	0

REFUND DUE

35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.		35	86
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX	CREDIT	36	0
	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If mailing to LDR, use the address on the bottom of page 4.			
37	Enter a "2" in box if you want to receive your refund by paper check.	REFUND	3	37
	Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.			86

DIRECT DEPOSIT INFORMATION

Type: Checking Savings Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number 065400137 Account Number 887705165



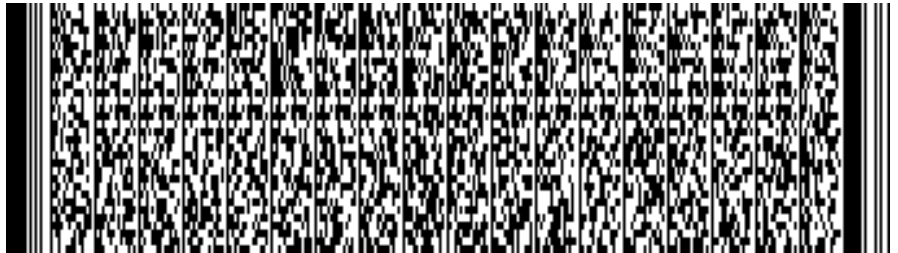
AMOUNTS DUE LOUISIANA

38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	0	
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0	
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0	
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0	
42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	0	
43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0	
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0	
45	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0	
46	BALANCE DUE LOUISIANA – Add Lines 38 through 45. If mailing to LDR, use address below. For electronic payment options, see instructions.	PAY THIS AMOUNT.	46	0

DO NOT SEND CASH.

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.
Do not staple.



Status 010

Contribution and Donation 0000

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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PAID PREPARER USE ONLY	Print/Type Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	SYAM PRIYA RAM SAGAR GUP		03/04/2024	
	Firm's Name ▶	GLOBAL TAXES LLC	Firm's FEIN ▶	84-3171965
	Firm's Address ▶	245 ROONEY CT E BRUNSWICKNJ 08816	Telephone ▶	678-965-9522

Name
GOGI

Individual Income Tax Return
Calendar year return due 5/15/24

P02082703

Mail to: Department of Revenue
PO BOX 3440
BATON ROUGE LA 70821-3440

PTIN, FEIN, or LDR
Account Number
of Paid Preparer

For Office
Use Only.

