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.

Submission Identification Number (SID)

Taxpay	ver's name	Social security number
RAK	ESH GOGINENI	715-29-3028
Spouse	s's name	Spouse's social security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er 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	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy of your return)

Under penalties of periury. 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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
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Ent	er fiv I't er	/e dig	gits, all ze	but	as
9	3	0	2	8	

my

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	mv	PIN
ιO	enter	0I	yenerale	IIIY	

as mv Enter five digits, but don't enter all zeros

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 signa	ature Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 6 nter a		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.

ERO's signature 🕨		Date 🕨	
Don'i	ERO Must Retain This Form — See Submit This Form to the IRS Unless		
For Denemorie Deduction Act Nation	an your toy watere instructions		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/23/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—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	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
RAKESH			GOG	INENI						715	29	3028
	pouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>5151 HIC</u>	GHLAI	ND ROAD						2	262			ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces bel	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
BATON RC	DUGE					LA	ł	708	08			not change
Foreign country	/ name			Foreign pr	rovince/state/	count	ty	Foreig	In postal code	your tax	_	_
											∐ Yo	ou Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)								
one box.		Married filing separately (MFS)							ving spouse			
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); o	r (b) sell,		
Assets	exch	nange, or otherwise dispose of a digi	tal ass	set (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)	🗌 Ye	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are bl	ind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependent				<u> </u>				14				(see instructions):
-		First name Last name		(2) 3	Social security number		(3) Relationsh to you		Child tax of	•		or other dependents
lf more than four	(1)											
dependents,												\square
see instructions and check	s ——											
here]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions) .					. 1a		6,000.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see i	nstruction	is)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d	I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene			,					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instructi						· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i			_		
	<u>z</u>	Add lines 1a through 1h	· ·		· · ·	• •				. 1z	-	6,000.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b	-	
	<u>3a</u>		3a				Ordinary divider			. 3b	-	
Standard	4a		4a				axable amoun			. 4b		
Deduction for—	5a		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	t		. 6b)	
separately, \$13,850	с 7	If you elect to use the lump-sum elect				`	,	• •		╡┝╻		
 Married filing 	7	Capital gain or (loss). Attach Sched						• •	· · ·	7 . 8		
jointly or Qualifying	8 9	Additional income from Schedule ⁻ Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		· 8	_	6,000.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-			• • • • •	• •		· 9		
 Head of 	11	Subtract line 10 from line 9. This is									-	6,000.
household, [\$20,800	12	Standard deduction or itemized	-					•••		. <u>11</u> . 12	-	13,850.
 If you checked any box under 	13	Qualified business income deduction from Form 8995 or Form 8995-A									-	
Standard Deduction,	14	Add lines 12 and 13								· 13		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	our 1	taxable incom	ie .		. 15	-	0.
			-									

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

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	0.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	0.
	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	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	0.
Payments	25	Federal income tax withheld							
i aj monto	а	Form(s) W-2				25a	23.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	23.
If you have a	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T					• •	33	23.
Refund	34	If line 33 is more than line 24						34	23.
neruna	35a	Amount of line 34 you want					· .	35a	23.
Direct deposit?	b	Routing number 0 6 5					Savings	Jour	
See instructions.	ď	Account number 8 8 7					ouvingo		
	36	Amount of line 34 you want a			d tax	36			
Amount	37	· · · · · · · · · · · · · · · · · · ·				00			
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g		-				37	
	38	Estimated tax penalty (see in	-	-		38		07	
Third Party		you want to allow another	,						
Designee							omplete	below.	× No
Designee		signee's		Phone			onal identi		
	nar			no.			oer (PIN)		
Sign		der penalties of perjury, I declare th							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all information	on of whic	n prepar	er has any knowledge.
	Yo	ur signature		Date	Your occupation				nt you an Identity
loint wature?					STUDENT			inst.)	IN, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupat	ion	lf the	e IRS se	nt your spouse an
Keep a copy for	op		our maar olgn.	Duto					ection PIN, enter it here
your records.							(see	inst.)	
	Ph	one no. (469) 740-472	8	Email address	KAUMUDIRAN	40GMAIL.COM	I		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2024	P0208	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAX	hone no. (678) 965-9522						
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form 1040 (2023)

REV 02/23/24 PRO BAA

	153 (1/24) 8 453	100	2	20	23 Ind	ividual		Loui ne Tax D		n for Ele	ctroni	ic Fili	ng							
Ĵ	LO DEPAR	UISI RTMENT of	AN	A UE																
	first name and init KESH GOG						Last n	ame	,	Your Social Security Number	1	7	1 5	2	3	0	2	8		
	ise's first name and						Last n	ame	Soc	Spouse's al Security Number	2								• •	
	ent home address			•	ient numb	er or rura	I route)			Daytime Telephone Number	4	6	97	4 (7	2	8	20	23
City,	town, or post office	е	μ Π Π Π Π Γ Γ	52						State		U	,	ZIP 708	0.8	,	2	Ū		
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Part	: A				_		Tax	Return	Inform	ation	_						_			
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This form is to be maintained by ERO. Do not submit to LDR.

IT-540-2D (Page 1 of 4)

Name Change

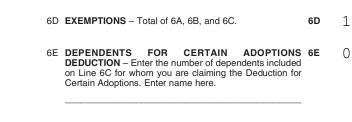
2023 LOUISIANA RESIDENT - 2D

Deceden Filing	nt	RAKESH GOGINENI					Your SSN	-	715293	3028
Spouse Deceden	nt						Spouse's S	SN		
Address Change		5151 HIGHLAND ROAD			APT	262				
Amendeo Return	d	BATON ROUGE	LZ	A 7	0808		Telephone	46	597404	1728
NOL Carrybacl	k									
_			082219 Your Date o			Spouse	e's Date of Birth			_
		STATUS: Enter the appropriate number in the atus box. It must agree with your federal return.	6	EX	EMPTIONS:					
		Enter a "1" in box if single .	6A	X	Yourself	65 or older	Blind	Qualifying Surviving Spouse) Total of	
		Enter a "2" in box if married filing jointly. Enter a "3" in box if married filing separately.	6B		Spouse	65 or older	Blind	opodoo	6A & 6B	1
		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 spou If the qualifying person is not your dependent, enter name							_	

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.

in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

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Field Flag



0

6C

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 From Louisiana Gross Income is less than zero, enter "0". 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 PRIOIRTY 3 CREDITS – From Schedule J, Line 16.	20	0
21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.	21	30

REV 12/19/23 PRO



22A	CONSUMER USE TAX – You must mark one of these boxes.	Х	No use tax due. Amount from the Consumer Use Tax Worksheet.	22A	0
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE	Х	No usage fee due. Amount from Form R-19000A.	22B	0
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC A FEE – Add Lines 21, 22A and 22B.	ND HY	BRID VEHICLE ROAD USAGE	23	30
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS - Ente	er the a	mount from Line 19.	24	0
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.			25	0
PAYME	INTS				
26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach F	orms \	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 Line	es 24 th	arough 29.	30	116
31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line be reduced by the Underpayment of Estimated Tax Penalty. Other			31	86
32	UNDERPAYMENT PENALTY – See the instructions for Underpayr If you are a farmer, check the box.	ment Pe	enalty and Form R-210R.	32	0
33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, so Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line			33	86
34	TOTAL DONATIONS – From Schedule D, Line 22.			34	0
REFUN	D DUE				
35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overp	aymen	t 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 m the address on the bottom of page 4.	ailing to	o LDR, use		
37	Enter a "2" in box if you want to receive your refund by paper check Enter a "3" in box if you want to receive your refund by direct of information below. If information is unreadable, you are filing for the do not make a refund selection, you will receive your refund by paper	leposit. first tim	ne, or if you	37	86
	DIRECT DEPOSIT INFORMATION				
	Type: Checking X Savings		s refund be forwarded to a financial ion located outside the United States	? Yes	No X
	Routing Number 065400137	Accou Numb			



GOGI

AMOUNTS DUE LOUISIANA

38	AMOUNT YOU OWE - If Line 23 is greater than	INT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.				0
39	ADDITIONAL DONATION TO THE MILITARY	RY FAMILY ASSISTANCE FUND				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 Works	sheet, Line 5.		42		0
43	DELINQUENT FILING PENALTY – From the De	T FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.				0
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.			44		0
45	UNDERPAYMENT PENALTY – See the instructi If you are a farmer, check the box.	ons from Underpayment Pe	nalty and Form R-210R.	45		0
46	BALANCE DUE LOUISIANA – Add Lines 38 thr use address below. For electronic payment optic		PAY THIS AMOUNT.	46		0
					DO NOT SEND C	ASH.

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 join		tly, both must sign.)		Date (mm/dd/yyyy)		
PAID	Print/Type Preparer's N SYAM PRIYA R.		GUP	Preparer's S	Signature	Date (mm/dd/yyyy) 03/04/2024	Check] if Self-employ	
PREPARER	Firm's Name 🕨 G	GLOBAL TAXES LLC			Firm's FEIN >	84-3171965		
USE ONLY	Firm's Address > 2	45 ROONEY	CT I	E BRUNS	WICKNJ 08816	Telephone 🕨	678	8-965-9522

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.