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

Submi	ission Identification Number (SID)		-						
Taxpaye	er's name	Social securit	Social security number						
VAM	SI KRISHNA ATHOTA	271-51-	271-51-5802						
Spouse'	's name	Spouse's soc	ial secu	urity numl	per				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	 er year you a	re au	thorizin	g.)				
Enter	whole dollars only on lines 1 through 5.				<u> </u>				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1		84,133.				
2	Total tax		2	1	0,768.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,148.				
4	Amount you want refunded to you		4		1,380.				
5	Amount you owe		5						
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende								
to send for any Agent t payment authori payment business taxes t person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d 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 to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in to f my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive 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	ejection of the tr U.S. Treasury a dicated in the to tion to debit the atte the authoriza quests must be the processing of payment. I furt	ansmised and its of an and its of an	ssion, (b) designate paration s to this ac fo revoke ved no li ectronic sknowled	the reason ed Financial software for count. This e (cancel) a ater than 2 payment of ge that the				
	nic Funds Withdrawal Consent.	_			7				
-	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	1 DIN 1	5 8	3 0 2					
×	I authorize GLOBAL TAXES LLC to enter or generate FRO firm name	ř En	er five	digits, bu	d as my				
	signature on the income tax return (original or amended) I am now authorizing.	do	i i ente	er all zeros	5				
	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 merbelow.								
Your s	signature ▶ Date ▶								
Spous	se's PIN: check one box only				_				
	I authorize to enter or generate	a my PIN			as my				
_	ERO firm name	_	Enter five digits, but						
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	6				
	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 merbelow.								
Spous	se's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below	w							
Part	Certification and Authentication — Practitioner PIN Method Only								
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1				
		Don't ent	er all ze	eros					
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordan	ce with the				
ERO's	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	23	OMB No. 1545-	0074	IRS Use 0	Only—D	o not w	rite or sta	ple in this space.	
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 202	3, ending	l	,	20	s	ee sep	oarate i	nstructions.	_
Your first name VAMSI KI If joint return, s		Last nan ATHO:	OTA					Your social security number 271 51 5802 Spouse's social security number					
_4835 US	AA B						11	ot. no.	С	heck h	nere if y	ection Campai	•
City, town, or p SAN ANTO Foreign countr	ce. If you have a foreign address, also co	· ·	TX 7			7824	IP code 7 8 2 4 0 oreign postal code			spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse			
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) You checked the MFS box, enter the Halifying person is a child but not you	name of ur depend	your spouse.			survivir or QS	ng spous S box, e	se (QS	he chi	ld's nar	me if the	_
Digital Assets Standard	Som	ny time during 2023, did you: (a) recentange, or otherwise dispose of a digitation can claim:	ital asset pendent	(or a financial	interest ir pouse as	n a digital asset a dependent					☐ Ye	es 🗵 No	
Deduction		Spouse itemizes on a separate retur		-	atus alien								
		: Were born before January 2, 1	959	Are blind	Spouse	: U Was borr						s blind	
Dependent		instructions): irst name Last name		(2) Social security (3) Relationshi to you		ip (4) Check the b					see instruction r other dependei	-	
If more than four	(1)1	Tyrnst name Last name		1.00.1.00		10 700							
dependents,									_				_
see instruction and check here	s —]												_
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a		84,133	
	b	Household employee wages not re	eported o	on Form(s) W-2	·					1b			
Attach Form(s) W-2 here. Also	С								1c				
attach Forms	d									1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption benefits from Form 8839, 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 instru	uctions)		<u>1i</u>							
	z	Add lines 1a through 1h								1z		84,133	
Attach Sch. B	2a	Tax-exempt interest	2a		_ b T	axable interest				2b			_
if required.	3a	Qualified dividends	3a		_ b C	ordinary dividen	nds .			3b			
Phonodourd	4a	IRA distributions	4a		-	axable amount				4b			_
Standard Deduction for—	5a	Pensions and annuities	5a		_	axable amount				5b			
Single or	6a	Social security benefits	6a		_ b T	axable amount				6b			_
Married filing separately,	С	Capital gain or (loss). Attach Schedule D if required. If not required, check here						. 🔲					
\$13,850 Married filing	7								7			_	
jointly or	8	Additional income from Schedule	e from Schedule 1, line 10						8			_	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		84,133	<u>. </u>	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26							10			_	
household,	11	Subtract line 10 from line 9. This is	•	-						11		84,133	
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (from Sche	edule A)					12		13,850	
any box under Standard	13	Qualified business income deduct	ion from	Form 8995 or I	Form 899	5-A				13			
Deduction,	14									14		13 , 850	
see instructions.	15	5. Subtract line 14 from line 11. If zero or less, enter -0. This is your tayable income								1	70 283		

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Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	10,768.	
Credits	17	Amount from Schedule 2, lin					[17		
	18	Add lines 16 and 17					[18	10,768.	
	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	10,768.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[23	0.	
	24	Add lines 22 and 23. This is	your total tax				[24	10,768.	
Payments	25	Federal income tax withheld							· .	
•	а	Form(s) W-2				25a 12	,148.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	12,148.	
If you have a	26	2023 estimated tax payment	ts 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	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use								
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your total payments						33	12,148.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,380.	
	35a	· · · · · · · · · · · · · · · · · · ·							1,380.	
Direct deposit?	b	Routing number 1 0 1				. —	Savings			
See instructions.	d	Account number 5 1 8			0 7 1 _					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		structions	•				omplete be	low.	⋈ No	
•		signee's		Phone			onal identific	ation		
	name no. number (PIN)									
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic									
Here								·	nt vou an Identity	
	Your signature Date Your occupation Vamsi Krishna Athota							IN, enter it here		
Joint return?		vamsi Krisnna A	tnota		DEVELOPER	(aaa inat)				
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.								Identity Protection PIN, enter it here (see inst.)		
, ca. 1000.ac.								<u> </u>		
		one no. (316) 200–554		Email address	VAMSIKRISHNAAT	HOTAONE@GMAIL.CO			Ob I. if	
Paid		eparer's name	Preparer's signat		OHDER	Date	PTIN	700	Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/23/2024	P02082		Self-employed	
Use Only		m's name GLOBAL TAX			T 00016		_		(678) 965-9522	
			Y CT E BRU	INSWICK N	J 08816		Firm's	EIN	84-3171965	
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)	