IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID)

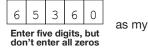
Taxpayer's name Social security number SANKAR MANE 838-46-5360 Spouse's name Spouse's social security number 991-98-2407 DIVYA PINDI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 91,450. 1 1 7,213. 2 2 3 3 7,220. 4 4 7. 5 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

				ERO firm name		Er
X	i authorize	GLOBAL	TAXES	ГГС	to enter or generate my PIN	
X I au	La subla a site a			TTO	to out on a second on DINI	6



7

as mv

2

4 0

Enter five digits, but don't enter all zeros

8

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 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN 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 si	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only					 			
ERO's EFIN	J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		6 nter a		2	7 1	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 🕨			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So									
								0070 /=	04 000 th

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 03/07/24 PRO

Date

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.		
For the year Jan	. 1–Dec	5. 31, 2023, or other tax year beginning			, 2023, ending , 20					See separate instructions.				
Your first name	and mi	iddle initial	Last n	ame						Your so	cial sec	urity number		
SANKAR			MAN									5360		
	ouse's	s first name and middle initial	Last n									security number		
DIVYA			PIN							991		2407		
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign		
2416 S V									202			ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low	Sta	ite	ZIP o			,	jointly, want \$3		
HOUSTON			mpiere	0000000		ТХ		770		, v		nd. Checking a		
Foreign country	/ name			Foreign p	rovince/state/o				n postal code	your ta		not change Ind		
							-,			, your tu		_		
		Single					Head of h	ousoh						
Filing Status		Married filing jointly (even if only or	no had	income)				ousen						
Check only		Married filing separately (MFS)	ne nau	income)				surviv	ing spouse	(099)				
one box.	lf v	ou checked the MFS box, enter the	name	of your s	nouse Ifvoi	ı che			•	. ,	ld'e na	me if the		
	-	alifying person is a child but not you			pouse. Il you				50 50x, crit		10 3 110			
			-											
Digital		ny time during 2023, did you: (a) rece	•					•	,	. ,				
Assets	-	hange, or otherwise dispose of a digi		· _				et)? (Se	e instructio	ns.)	∐ Ye	es 🛛 No		
Standard	_	eone can claim: You as a de	•		-		a dependent							
Deduction	<u> </u>	Spouse itemizes on a separate return	n or yo	u were a	dual-status	alien	1							
Age/Blindness	S You:	: 🗌 Were born before January 2, 19	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 ls	s blind		
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	_{ip} (4) Check the b	ox if quali	fies for ((see instructions):		
If more	(1) Fi	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents		
than four														
dependents, see instructions														
and check														
here 🗌														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		91,450.		
Attach Form(s)	b	Household employee wages not re	eportec	d on Form	n(s) W-2	• •		• •		. 1b				
W-2 here. Also	С	Tip income not reported on line 1a	,							. 1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d					
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1e					
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29	·				. 1f	_			
If you did not get a Form	g	Wages from Form 8919, line 6 .	· ·			• •		• •		. 1g				
W-2, see	h	Other earned income (see instructi	,			• •	· · · ·	· ·		. 1h		0.		
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		•••	1 i					01 450		
	<u>z</u>	Add lines 1a through 1h	···		· · · ·	• •		• •		. 1z	-	91,450.		
Attach Sch. B	2a	· · ·	2a				axable interest			. 2b				
if required.	<u>3a</u>		3a				Ordinary divide							
Standard	4a		4a				axable amoun							
Deduction for—	5a		5a				axable amoun			. 5b				
 Single or Married filing 	6a	, _	6a				axable amoun	t	 r	. 6b				
separately,	c	If you elect to use the lump-sum el							L	\exists				
\$13,850 Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here													
jointly or Qualifying	8	Additional income from Schedule								. 8		01 450		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		91,450.		
\$27,700 Head of	10	Adjustments to income from Sche								. 10		01 150		
household, \$20,800	11	Subtract line 10 from line 9. This is	-						· · ·	. 11	-	91,450.		
If you checked	12	Standard deduction or itemized						• •		. 12	-	27,700.		
any box under <i>Standard</i>	13	Qualified business income deducti		n Form 8	995 or Form	899	95-A	• •		. 13				
Deduction, see instructions.	14	Add lines 12 and 13		••••		• •		• •		. 14		27,700.		
	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is y	ourt	taxable incom	ie .		. 15		63,750.		

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	7,213.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	7,213.
	19	Child tax credit or credit for	other dependent	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	7,213.
	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	7,213.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 7	,220.		
	b	Form(s) 1099				25b			1
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,				2	25d	7,220.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•		-		[33	7,220.
Refund	34	If line 33 is more than line 24						34	7.
	35a	Amount of line 34 you want				•	. 🗆 🗔	35a	7.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 4 8 8	Ũ						
	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 ir	structions) .			38			
Third Party	Do	you want to allow another	,			' See			
Designee		structions	•				omplete bel	ow.	🗙 No
•		signee's		Phone			onal identifica	ıtion	
	nar			no.			ber (PIN)		<u> </u>
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here								•	, ,
	to								nt you an Identity IN, enter it here
Joint return?					DOT NET DI	EVELOPER	(see ins		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								ection PIN, enter it here	
your records.					HOME MAKE		(see ins	l.)	
		one no. (832) 830-950		Email address	SANKAR.M7	@GMAIL.COM	DTIN		
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/16/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)