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.

Submission Identification Number (SID)

Taxpay	er's name	Social security num	ber
PHA	NIVARDHAN GURRAM	123-41-586	3
Spouse	e's name	Spouse's social sec	curity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you are au	Ithorizing.)
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	94,692.
2	Total tax	2	13,089.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,182.
4	Amount you want refunded to you	4	93.
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 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 1 5 8 6 3 X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't enter all zeros 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. Date > 03/30/2024 Your signature Spouse's PIN: check one box only I authorize to enter or generate my PIN as mv ERO firm name Enter five digits, but don't enter all zeros 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 signature ► Date Practitioner PIN Method Returns Only—continue below Certification and Authentication – Practitioner PIN Method Only Part III 2 2 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 4 9 6 0 8 2 7 1 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 🕨	
	ust Retain This Form — See his Form to the IRS Unless		
For Department Deduction Act Nation and your toy	veture instructions	DEV/ 02/07/24 DDO	Earm 8879 (Payr 01 2021)

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

1040	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	aple in this space.
For the year Jan	. 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						Your so	cial sec	urity number		
PHANIVAR	DHAI	N	GUR	RAM					123 41 58		5863	
		s first name and middle initial	name							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>1540 ALA</u>												ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
CELINA						TΣ		750		box bel	ow will	not change
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax		_
							<u> </u>				∐ Yo	ou Spouse
Filing Status		Single		l :)			Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on Married filing concretely (MES)	ne nac	i income)				oundi	ring spouse	(000)		
one box.	L If \	Married filing separately (MFS) you checked the MFS box, enter the	namo		nouse If you	ı che					ild'e na	me if the
		alifying person is a child but not you									iu s na	
Digital		ny time during 2023, did you: (a) rec						-				es 🛛 No
Assets		hange, or otherwise dispose of a dig neone can claim: You as a de					a dependent	i) i (36		115.)		
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•					
				_			_					
	-	Were born before January 2, 1	959	Are bl		ouse		14	ore January			s blind
•		(see instructions): (1) First name Last name			(2) Social security number to you			ip (4	Child tax c			(see instructions): or other dependents
lf more than four	(1)	Tristilane Easthane							ioun			
dependents,												
see instructions and check	;											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		94,692.
Attach Form(s)	b								. 1b)		
W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstruction	ns)					. 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 f	· · · · ·						. 1e	,		
was withheld.	f	Employer-provided adoption bene							. 1f	_		
lf you did not get a Form	g	Wages from Form 8919, line 6						. <u>1</u> g				
W-2, see	h	Other earned income (see instructions)							. <u>1</u> h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)									94,692.	
	z 2a	Add lines 1a through 1h		b Taxable interest					. 1z . 2b	-	94,092.	
Attach Sch. B if required.	2a 3a	•	2a 3a				Ordinary divide			. 20 . 3b	-	
	<u>4a</u>		4a				axable amoun			. 4b	-	
Standard	5a		5a				axable amoun			. 5b		
 Deduction for – Single or 	6a		6a				axable amoun			. 6b		
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850	7	Capital gain or (loss). Attach Sche		,		`	,		[7		
 Married filing jointly or 	8	Additional income from Schedule 1, line 10							. 8			
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		94,692.	
\$27,700	10	Adjustments to income from Schedule 1, line 26							. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		94,692.
\$20,800 • If you checked	12	Standard deduction or itemized deductions (from Schedule A)								. 12		13,850.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13			
Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								. 15		80,842.

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

Form **1040** (2023)

Credits 17 Amount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 13, 089, 20 Amount from Schedule 3, line 6 20 21 Add lines 19 and 20 20 22 Subtract line 21 from line 18. If zero rises, enter -0 22 23 Other taxes, including self-endproyment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 25 Ederal income tax withheld from: 25 a Formig) 1099 255 20 Add lines 254 through 256 256 21 264 13, 182. 220 Add lines 254 through 256 26 21 Add lines 254 through 256 26 221 Add lines 254 through 256 29 221 Add lines 254 through 256 30 222 Add lines 254 through 256 30 223 Add lines 254 through 256 30 224 Add lines 254 through 256 30 226 31 Anount from Schedule 3, line 15	Form 1040 (2023	3)								Page 2	
18 Add lines 16 and 17 18 13,089 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 6 20 21 Add lines 21 and 20 21 22 Subtract line 21 from line 18. If zero or less, enter -0 22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 24 and 23. This is your total tax 24 25 Federal income tax withhold from: 256 26 Corrents) W-2 256 27 Earned income tax withhold from: 26 28 2023 setimated tax payments and amount applied from 2022 return 28 29 Anderican opportunity credit from Schedule 812 28 29 Anderican opportunity credit from Schedule 812 28 20 Add lines 25, 20, and 31. These are your total other payments and refundable credits 32 30 Baseword for future use 30 31 Anount from Schedule 3, line 15 32 32 Add lines 26, 20, and 31. These are your total other payments and refundable credits 33 34 41	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	13,089.	
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See instructions. d Account number 1 4 5 7 4 0 6 2 9 0 0 1 1 1 4 5 7 4 0 6 2 9 0 0 1 1 1 4 5 5 7 4 0 6 2 9 0 0 1 1 36 Amount of line 34 you want applied to your 2024 estimated tax . 36 36 Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 37 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions 1 4 5 7 4 0 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <t< td=""><td>Direct deposit?</td><td></td><td colspan="7">Routing number $1 0 1 0 0 0 1 8 7$</td><td></td></t<>	Direct deposit?		Routing number $1 0 1 0 0 0 1 8 7 $								
36 Amount of line 34 you want applied to your 2024 estimated tax											
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 37 38 Estimated tax penalty (see instructions) 38 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Sign Here 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. Your signature Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Joint return? Sepuse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (913) 689-0789 Email address PHANIVARDHAN2@GMAIL.COM Preparer's name Preparer's signature Date Date PTIN SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/29/2024<											
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