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

Subm	ission Identification Number (SID)				
Taxpaye	y number				
VEN:	785-18-	-6847			
Spouse	ial security number				
SRI	LATHA NALUBOLU	992-95	-7152		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authoriz	ing.)	
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	91,206.	
2	Total tax		2	7,183.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7 , 615.	
4	Amount you want refunded to you		4	432.	
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
return to send for any Agent is payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of 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 terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are original or amended).	tter, or electroction of the tr S. Treasury and acted in the tander to debit the the authorizates must be processing of ayment. I furt	onic return or ansmission, and its design as preparatio entry to this ation. To reve received not the electron her acknowl	(b) the reason ated Financial n software for account. This obe (cancel) a b later than 2 iic payment of edge that the	
	ayer's PIN: check one box only				
X		av DINI 8	6 8 4	as my	
	ERO firm name	ř Ent	er five digits, n't enter all ze	but	
	signature on the income tax return (original or amended) I am now authorizing.		6 1 1 .		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Yours	signature ▶ Date ▶				
_					
Spous	se's PIN: check one box only				
×		_		2 as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, n't enter all ze		
	I will enter my PIN as my signature on the income tax return (original or amended) I am no	w authorizir	na Checkt	his hoy only	
	if you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III 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		6 0 8 2 er all zeros	2 7 1	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	rn in accord	ance with the	
FR∩'e	s signature ► Date ►				
<u> </u>	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		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or sta	aple in this sp	oace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructior	ns.
Your first name and middle initial Last na					ame					Your social security number			ber	
VENKATA HEMANTH BABU KASA											785 18 6847			
If joint return, s	pouse's	s first name and middle initial	Last na	me							•		security n	umber
SRILATH		BOLU							992	95	7152			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				F	Apt. no.	- 1			ection Cam	. •
		LLAGE BLVD							204				ou, or you	
City, town, or p	oost offi	office. If you have a foreign address, also complete			spaces below. State			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
_DEARBORI	N				MI			48120			•		not change	_
Foreign country name					Foreign province/state/county Foreign province/state/county				oreign postal code you			or refu		pouse
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	- I)				
Check only		Married filing jointly (even if only or	Married filing jointly (even if only one had income)											
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name c	of your sp	pouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ır deper	ndent:										
B: ::::	Λ± α.	ny time during 2023, did you: (a) rec	oive (oo											
Digital Assets		ny time during 2023, did you: (a) rectange, or otherwise dispose of a digi										□ Ye	es 🗵 N	lo.
		neone can claim: You as a de					a dependent). (O	30 11101110	Otion	J.,			
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		-							
Deduction	<u> </u>	Spouse iternizes on a separate retur	ii oi you	i weie a	uuai-status	allell	<u> </u>							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp o	ouse	: Was bo	rn befo	ore Janu	ary 2	, 1959	ls	s blind	
Dependent	s (see	instructions):		(2) Social security (3) Relationshi		nip (4	l) Check t	he bo	x if quali	fies for ((see instruc	tions):		
If more	(1) F) First name Last name			number to you				Child tax cre		edit	Credit fo	or other depe	endents
than four														
dependents, see instruction	۰													
and check	·													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions) .						1a		91,20	06.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	е								1e					
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f						
If you did not	g								1g					
get a Form W-2, see	h							1h			0.			
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		91,20	06.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b			
<u> </u>	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	u elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
Married filing jointly or	8	Additional income from Schedule	al income from Schedule 1, line 10							8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		91,20	06.		
\$27,700	10	Adjustments to income from Schedule 1, line 26												
 Head of household, 	11	Subtract line 10 from line 9. This is	ne 10 from line 9. This is your adjusted gross income							11		91,20	06.	
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		27,70			
any box under	13	Qualified business income deducti	ion from	Form 8	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,70	00.
see instructions.	15	Subtract line 14 from line 11 If zer	a 1/1 from line 11. If zero or less, enter -0. This is your tayable income							15		63 51		

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	7,183.	
Credits	17									
	18	Add lines 16 and 17							7,183.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812	19				
	20	Amount from Schedule 3, lin	e8					20		
	21	•						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	7,183.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is			•			24	7,183.	
Payments	25	Federal income tax withheld							,	
. ayoo	а	Form(s) W-2				25a 7	,615.			
	b	Form(s) 1099				25b	•			
	c	Other forms (see instructions				25c		1		
	d	Add lines 25a through 25c	•					25d	7,615.	
16	26	2023 estimated tax payment						26	, , , , , , , ,	
If you have a qualifying child,	27	Earned income credit (EIC)		• •		27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit				29		1		
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. The state of the						33	7,615.	
Refund	34	If line 33 is more than line 24	•					34	432.	
riciana	35a	Amount of line 34 you want				•	. 🗀	35a	432.	
Direct deposit?	b	Routing number 1 1 1			c Type:	_	Savings			
See instructions.										
	36	Amount of line 34 you want a								
Amount	37									
You Owe	31	7 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						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party		you want to allow another	person to disc	cuss this retur	n with the IRS?					
Designee		structions					omplete b onal identif		⊠ No	
		signee's ne		Phone P no. ni						
Sign		der penalties of perjury, I declare thief, they are true, correct, and com								
Here	Yo	Your signature Date Your occupation If the					If the	RS se	nt vou an Identity	
		Ü		Talle Tour Goodpaller			I	Protection PIN, enter it here		
Joint return?				SOFTWARE ENGINE			(see	(see inst.)		
See instructions. Keep a copy for		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.					HOME MAKER	₹	(see	inst.)		
_		one no. (945) 233-4722		Email address	HEMANTH479	@GMAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	cure		Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/06/2024	P02082	2703	Self-employed	
Use Only	Fin	m's name GLOBAL TAX	KES LLC				Phor	hone no. (678) 965-9522		
	Fin	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm	m's EIN 84-3171965		
Go to www.irs o	ov/Form	n1040 for instructions and the lates	st information		DAA	DEV 12/21/22 DDO			Form 1040 (2023)	