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)

T.....

Тахрау	er's name		Social security number							
VIN	ATHI MANDA		293-39-	-3828						
Spouse	's name		Spouse's soc	ial security	y number					
Par	Tax Return Information – Tax Year Ending December 31, 20	23 (Enter	r year you a	re autho	prizina.)					
Enter	whole dollars only on lines 1 through 5.		, ,		5,					
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1	Adjusted gross income			1	14,120.					
2	Total tax			2	26.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	2,132.					
4	Amount you want refunded to you			4	2,106.					
5	Amount you owe			5	· · · ·					
Par	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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
---	-------------	--------	-------	-----	-----------------------------	---

	as					
	9	3	8	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 my PIN

		as my
er fiv n't en		

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 signature E											
Practitioner PIN Method Returns Only—continue below											
Part III C	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	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 🕨						
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)					

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	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
VINATHI MAN												3828
	oouse'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	e instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
531 BELM	IONTI	E PARK NORTH										ou, or your
		ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3
DAYTON						OF	H	454	05			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	1		0
											Yc	ou 🗌 Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)			_					
one box.		Married filing separately (MFS)							ring spouse			
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Assets		hange, or otherwise dispose of a dig						-			🗌 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 retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	a You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2. 1959		s blind
Dependents		· · · · · ·		(2) 5	Social security		(3) Relationsh	14			fies for ((see instructions):
If more		irst name Last name		(_, <	number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		14,120.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a								. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	uctions)			. 10			
1099-R if tax	е	Taxable dependent care benefits f		,				• •		. 1e		
was withheld.	f	Employer-provided adoption bene			,			• •		. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. 19		
W-2, see	h	Other earned income (see instruct	,	· · ·		• •	· · · ·	· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)		• •	<u>1</u> i					14,120.
		Add lines 1a through 1h	 0.		· · ·	 ⊾т	axable interest			. 1z	-	14,120.
Attach Sch. B if required.	2a	· ·	2a 3a							. 2b . 3b	-	
	<u>3a</u> 4a		3a 4a				Ordinary divider axable amoun		• • •	. 30	-	
Standard	т а 5а		-a 5a				axable amoun			. 5b	-	
 Deduction for — Single or 	6a		6a				axable amoun			. 6b	-	
Married filing	c	If you elect to use the lump-sum e		method	check here			•••••	· · · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		,		`	,		[7		
 Married filing jointly or 	8	Additional income from Schedule		•	•					. 8	1	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,				e			. 9		14,120.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	me				. 11	-	14,120.
\$20,800	12	Standard deduction or itemized	-							. 12	:	13,850.
 If you checked any box under 	13	Qualified business income deduct					95-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our 1	taxable incom	ie .	<u> </u>	. 15		270.

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	26.
Credits	17	Amount from Schedule 2, lir	e3					17	
	18	Add lines 16 and 17						18	26.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	26.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is						24	26.
Payments	25	Federal income tax withheld							
i aj incluic	а	Form(s) W-2				25a	2,132.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	2,132.
	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, lir				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	2,132.					
Refund	34	If line 33 is more than line 24						34	2,106.
Relund	35a	Amount of line 34 you want				•		35a	2,106.
Direct deposit?	b	Routing number $\begin{bmatrix} 0 & 4 & 4 \end{bmatrix}$					Savings	000	
See instructions.	d	Account number 6 9 5					Savings		
	36	Account number <u>9 9 9 9</u> Amount of line 34 you want a			d tax	36			
A		,				30			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
Tou Owe	38					38	•••	31	
Think Death		Estimated tax penalty (see in	,						
Third Party Designee		you want to allow another structions	•		rn with the IRS?		omplete b		XNo
Designee		signee's		Phone			onal identifi		
	nai			no.			ber (PIN)	loadion	
Sign		der penalties of perjury, I declare t							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepar	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation				nt you an Identity
							Prote (see i		IN, enter it here
Joint return? See instructions.		europie eigeneture. If e inist veture l	ath must sign	11 · · ·					
Keep a copy for				Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see ii		,
	Ph	one no. (512) 529-128	8	Email address	VINATHIREDD	I321@GMAIL.C) M		
		eparer's name	Preparer's signat	1		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/2024	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAX							(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.ire.or		n1040 for instructions and the late			BAA	DEV/ 01/07/04 DDO			Form 1040 (2023)
					DAA	REV 01/27/24 PRO			