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

Submission Identification Number (SID)				
Taxpayer's name	Social security number			
RAMESH NAIDU KRISTAMSETTY	208-92-8480			
Spouse's name	Spouse's social security number			
PARIMALA MATCHA	969-96-3508			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)			
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.	[0]			
1 Adjusted gross income	<u>1</u> 79,705.			
2 Total tax	2 3,297.			
 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you	3 9,936. 4 6,639.			
5 Amount you want retained to you	5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit osend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements and payment (settlement) date. I also authorize the financial institutions involved in the taxes 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 an Electronic Funds Withdrawal Consent.	e are the amounts from the income tax tter, or electronic return originator (ERO) ction of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the			
Taxpayer's PIN: check one box only	2 8 4 8 0			
X I authorize GLOBAL TAXES LLC to enter or generate r	my PIN Enter five digits, but as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Your signature ▶ Date ▶	od. The ERO must complete Part III			
Spouse's PIN: check one box only				
☐ I authorize GLOBAL TAXES LLC to enter or generate r	my PIN 6 3 5 0 8 as my			
ERO firm name	Enter five digits, but			
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse's signature ► M. Poorwala. Practitioner PIN Method Returns Only—continue below	02/25/2024			
Practitioner PIN Method Returns Only—continue below	02/23/2024			
Part III Certification and Authentication — Practitioner PIN Method Only				
Gerunication and Addientication — Fractitioner File Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	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 ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this return in accordance with the			
ERO'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

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, endir	ng		, 20	See sep	arate in:	structions.
Your first name and middle initial Last name			Your social security number							
RAMESH NAIDU KRISTAMSETTY			208	92 8	8480					
		s first name and middle initial	Last nar							ecurity number
PARIMALA	\mathcal{L}		MATC	НА				969	96 3	3508
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Presider	itial Eleci	tion Campaign
3017 ELI	ITE :	LN						Check h	ere if you	u, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code	spouse if filing jointly, want \$3		
ALPHARET	ГТА		GA		30005		to go to this fund. Checking a box below will not change			
Foreign country		1	F	Foreign province/state/county			Foreign postal code	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
30 30 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5									You	Spouse
Filing Status	s [Single				Head of ho	ousehold (HOH)	1		
Check only	×	Married filing jointly (even if only or	ne had ir	ncome)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name o	f your spouse. If you	che	ecked the HOH	or QSS box, ente	er the chil	d's nam	e if the
	qu	ualifying person is a child but not you	ır depen	dent:						
Digital	Ata	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or n	avn	nent for proper	ty or services): or	r (b) sell.		
Assets		nange, or otherwise dispose of a digi					10 0 0	15 S . S	Yes	⊠ No
Standard		neone can claim: You as a de					<u> </u>			
Deduction		Spouse itemizes on a separate return								
Ago/Blindness	- Vou	: Were born before January 2, 19	050 [Are blind Spor	uca	. \(\text{Was barr}	n before January	2 1050		olind
			333 <u></u>		use.		(4) Observable b			
Dependents		First name Last name		(2) Social security number		(3) Relationshi to you	Child tax o	1		other dependents
If more than four		AIRA NAIDU KRISTAMSETTY				Daughter	X			П
dependents,	TAKS	KSHMI SRI MUKHI KRISTAMSETTY		979-99-3488		Daughter				X
see instructions and check	s ====			3,3 33 0100		Daagiicor				T
here										Ħ
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)				. 1a	T 1	05,350.
	b	Household employee wages not re		and the second second				. 1b		
Attach Form(s) W-2 here. Also	C	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	Taxable dependent care benefits from Form 2441, line 26						. 1e		
was withheld.	f	Employer-provided adoption bene	fits 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 instructi	ions) .		-			. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	14	1i				
	Z	Add lines 1a through 1h	. , .					. 1z	1	.05,350.
Attach Sch. B if required.	2 a	Tax-exempt interest	2a		b Ta	axable interest		. 2b		
	3a	Qualified dividends	3a	36. k	b O	rdinary dividen	nds	. 3b		36.
*	4a	IRA distributions	4a	k	b Ta	axable amount		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a	t	b Ta	axable amount		. 5b		
Single or	6a	Social security benefits	6a	L L	b Ta	axable amount		. 6b		
Married filing separately,	C	If you elect to use the lump-sum e					[
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched			ired,	, check here	[7	+	-741.
jointly or Qualifying	8	Additional income from Schedule	NAME OF TAXABLE PARTY.					. 8		18,440.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							-	86,205.
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26							+	6,500.
household, \$20,800	11	Subtract line 10 from line 9. This is	(F)					. 11	-	79,705.
If you checked T	12	Standard deduction or itemized			•		* * * * * .	. 12		27,700.
any box under Standard	13	Qualified business income deducti						. 13	+	OD E
Deduction, see instructions.	14	Add lines 12 and 13						. 14	+	27,700.

Form 1040 (2023	3)			Page 2				
Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,797.				
	17	Amount from Schedule 2, line 3	17					
	18	Add lines 16 and 17	18	5,797.				
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.				
	20	Amount from Schedule 3, line 8	20					
	21	Add lines 19 and 20	21	2,500.				
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,297.				
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.				
	24	Add lines 22 and 23. This is your total tax	24	3,297.				
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2						
	b	Form(s) 1099						
	C	Other forms (see instructions)						
	d	Add lines 25a through 25c	25d	9,936.				
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26					
qualifying child,	27	Earned income credit (EIC)						
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812						
	29	American opportunity credit from Form 8863, line 8						
	30	Reserved for future use						
	31	Amount from Schedule 3, line 15		NA CONTRACTOR OF THE CONTRACTO				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32					
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,936.				
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,639.				
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	6,639.				
Direct deposit?	b	Routing number 1 0 7 0 0 0 3 2 7 c Type: X Checking Savings	200000000000000000000000000000000000000					
See instructions.	d	Account number 4 3 9 0 0 8 1 2 9 4 7 3						
	36	Amount of line 34 you want applied to your 2024 estimated tax 36						
Amount	37	Subtract line 33 from line 24. This is the amount you owe.	100000000000000000000000000000000000000					
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions	37					
	38	Estimated tax penalty (see instructions)						
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		[
Designee		structions	below.	X No				
Sec. 1€3 C 9		signee's Phone Personal ident	tification					
		me no. number (PIN)						
Sign	bei	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	the best ch prepan	of my knowledge and er has anv knowledge.				
Here				nt you an Identity				
	10	7 - 2		IN, enter it here				
Joint return?			e inst.)					
See instructions.	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)					
Keep a copy for your records.		M. Parivala OR 25/24 HOME MAKER (See						
en e	Phone no. (413)474-0658 Email address kriss.naidu@gmail.com							
Paid		pparer's name Preparer's signature Date PTIN		Check if:				
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2024 P0208	12703	Self-employed				
Use Only	Fin		ne no. (678) 965-9522					
	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	n's EIN	84-3171965				
0		1040 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1010				