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	nission Identification Number (SID)	
Taxpay	er's name	Social security number
SHU	BHANKAR BHATTACHARJEE	842-77-0902
Spouse	s's name	Spouse's social security number
Part	Tax Return Information — Tax Year Ending December 3	81, 2023 (Enter year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	<u>, , , , , , , , , , , , , , , , , , , </u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 24,287.
2	Total tax	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 2,988.
4	Amount you want refunded to you	
5	Amount you owe	
Part	Taxpayer Declaration and Signature Authorization (Be	sure you get and keep a copy of your return)
to send for any Agent payme authori payme busine taxes to person Electro	(original or amended) I am now authorizing. I consent to allow my intermediate s d my return to the IRS and to receive from the IRS (a) an acknowledgement of reduced processing the return or refund, and (c) the date of any refund. If applie to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial ent of my federal taxes owed on this return and/or a payment of estimated tax, are ization is to remain in full force and effect until I notify the U.S. Treasury Financial, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pay eas days prior to the payment (settlement) date. I also authorize the financial instance to receive confidential information necessary to answer inquiries and resolve that identification number (PIN) below is my signature for the income tax return (conic Funds Withdrawal Consent.	eceipt or reason for rejection of the transmission, (b) the reason cable, I authorize the U.S. Treasury and its designated Financial institution account indicated in the tax preparation software for all the financial institution to debit the entry to this account. This cial Agent to terminate the authorization. To revoke (cancel) a ment cancellation requests must be received no later than 2 itutions involved in the processing of the electronic payment of ssues related to the payment. I further acknowledge that the
Taxpa	ayer's PIN: check one box only	7 0 9 0 2
×	I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now au	to enter or generate my PIN Enter five digits, but as my don't enter all zeros
_	I will enter my PIN as my signature on the income tax return (original	•
L	if you are entering your own PIN and your return is filed using the F below.	
Yours	signature > Shill along But along	Date ► <u>Jon 23 20</u> 2
Spous	se's PIN: check one box only	
	_	to enter or generate my PIN
_	ERO firm name	Enter five digits, but
	signature on the income tax return (original or amended) I am now au	thorizing. don't enter all zeros
	I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the F below.	
Spous	se's signature ▶	Date ▶
	Practitioner PIN Method Returns Onl	
Part	Certification and Authentication — Practitioner PIN Me	thod Only
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele	ceted PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
author	by that the above numeric entry is my PIN, which is my signature for the electronized to file for tax year indicated above for the taxpayer(s) indicated above. I comments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized I	confirm that I am submitting this return in accordance with the
FR∩'	s signature ▶	Date ▶
	ERO Must Retain This Form — S	
		CO 111041 40410113

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		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending			, 20		See separate instructions.				
Your first name and middle initial Last na										Your social security number				
SHUBHANKAR BHAT			BHAT"	TACHA	RJEE						842	77	0902	
			Last nan							Spouse'		security		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Ele	ection Ca	mpaign
630 W J	NHC	CARPENTER FRWY, LAS CO	OLINAS	S							Check h	nere if y	ou, or yo	our
		ice. If you have a foreign address, also co			ow.	Sta	te	ZIP c	ode			_	jointly, w	
IRVING					TX		Σ	750	039		•		nd. Chec not chan	•
					Foreign province/state/county Fo				ın postal c		your tax		ınd	Spouse
Filing Status	s X	Single					Head of h	useh	old (HO	— ∃)				
Check only		Single												
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spoi	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	9
	qu	ualifying person is a child but not you	ır depend	dent:										
Digital	Δt a	ny time during 2023, did you: (a) rec	oive (as a	a reward	award or	navn	ment for prope	rty or	sarvicas). or (h) sall			
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🔀	No
Standard	Som	neone can claim: You as a de	pendent	$\overline{\Box}$	Your spouse	e as	a dependent	, .			,			
Deduction		 Spouse itemizes on a separate retur	•											
Ago/Plindnos		: Were born before January 2, 1	050	Are bli	nd Snc	ouse	: Was bor	n hofe	oro Jonus	anı O	1050		s blind	
	-		333 _		·			14					see instru	ictions).
-	s (see instructions): (1) First name Last name			1 11		(3) Relationsh to you	Child tax of			1		r other der		
If more than four	、,								+					·
dependents,													一一	
see instruction and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions)						1a		24,2	287.
	b	Household employee wages not re	eported o	on Form((s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							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							1f	_					
If you did not get a Form	g							1g						
W-2, see	h							1h			0.			
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1</u> i						0.4	207
	<u>z</u>	Add lines 1a through 1h									1z		24,2	287.
Attach Sch. B if required.	2a		2a				axable interes				2b			
oquiiou.	3a_		3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a 6a				axable amoun axable amoun				5b 6b			
Single or Married filing	6a c	,		nethod 4				٠		· ·	7 00			
separately, \$13,850	7	· ·	If you elect to use the lump-sum election method, check here (see instructions)						7					
Married filing	8	,							8					
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		24.2	287.
surviving spouse, \$27,700	10	Adjustments to income from Sche	•						10			•		
Head of household,	11	Subtract line 10 from line 9. This is									11	_	24.2	287.
\$20,800	12	Standard deduction or itemized	•	-							12			850.
If you checked any box under	13	Qualified business income deduct		•		-					13		- , ,	
Standard Deduction,	14										14		13,8	350.
see instructions.	15									15		10 /		

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	1,043.		
Credits	17	Amount from Schedule 2, lir							17			
	18	Add lines 16 and 17							18	1,043.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lir	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	1,043.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21				23	0.		
	24	Add lines 22 and 23. This is	your total tax						24	1,043.		
Payments	25	Federal income tax withheld								•		
,	а	Form(s) W-2				25a	2,	988.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c			-			
	d	Add lines 25a through 25c	•						25d	2,988.		
If you have a	26	2023 estimated tax paymen							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			1			
	31	Amount from Schedule 3, lir				31			1			
	32	Add lines 27, 28, 29, and 31					edits		32			
	33	Add lines 25d, 26, and 32. T							33	2,988.		
Refund	Add lines 25d, 26, and 32. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								34	1,945.		
riciana	35a								35a	1,945.		
Direct deposit?	b	Routing number 1 1 1				Checking		avings	-	,		
See instructions.	d	Account number 4 8 8						ge				
	36	Amount of line 34 you want				36						
Amount	37 Subtract line 33 from line 24. This is the amount you owe.											
You Owe	0,	For details on how to pay, go to www.irs.gov/Payments or see instructions							37			
	38											
Third Party	Do you want to allow another person to discuss this return with the IRS? See											
Designee		instructions							elow.	⋈ No		
J	Designee's			Phone			lentification					
	name no. number (I											
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre											
Here										, ,		
	Your signature		Date	Your occupation					nt you an Identity IN, enter it here			
Joint return?					SERVICE			1	see inst.)			
See instructions.	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation					f the IRS sent your spouse an				
Keep a copy for your records.								1	Identity Protection PIN, enter it here			
your rooordo.		DI (010) 600 6700		F 11 11					(see inst.)			
		one no. (919)620-678		Email address	SHUBHANKAR.I					Chook if		
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:		
Preparer		TATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI		E	02470		Self-employed		
Use Only		Firm's name GLOBAL TAXES LLC							Phone no. (678)965-9522			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm'	s EIN	88-2145487		