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

Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social sec	urity num	ber	
SAI	SANDEEP KONGARA	638-4	7-645	3	
Spouse's	s name	Spouse's	ocial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 20	23 (Enter year you	aro au	thorizing	1
	whole dollars only on lines 1 through 5.	23 (Efficilyed) you	are au	unonzing.	·)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	10	, 752.
	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,076.
4	Amount you want refunded to you		4		,076.
	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a co	ppy of y	our retu	rn)
return (of to send for any Agent to paymen authoriz paymen business taxes to personal	wiledge and belief, it is true, correct, and complete. I further declare that the amounts in original or amended) I am now authorizing. I consent to allow my intermediate service proving return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized in ACH electronic funds withdrawal (direct debit) entry to the financial institution of the original taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancer action is to the payment (settlement) date. I also authorize the financial institutions involved confidential information necessary to answer inquiries and resolve issues related identification number (PIN) below is my signature for the income tax return (original or and the Europe IV).	ider, transmitter, or election of the ason for rejection of the ason for rejection of the norize the U.S. Treasury account indicated in the cial institution to debit to terminate the author ellation requests must plyed in the processing and to the payment. It	etronic re transmi and its tax prephe entry rization. be receined the e urther ac	turn origina ssion, (b) the designated paration soft to this acco To revoke (ived no late lectronic par cknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only	Γ			
X		generate my PIN	7 6	4 5 3	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitionel below.				
Your si	ignature ▶	Date ►			
Snous	e's PIN: check one box only	_			
		generate my PIN			as my
	ERO firm name			digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitionel below.				
Spouse	e's signature ►	Date ►			
	Practitioner PIN Method Returns Only—contin				
Part I	Certification and Authentication — Practitioner PIN Method Onl	у			
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't	6 0	8 2 7 eros	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individuzed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Programments.	: I am submitting this r	eturn in a	accordance	
ERO's	signature ▶	Date ►			
	ERO Must Retain This Form — See Instru				
	Don't Submit This Form to the IRS Unless Reque	sted To Do So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£104 (eartment 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 space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number
SAI SAN	DEEP		KONG	SARA							638	47	6453
		s first name and middle initial	Last na										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons					Apt. no.	\dashv	Drosido	ntial Fla	ection Campaigr
		VAL VISTA DRIVE		0.101					2046	- 1			ou, or your
		ice. If you have a foreign address, also co	omplete s	paces bel	OW.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3
MESA						AZ	, L	852	:04		U		nd. Checking a not change
Foreign countr	y name		F	Foreign pr	ovince/state/	count	ту	Foreig	n postal c		your tax	or refu	ınd.
Filipa Ctatus	- X	Single					Head of h	ousob	에서 (비스)			Yo	ou Spouse
Filing Status	s 🗠	Single Married filing jointly (even if only or	ne had i	ncome)			I Head Of H	ousen	ola (i ioi	')			
Check only one box.		Married filing separately (MFS)	ne naa i	ricorric)			Qualifying	surviv	ina snoi	use ((288)		
one box.	If v	you checked the MFS box, enter the	e name c	of vour sr	ouse. If vo	u che	, ,		0 1	,	,	ld's na	me if the
		ualifying person is a child but not you											
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward									
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No
Standard	Som	neone can claim: You as a de	pendent	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	ı were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp e	ouse	: Was bor	n befo	ore Janua	ary 2	, 1959		s blind
Dependent	s (see	s (see instructions):			(2) Social security (3) Relationship		nip (4	(4) Check the bo		x if quali	fies for ((see instructions):	
If more	(1) First name Last name number to you Child ta:				ax cre	edit	Credit fo	or other dependents					
than four													
dependents, see instruction	s												
and check	, —												
here L	10	Total amount from Form(s) W-2, b	ov 1 (co	o instruo	tions)						1a		10 , 752.
Income	1a b	Household employee wages not re	•		,						1b		10,732.
Attach Form(s)	c	Tip income not reported on line 1a			. ,						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		•						1d		
W-2G and	e	Taxable dependent care benefits f									1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6.									1g		
get a Form	h	Other earned income (see instructi	ions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	ructions)			1i						
	z	Add lines 1a through 1h									1z		10,752.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method,	check here	(see	instructions)						
\$13,850 Married filing	7	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
jointly or	8	Additional income from Schedule	1, line 1	0							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our total in e	come	e				9		10,752.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household,	11	Subtract line 10 from line 9. This is	•	-	_						11		10,752.
\$20,800 If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deducti	ion from	Form 89	995 or Form	1 899	5-A				13		
Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loca	c ontor	O Thic ic v	Our t	avabla incom	10			15	1	Λ

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	-		16	0.	
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	0.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	0.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	0.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	1	,076.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	1,076.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										
	33	• • • •								1,076.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	1,076.	
	35a	_							35a	1,076.	
Direct deposit?	b	Routing number 0 6 4	0 0 0 0	2 0	c Type:	Check	king 🔲 :	Savings			
See instructions.	d	Account number 4 4 4	0 2 6 0	1 2 6 2	2 5						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe							
You Owe	The state of the s								37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See					
Designee	ins	structions					Yes. Co	omplete	below.	⋈ No	
		signee's	Phone				onal ident	ification			
0:	name no. number (PIN)									of my lenguing and	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the statements are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the statements are true, correct, and complete.									, ,	
Here	Yo	ur signature		Date	Your occupation			l If th	e IRS se	nt you an Identity	
	Your signature Date Your occupation									IN, enter it here	
Joint return?					BUSSINESS INTILEGENCE ENG			IG (see	(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	ion			If the IRS sent your spouse an			
Keep a copy for your records.	•								Identity Protection PIN, enter it here (see inst.)		
•		(001) 010 710		For all and doors	03.1033300000000	1103 D 3 () (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(,		
		one no. (901) 910-710 eparer's name	Preparer's signat	Email address	SAISANDEEPKO	Date	GMAIL.CC	PTIN		Check if:	
Paid		•	'		CIIDMA MATTAM		0/2024		2702	Self-employed	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAK	GUPTA TALLAM	1 0 1 / 1	10/2024	P0208			
Use Only	Firm's name GLOBAL TAXES LLC						_	Phone no. (678) 965-9522			
	Firm's address 245 ROUNEY CT E BRUNSWICK NJ 08816							Firn	n's EIN	84-3171965	
Go to www.irs.go		n1040 for instructions and the late			BAA	REV 12	2/21/23 PRO			Form 1040 (202	

RETURN.		Arizona Form 140 Resident Personal Income Tax Return					FOI	R CALENDAR YEAR 2023		
	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	GINNING	12.0.2.3	I AND ENDING I		1 1	66F
	٠,		First Name and Middle Initial	OTT TOOKE TEXT DE	Last Name	1=101=10			ocial Security Nu	
10 THE	1		I SANDEEP		KONGARA		Enter		, 47 ₁ 64	
2	<u> </u>		se's First Name and Middle Initi	al (if box 4 or 6 checked			your		's Social Securit	
MS MS	1						SSN(s).		1 1	
ANY ITEMS		Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (v	vith area code)	
<u>-</u>	2	14	40 SOUTH VAL VISTA	DRIVE		2046	94 (90)			
\forall	_	-	Town or Post Office	State	ZIP Cod		Last Names Used in L	ast Four F	Prior Year(s) (if diffe	
DO NOT STAPLE	3	ME:	SA	AZ	85204					97
Δ	STATUS	4	■ Married filing joint return	4a Injured Spous	e Protection of Joint C	Overpayment	REVENUE USE ONLY	. DO NOT	MARK IN THIS A	REA.
က	ΤŽ	5	Head of household. Enter	name of qualifying child or	dependent on next line.		00			
5			_			_				
0	FILING	6	Married filing separate ret	urn. Enter spouse's name	and Social Security Nun	nber above.				
۵		7	Single	d. Do not mut a abaab						
	EXEMPTIONS	•	♦ Enter the number claime							
	ΙĔΙ	8 9		′ ′ ′		omplete lines 38, omplete line 49.	81 PM		80 RCVD	
	ĮΣ	10a	1 1 "		enendents: Age 17 ar					
		11a	1 1 '		ependents. Age 17 ai	id over.				
				Age 65 or over (you and/or spouse) Blind (you and/or spouse) Dependents: Under age of 17. Qualifying parents and grandparents To and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1. (a) (b) (c) (d) (e) (f)						
			(a)		(b)	(c)	(d)	(e) ependent Ag	(f)	
	ţ		FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS V DE	ncluded in:	this person of	n your
	der		(==, ==				HOME IN 2023	1 2 10a) (Box	l educational	
	Dependents	10c								
	ŏ	10d								
		10e								
<u>.</u>			(Box 11a): Qualifying parents	and grandparents. Se	e instructions. For mo	ore space, checl	the box 🔲 and cor	nplete pa	age 4, Part 2.	
nts after Form 140.	Qualifying Parentsand Grandparents		(a)	(e)	(f)	_				
Ξ	ng Parent Idparents	FIRST AND LAST NAME (Do not list yourself or spouse.) SOCIAL SECURITY RELATIONSHIP NO. OF MONTHS I LIVED IN YOUR HOME IN 2023						OVER	OR	D
된	ing P						HOME IN 2023			
er	alify Gra	11b						F		
aft	đ	11c								
ıts			Federal adjusted gross incon						10,752	$\overline{}$
		13	Small Business Income: 135 ch	eck the box if you are filing A	rizona Form 140-SBI and e	enter the amount fro	om Form 140-SBI, line 10	13	10 750	00
มู			Modified federal adjusted gross						10,752	100
ě	Suc		Non-Arizona municipal interest. Partnership Income adjustment							00
ē	Additio		Partnership income adjustment Total federal depreciation					- 1		00
듕	Ad		Other Additions to Income: Cor							00
AZ schedules or other docume			Subtotal: Add lines 14 through 18	•			. •		10,752	$\overline{}$
es			Total net capital gain or (loss).					00		
킁			Total net short-term capital gain					00		
he			Total net long-term capital gain					00		
SC			Net long-term capital gain from					00		
Z			Multiply line 23 by 25% (.25) an						0	00
pu			Net capital gain derived from in							00
=	ctions		 26 Recalculated Arizona depreciation 27 Partnership Income adjustment. See instructions 28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills 							00
<u>er</u>	acti									00
any required federal and	Subtra			_						00
eg	တ		Exclusion for federal, Arizona se Exclusion for benefits, annuities							00
Ë			U.S. Social Security or Railroad							00
èq			Certain wages of American Indi							00
5			Pay received for active service							00
a			Net operating loss adjustment.		•					00
Place			Contributions to: 34a 529 College							00
酉			Subtract lines 24 through 34c fr	om line 19. Enter the d					10,752	
		ADOR	10413 (23) 1555		AZ Form 140 (2	2023)		REV 12	/14/23 PRO Page	1 of 6

ſ	Your	Name (as shown on page 1)	Your Social Security Number	
	SAT	SANDEEP KONGARA	638-47-6453	
ŀ				
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income		10.750
	37	Subtract line 36 from line 35. Enter the difference	_	10,752 00
ns	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00
ptio	39	Blind: Multiply the number in box 9 by \$1,500		00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		00
ũ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter	er "0" 42	10,752 00
	43	Deductions: Check box and enter amount. See instructions		13,850 00
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3.		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	I	0 00
a,	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		0 00
Ę.	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		00
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total		0 00
sala	49	Dependent Tax Credit. See instructions		00
ш	50	Family income tax credit (from the worksheet - see instructions)		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater		0 00
	53	2023 AZ income tax withheld		215 00
	54	2023 AZ estimated tax payments54a 00 Claim of Right 54b 2023 AZ extension payment (Form 204)		00
and	55			25 00
ents e Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)		00
aym	57 =0	Other refundable credits: Check the box(es) and enter the total amount		00
Total Payments and Refundable Credits	58	···		240 00
<u>ي</u> ۾ 5	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		00
	60 61	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip		240 00
nent	62	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overp Amount of line 61 to be applied to 2024 estimated tax	·	00
Due payr	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		240 00
Tax Due or Overpayment		Solutions Teams		210 00
	0-7	- 74 Voluntary Gifts to: Assigned to Schools		
Giffs				
ary G		Neighbors Helping Neighbors 69 00 Special Olympics		
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertar		
8		Estimated payment penalty		00
>		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		
Penalty		Add lines 64 through 74 and 76; enter the total	78	00
Pe	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	240 00
5		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account and the property of the	nt; see instructions. 79A	
o o		CX Checking or	2 5 7 7 7	
ᇍ		3		
Refund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; wand include with your return		00
`		<u> </u>		100
	U	Inder penalties of perjury, I declare that I have read this return and any documents with it,	and to the best of mv knowledge	and belief, they are
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all infor		
Щ	→			
HERE			BUSSINESS INTILEGE	ENCE ENG
I	Y	OUR SIGNATURE DATE	OCCUPATION	
SIGN	→			
$\frac{3}{8}$		POUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION	
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01102024 GLOBAL TAXES		
AS		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARE		
PLEASE		245 ROONEY CT	84-3171965	
집	P	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN	
	_	E BRUNSWICK NJ 08816	(678) 965-952	
	P	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S PHON	E NUMBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1555 AZ Form 140 (2023) REV 12/14/23 PRO Page 2 of 6