

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SAI SANDEEP KONGARA	Social security number 638-47-6453
Spouse's name	Spouse's social security number

## 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.

1	Adjusted gross income	10,752.
2	Total tax	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	1,076.
4	Amount you want refunded to you	1,076.
5	Amount you owe	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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

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

7	6	4	5	3
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 as my 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 

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 as my 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN 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
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Don't enter all zeros

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 the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial: SAI SANDEEP; Last name: KONGARA; Your social security number: 638 47 6453; Spouse's social security number: [blank]

Home address (number and street): 1440 SOUTH VAL VISTA DRIVE; Apt. no.: 2046; City, town, or post office: MESA; State: AZ; ZIP code: 85204; Foreign country name: [blank]; Foreign province/state/county: [blank]; Foreign postal code: [blank]; Presidential Election Campaign: [ ] You [ ] Spouse

Filing Status: [X] Single; [ ] Married filing jointly; [ ] Married filing separately; [ ] Head of household (HOH); [ ] Qualifying surviving spouse (QSS); If you checked the MFS box, enter the name of your spouse: [blank]

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset? [ ] Yes [X] No

Standard Deduction: Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [ ] Were born before January 2, 1959 [ ] Are blind; Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes 'Dependents (see instructions):' header.

Income table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (10,752); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919, line 6; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (10,752).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (10,752); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (10,752); 12 Standard deduction or itemized deductions (from Schedule A) (13,850); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 (13,850); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (0).

Attach Sch. B if required.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax on line 24 is 0.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments on line 33 is 1,076.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of line 34 you want refunded to you is 1,076.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Estimated tax penalty on line 38 is 0.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Includes signature lines for preparer and spouse, with fields for date and occupation.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2023 AND ENDING 66F

Your First Name and Middle Initial: SAI SANDEEP; Last Name: KONGARA; Your Social Security Number: 638 47 6453

Spouse's First Name and Middle Initial (if box 4 or 6 checked): ; Last Name: ; Spouse's Social Security No.: ; Current Home Address: 1440 SOUTH VAL VISTA DRIVE, MESA, AZ 85204

FILING STATUS: 7 Single; EXEMPTIONS: 8, 9, 10a, 11a; 81 PM; 80 RCVD

Table for Dependents (Box 10a and 10b) with columns for Name, SSN, Relationship, Months lived in home, and dependent status.

Table for Qualifying Parents and Grandparents (Box 11a) with columns for Name, SSN, Relationship, Months lived in home, and age/death status.

Main tax calculation table with sections for Additions (lines 12-19) and Subtractions (lines 20-35), resulting in a total of 10,752.00.

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **SAI SANDEEP KONGARA** Your Social Security Number **638-47-6453**

Exemptions	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00	
	37	Subtract line 36 from line 35. Enter the difference .....	37	10,752	00	
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00	
	39	Blind: Multiply the number in box 9 by \$1,500 .....	39		00	
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00	
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00	
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	10,752	00	
	43	<b>Deductions: Check box and enter amount.</b> See instructions..... 43I <input type="checkbox"/> ITEMIZED... 43S <input checked="" type="checkbox"/> <b>STANDARD</b> 43	43	13,850	00	
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	0	00	
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	0	00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31 .....	47		00	
	48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	0	00	
	49	Dependent Tax Credit. See instructions .....	49		00	
	50	Family income tax credit (from the worksheet - see instructions).....	50		00	
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62.....	51		00	
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" .....	52	0	00	
	53	2023 AZ income tax withheld.....	53	215	00	
	54	2023 AZ estimated tax payments.. 54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b.. 54c	54		00	
	55	2023 AZ extension payment (Form 204) .....	55		00	
	56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56	25	00	
	57	Property Tax Credit from Arizona Form 140PTC .....	57		00	
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00	
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	240	00	
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
Tax Due or Overpayment	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	240	00	
	62	Amount of line 61 to be applied to 2024 estimated tax.....	62		00	
	63	<b>Balance of overpayment:</b> Subtract line 62 from line 61. Enter the difference .....	63	240	00	
Voluntary Gifts	<b>64 - 74 Voluntary Gifts to:</b>					
		Solutions Teams Assigned to Schools.....	64	00	00	
	Child Abuse Prevention.....	66	00	Arizona Wildlife.....	65	00
	Neighbors Helping Neighbors.....	69	00	Domestic Violence Services.....	67	00
	I Didn't Pay Enough Fund.....	72	00	Political Gift.....	68	00
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican	75		00	
	76	Estimated payment penalty .....	76		00	
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included	77		00	
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00	
	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 .....	79	240	00	
	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80		00	

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ BUSSINESS INTILEGENCE ENG  
OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

PAID PREPARER'S SIGNATURE **SYAM PRIYA RAM SAGAR GUPTA TALLAM** DATE **01102024** FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) **GLOBAL TAXES LLC**

PAID PREPARER'S STREET ADDRESS **245 ROONEY CT** PAID PREPARER'S TIN **84-3171965**

PAID PREPARER'S CITY **E BRUNSWICK NJ 08816** STATE **NJ** ZIP CODE **08816** PAID PREPARER'S PHONE NUMBER **(678) 965-9522**