

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) ▶

Taxpayer's name SRAVAN KUMAR ANDHAVARAPU	Social security number 813-68-0614
Spouse's name DIVYASRI ANDHAVARAPU	Spouse's social security number 994-97-0103

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	1	81,241.
2 Total tax	2	5,983.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,425.
4 Amount you want refunded to you	4	442.
5 Amount you owe	5	

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

8	0	6	1	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name **Enter five digits, but don't enter all zeros**
- 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 GLOBAL TAXES LLC to enter or generate my PIN

7	0	1	0	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name **Enter five digits, but don't enter all zeros**
- 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 SRAVAN KUMAR	Last name ANDHAVARAPU	Your social security number 813 68 0614
If joint return, spouse's first name and middle initial DIVYASRI	Last name ANDHAVARAPU	Spouse's social security number 994 97 0103
Home address (number and street). If you have a P.O. box, see instructions. 9519 STELLA DR 5205		Apt. no. _____
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE		State NC
Foreign country name _____		ZIP code 28262
Foreign province/state/county _____		Foreign postal code _____

Filing Status Single Head of household (HOH) Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

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 (or a financial interest in a digital asset)? (See instructions.) Yes 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

Dependents (see instructions):	(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
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Income	Description	Amount	Code
1a	Total amount from Form(s) W-2, box 1 (see instructions)	81,241.	1a
b	Household employee wages not reported on Form(s) W-2		1b
c	Tip income not reported on line 1a (see instructions)		1c
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d
e	Taxable dependent care benefits from Form 2441, line 26		1e
f	Employer-provided adoption benefits from Form 8839, line 29		1f
g	Wages from Form 8919, line 6		1g
h	Other earned income (see instructions)	0.	1h
i	Nontaxable combat pay election (see instructions)		1i
z	Add lines 1a through 1h	81,241.	1z
2a	Tax-exempt interest		2a
3a	Qualified dividends		3a
4a	IRA distributions		4a
5a	Pensions and annuities		5a
6a	Social security benefits		6a
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>
8	Additional income from Schedule 1, line 10		8
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	81,241.	9
10	Adjustments to income from Schedule 1, line 26		10
11	Subtract line 10 from line 9. This is your adjusted gross income	81,241.	11
12	Standard deduction or itemized deductions (from Schedule A)	27,700.	12
13	Qualified business income deduction from Form 8995 or Form 8995-A		13
14	Add lines 12 and 13	27,700.	14
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	53,541.	15

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section. Total tax amount is 5,983.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section. Total payments amount is 6,425.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section. Amount of refund is 442.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section. Amount owed is 0.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No', and fields for name, phone number, and PIN.

Sign Here section. Declaration of preparer and signature lines for preparer and spouse. Includes occupation details like 'SOFTWARE EMPLOYEE' and 'HOME MAKER'.

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

D-400 (50) 8-16-23 **Individual Income Tax Return 2023**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2023, or fiscal year beginning <u>23</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SRAVAN KUMAR ANDHAVARAPU DIVYASRI ANDHAVAR 9519 STELLA DR 5205 Your SSN: 813680614 CHARLOT NC 28262MECKL Spouse's SSN: 994970103		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: _____ Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		Year spouse died: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
ANDH	9519	28262	DS	N	EA	N	TD			SD				FDEXT	N
SRAVAN KUMAR		ANDHAVARAPU						813680614		MECKL					
DIVYASRI		ANDHAVARAPU						994970103		NC	28262				
9519 STELLA DR 5205								CHARLOTTE							
06		81241		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				3391		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		25500		21C				0		31				0	
13		00000		21D				0		32				0	
14		55741		26A				0		34				743	
15		2648		26B				0							
TN	9808001393			PN			6789659522			PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>743</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.			
Your Signature _____ Date _____		Spouse's Signature (If filing joint return, both must sign.) _____ Date _____	
		9808001393	
Contact Phone No. (Include area code)			
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
SYAM PRIYA RAM SAGAR GUPT <u>02 27 24</u>		(678)965-9522	
Paid Preparer's Signature _____ Date _____		Preparer's Contact Phone Number (Include area code) _____	
		P02082703	
Preparer's FEIN, SSN, or PTIN			
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640			

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	81241
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	81241
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	55741
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	55741
15.	N.C. Income Tax	15.	2648
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2648
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2648

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	3391
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	3391
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3391
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	743

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	743