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.

Submission Identification Number (SID)

Taxpay	/er's name	Social security n	umber
NEL	JAKURTHI ROJA	152-27-6	740
Spouse	o's name	Spouse's social	security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	ter 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 10,773.
2	Total tax	[1	2 0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 744.
4	Amount you want refunded to you		4 744.
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 periury. 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
------------	------	-------	-----	-----	------

l authorize GLOBAL TAXES LLC to enter or generate my PIN

					as my
7	6	7	4	0	
		Enter fiv	Enter five di	Enter five digits,	76740Enter five digits, but don't enter all zeros

ERO firm name 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

X

ouse's	PIN:	check	one	box	only	

I authorize

to enter or generate my PIN

Date

		as my
er fiv n't er		

ERO firm name 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 Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur 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 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 ►
	etain This Form — See Instructions orm to the IRS Unless Requested To Do So
For Denominary Deduction Act Nation and vous toy to	instructions DEV/04/42/24 DDO Earm 8879 (Dov/ 01/2021

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	/rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
NELAKURI	THI		ROJ	A						152	27	6740
		s first name and middle initial	Last r									security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	vpt. no.	Preside	ntial Ele	ection Campaigr
<u>15885</u> GC	DDAI	RD RD						2	205			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode			jointly, want \$3 nd. Checking a
SOUTHGAT						MI		481	95	box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax		_
		a									∐ Yo	ou Spouse
Filing Status		Single					Head of he	buseh	old (HOH)			
Check only		Married filing jointly (even if only or Married filing concretely (MES)	ne hao	d income)								
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	nome	ofvours	nouse If you	, obc	Qualifying		• •	. ,	ild'e na	mo if the
		alifying person is a child but not you									110 5 110	
Digital		ny time during 2023, did you: (a) rece										es 🛛 No
Assets		hange, or otherwise dispose of a digineone can claim: You as a de		-			a dependent	1)? (36		ns.)		
Standard Deduction		Spouse itemizes on a separate return	•		•		•					
				Are b		ouse	_	n hofe		0 1050		s blind
Dependents		: Were born before January 2, 1	939	$\overline{}$	•			14	ore January			(see instructions):
-		irst name Last name		(2) :	Social security number		(3) Relationsh to you	ip (Child tax c			or other dependents
lf more than four	(1)						,					
dependents,												\square
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a	1	10,773.
Attach Form(s)	b	Household employee wages not re	ee wages not reported on Form(s) W-2									
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	instructior	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		. 1d		
1099-R if tax	е	Taxable dependent care benefits f			-			• •		. 1e	-	
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f	-	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		0
W-2, see	h							. 1h	1	0.		
instructions.	-	Add lines 1a through 1h	see ins	structions)	• •	1 i			. 1z		10,773.
Attach Coh D	z 2a	Ŭ I	2a		· · · ·	ьт	axable interest	· ·		· 12		10,775.
Attach Sch. B if required.	2a 3a	. –	2a 3a				ordinary divider			. 20		
	4a		4a				axable amount			. 4b	-	
Standard	5a		5a				axable amoun			. 5b		
 Deduction for — Single or 	6a		6a				axable amoun			. 6b	-	
Married filing separately,	С	If you elect to use the lump-sum e		n method,					[
\$13,850	7	Capital gain or (loss). Attach Schee		-		•	,		[7		
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	ome	ə			. 9		10,773.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11		10,773.
\$20,800 • If you checked	12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	A)				. 12	2	13,850.
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A			. 13	<u> </u>	
Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our t	taxable incom	e.		. 15	5	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)						Pa
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	•	16 (
Credits	17	Amount from Schedule 2, line 3				[·	17
	18	Add lines 16 and 17				[·	18 (
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812		·	19
	20	Amount from Schedule 3, line 8					20
	21	Add lines 19 and 20				🔽	21
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22 (
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			23 (
	24	Add lines 22 and 23. This is your total tax					24 (
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a	744.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				2	5d 744
Here have a	26	2023 estimated tax payments and amount a					26
If you have a L qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are your					32
	33		33 744				
Refund	34	Add lines 25d, 26, and 32. These are your to If line 33 is more than line 24, subtract line 2					34 744
Refutio	35a	-			· ·		5a 744
Direct deposit?	b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . <t< td=""><td></td></t<>					
See instructions.	u b	Account number 3 7 5 0 2 4 2	Savings				
	36	Amount of line 34 you want applied to your			36		
A					30		
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.gov</i>					37
	38				38	· · ·	57
Think Dauta		Estimated tax penalty (see instructions) .					
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions						ow. 🗙 No
Designee		signee's	Phone			onal identifica	
	na	8	no.			per (PIN)	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the						, ,
Here	be	ief, they are true, correct, and complete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informatio	n of which pro	eparer has any knowled
nere	Your signature Date Your occupation						S sent you an Identity
							on PIN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	DOT NET DEVELOPER			(see inst	
Keep a copy for	Sp	buse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		S sent your spouse an Protection PIN, enter it
your records.			(see inst				
	Ph	one no. (313)258-0784	Email address	ROJANELAKUR	THI@GMAIL.CO	M	
		parer's name Preparer's signat	1		Date	PTIN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/19/2024	P020827	03
Preparer		n's name GLOBAL TAXES LLC				Phone n	
Use Only		n's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm's E	
Go to www ire or		<i>n1040</i> for instructions and the latest information.			REV 01/10/04 RBO		Form 1040 (2
				BAA	REV 01/12/24 PRO		

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