IRS e-file Signature Authorization

Social security number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaver's name

Internal Revenue Service

талрау	n s name	Social security number						
VIJ	AYA VENKATA SRI R KAMIREDDY	804-94-7986						
Spouse	s name	Spouse's social security number						
HAR	ANI MATHUKU	194-81-4875						
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er 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	1 124,620.						
2	Total tax	2 12,954.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 13,588.						
4	Amount you want refunded to you	4 634.						
5	Amount you owe	5						

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

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

I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
		ERO firm name	

	4	7	9	8	6				
Enter five digits, but don't enter all zeros									

7 5

8

Enter five digits, but don't enter all zeros

1 4 my

as mv

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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 >	Da	te 🕨	•				 			
Practitioner PIN Method Returns Only—co	ontinue	bel	w							
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.	5	8	 		0 III zer	 2	7	1	

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 — Se orm to the IRS Unless	e Instructions Requested To Do So	
E. B. J. B. J. K. ALDER			Farma 9970 (Days 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

to enter or generate my PIN

E1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		ım 20 2	2	OMB No. 1545	-0074	IRS Use Or	nly—Do n	ot write or sta	aple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the national on is a child but not your dependent	ame of y	d filing separately (M our spouse. If you ch					S	ualifying s pouse (QS d's name	SS)
Your first name	and mi	ddle initial	Last nan	ne					Your	social sec	curity number
VIJAYA V	ENK	ATA SRI R	KAMI	REDDY					804	4-94-79	986
lf joint return, sp	ouse's	first name and middle initial	Last nan	ne					Spou	ise's social	security number
HARANI			MATH	UKU					194	4-81-48	375
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ins.			A	Apt. no.			ection Campaigr
4000 E R	ENNI	ER RD						536		,	ou, or your jointly, want \$3
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ite	ZIP c	ode		0	nd. Checking a
RICHARDS	ON				TΣ	ζ.	750	82	box	below will	not change
Foreign country	name		F	oreign province/state/c	coun	ty	Foreig	n postal cod	e your	tax or refu	_
										Yo	ou Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status a	alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: 🗌 Was bor	n befo	ore January	/ 2. 195	8 🗆 Is	s blind
Dependents	-			(2) Social security		(3) Relationsh					see instructions):
If more	(1) First name Last name			number		to you		Child tax	credit	Credit fo	or other dependents
than four											
dependents,											
see instructions and check											
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)						1a	152,733.
income	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 ins	tructions)						1c	
attach Forms	d	Medicaid waiver payments not rep	orted on	n Form(s) W-2 (see ir	nstru	uctions)				1d	
W-2G and	е	Taxable dependent care benefits f	rom Forr	m 2441, line 26 .					. [1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits 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	see instru	uctions)		1 i					
	Z	Add lines 1a through 1h	1						•	1z	152,733.
Attach Sch. B	2a	· · ·	2a			axable interest			·	2b	
if required.	3a		3a			Ordinary divider			· -	3b	
	4a		4a			axable amount			· -	4b	
Standard Deduction for –	5a		5a			axable amount			· -	5b	
Single or	6a	,	6a			axable amount			÷ F	6b	
Married filing separately,	c 7	If you elect to use the lump-sum el				,	• •			7	
\$12,950	7 8	Capital gain or (loss). Attach Scher Other income from Schedule 1, line					• •			7	20 112
 Married filing jointly or 	о 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		Fhis is your total inc			• •		· -	8 9	<u>-28,113.</u> 124,620.
Qualifying spouse,	9 10	Adjustments to income from Sche		•		•	• •		· -	10	147,020.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is					• •		· -	11	124,620.
household,	12	Standard deduction or itemized					• •		• -	12	25,900.
\$19,400 • If you checked	13	Qualified business income deducti				5-A				13	,200.
any box under	14	Add lines 12 and 13			200				:	14	25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer			our f	taxable incom	e		:	15	98,720.
see instructions.				,							20,720.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	12,9	954.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	12,9	954.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,9	954.
	23	Other taxes, including self-end	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	12,9	954.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 13	3,588.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	13,5	588.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fror	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,5	588.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	6	534.
nerana	35a	Amount of line 34 you want I			is attached, che	eck here	🗆	35a	6	534.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8	0 7 3 5	1 0 4 5	5 3					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			_	
Designee	ins	tructions					omplete k		X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		
0.			hat I have averaine				. ,	the hee		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identi	ity
		Pro			Prote	ection P	IN, enter it here			
Joint return?		SOFTWARE ENGINEER ((see	inst.)			
See instructions. Keep a copy for								nt your spouse a ection PIN, ente		
your records.				HOMEMAKER (see						
	Ph	one no. (469)768-4132	ົ	Email address		REDDY7@GMAIL.C		,		
		eparer's name $(409)/00-413$	Z Preparer's signat		ТШАЛ, ЛАЛСАПС	Date			Check if:	
Paid			RVSSMANIK		JΔ	03/07/2023		1330	Self-empl	loved
		JONAN ILLONALAFEANA	ICA DOLUMINTIC	OPIAI AF FAI		05/07/2025				
Preparer							Dhar	n = n = 1	646)727 5	7157
Preparer Use Only	Firi	n's name GLOBAL TAX n's address 245 ROONEX	KES LLC Y CT E BRU	INSWICK N.	J 08816			ne no. ('s EIN	646)727-7 30-1017	