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

	!				
Submission	Identification Number (SID)				
Taxpayer's nar	ne	Social securit	y number		
HARI KR	ISHNA BOMMAIAHPALLI SIDDA	628-95	-8549		
Spouse's name		Spouse's soc	ial security	number	
SILPA B	OMMAIAHPALLI SIDDA	995-96	-1673		
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	er year you a	re autho	rizing.)	
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 Adju	sted gross income		1	69,	000.
	l tax		2	4,	519.
3 Fede	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,	089.
	unt you want refunded to you		4	5 ,	570.
	unt you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of you	r retur	n)
return (originates send my refor any delay Agent to initial payment of nauthorization payment, I no business day taxes to recepersonal ider	ge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about all or amended) I am now authorizing. I consent to allow my intermediate service provider, transfeturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rein processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in a federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess prior to the payment (settlement) date. I also authorize the financial institutions involved in the eiver confidential information necessary to answer inquiries and resolve issues related to the diffication number (PIN) below is my signature for the income tax return (original or amended) I settlement).	nitter, or electro- jection of the tr J.S. Treasury a dicated in the tr ion to debit the te the authoriza quests must be processing of payment. I furt	onic return ansmission and its desing ax prepara entry to the ation. To re- received the electron	originato n, (b) the gnated F tition softwais accou- evoke (ca no later ronic pay owledge 1	or (ERO) reason are reason ware for unt. This ancel) are than 2 ment of that the
	nds Withdrawal Consent. PIN: check one box only				
		5 my DIN	8 5	4 9	00 m)/
X I a	uthorize GLOBAL TAXES LLC to enter or generate ERO firm name	En	er five digi	ts, but	as my
sig	nature on the income tax return (original or amended) I am now authorizing.	do	n't enter all	zeros	
if y	ill enter my PIN as my signature on the income tax return (original or amended) I am ou are entering your own PIN and your return is filed using the Practitioner PIN met ow.				
Your signat	ure ▶ Date ▶				
Spouse's P	IN: check one box only				
-	uthorize GLOBAL TAXES LLC to enter or generate	mv PIN 6	1 6	7 3	as my
<u> </u>	ERO firm name	-	er five digi		as my
sig	nature on the income tax return (original or amended) I am now authorizing.		n't enter all		
if y	ill enter my PIN as my signature on the income tax return (original or amended) I am ou are entering your own PIN and your return is filed using the Practitioner PIN met ow.				
Spouse's si	gnature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	v			
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN	I/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		6 0 8 er all zeros	2 7	1
authorized to	the above numeric entry is my PIN, which is my signature for the electronic individual income file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subjusted the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in acco	ordance v	
ERO's signa	ature ▶ Date ▶				

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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



£104 (artment of the Treasury-Internal Revenue Servi		urn 2	2023	3 or	MB No. 1545-0	074	IRS Use	e 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, endin	g			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last nar	 name							Your social security number			_
HARI KR	ISHN.	A	BOMM.	AIAHPAI	LLI SID	DA					628	95	8549	
		s first name and middle initial	Last nar										security numl	ber
SILPA			BOMM.	АТАНРА	LLI SID	DA					995	96	1673	
	(numbe	er and street). If you have a P.O. box, see						Α	pt. no.				ection Campa	ian
1803 ST	ART,T'	T SKY LN								- 1			ou, or your	Ū
		ice. If you have a foreign address, also co	mplete sp	paces below	<i>i</i> . ;	State	7	ZIP cc	de		spouse	if filing	jointly, want \$	
CARY						NC		275	19		•		nd. Checking not change	а
Foreign countr	y name		F	oreign provi	ince/state/co				n postal o	code	your tax		•	
													ou 🗌 Spou	ıse
Filing Status	s \square	Single					Head of hou	useho	old (HO	H)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					,	,				
one box.		Married filing separately (MFS)					Qualifying s	urviv	ing spo	use (QSS)			
	lf y	you checked the MFS box, enter the	name o	f your spou	use. If you o	check	ed the HOH	or QS	S box,	enter	the chi	ld's na	me if the	
		ıalifying person is a child but not you												
B: ::::	Λ± α.	ny time during 2023, did you: (a) rec	oive (ee											_
Digital Assets		ny time during 2023, did you: (a) rect nange, or otherwise dispose of a dig										∏ Y€	es 🛛 No	
		neone can claim: You as a de			our spouse			. (00	CIIIOU	011011	J.,		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	_
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		iependent							
Deddollon	<u> </u>		11 O1 you	- WOIC a du	ai Status ai		_							_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spou	ise:	Was born						s blind	
Dependent	s (see	instructions):			ial security	(3) Relationship	(4)					see instruction	-
If more	(1) F	First name Last name		number to yo			to you	ou Child tax		tax cre	edit	Credit fo	or other depende	ents
than four														
dependents, see instruction	s —													
and check	, —					_							_ <u>_</u>	
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		69,000	•
Attach Form(s)	b	Household employee wages not re	eported o	on Form(s)	W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a									10			
attach Forms W-2G and	d	Medicaid waiver payments not rep				structi	ons)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	9, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,								1h	_	0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			. <u>1i</u>						60 000	
	<u>z</u>	Add lines 1a through 1h			· ; ·						1z	_	69,000	<u>•</u>
Attach Sch. B	2a	· —	2a				able interest				2b	_		
if required.	3a_		3a				nary dividend					_		
Standard	4a	-	4a				able amount .					_		
Deduction for—	5a	-	5a				able amount .					_		
Single or Married filing	6a	,	6a				able amount .			٠ ـ	6b			
separately,	_c	If you elect to use the lump-sum e		•	,		,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7	-		
jointly or Qualifying	8	Additional income from Schedule	•								8		60 000	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9 10	-	69,000	•
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26												
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		69,000	
If you checked	12	Standard deduction or itemized									12		27,700	•
any box under Standard	13	Qualified business income deducti									13			
Deduction, see instructions.	14													
Joo moduciono.	ion, 14 Add lines 12 and 13													

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,519.
Credits	17	Amount from Schedule 2, lin			17				
	18	Add lines 16 and 17						18	4,519.
	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	4,519.
	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	4,519.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 10	,089		
	b	Form(s) 1099							
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,089.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. ElC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	s, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,089.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	5 , 570.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	5 , 570.
Direct deposit?	b	Routing number 0 7 2							
See instructions.	d	Account number 9 3							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37						
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No
		esignee's		Phone no.		onal iden ber (PIN)	tification		
		me der penalties of perjury, I declare t	the best	of my leasylades and					
Sign		lief, they are true, correct, and com		, ,					
Here	Vo	ur signature		Date	Your occupation		If +F	 ne IRS se	nt you an Identity
	10	di Signature		Date	Tour occupation		Protection PIN, enter it here		
Joint return?					SOFTWARE E	(se	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation		f the IRS sent your spouse an		
your records.					HOME MAKED		Identity Protection PIN, enter it here (see inst.)		
		-na na (010) 454 536	0	Consil address	HOME MAKER	(00)			
		one no. (919) 454-536 eparer's name	8 Preparer's signat	Email address	BSHKRIS07@	PTIN		Check if:	
Paid		'			משמווט מגי		2772	Self-employed	
Preparer		M PRIYA RAM SAGAR GUPTA		A KAM SA(JAK GUPTA	04/07/2024	P0208		
Use Only		m's name GLOBAL TA		NIOTAT OTC. 37	T 00016		Phone no. (678) 965-9522		
	Fir	m's address 245 ROONE	Firr	n's EIN	84-3171965				

D-40 (< Staple Return	•	es o						<u>l</u> ina D	Tax Red Departme Ended Return	nt of I	n 2023 Revenue	DOR Use Only				
HARI 1803 CARY Filing S Were y Was your ow to the F	KRISH STARI NC tatus ou a resicular spous ducation erpayme Fund, ent ect box if	INA IT 275 1. 4. Ient of ee a re Endovent to ter the	SKY 519 W Single Head of N.C. esiden wment he Fu amou	LN JAKE of Household for the entire t for the en t Fund: You nd. To mak unt of your narried filing	e year? tire year? u may cor e a contri designatio	2. Marrie 5. Qualif	ed Filing fying Wir Yes Yes to the N enclose age 2, L use we	Jointly dow(er) No No I.C. Edu Form I ine 31	Spouse's S 3. Ma 3. Ma ucation Endo NC-EDU and (See instrue) of the country	SSN: 6 SSN: 9 rried Filin Return Return Dwment I your particions for	OMMAIAH 28958549 95961673 ng Separately for deceased for deceased Fund by makinayment of for information ril 15, 2024, ar Personal Repr	Were you g 2023 federa Year spo taxpayer. spouse. ng a contrib about the band a U.S. ci	ranted an au al income tax Yes use died: Date of Date of Dution or de To desig Fund.)	an? Intomatic of a return, No death: death: death: esignating	Yes No extension to file.g., Form 104	all of
FS 2	P	P	Y		DT	N	OC	N	TPRES	Y	SPRES	У	VT	N	SVT	N
BOMM	18	03	2	27519	DS	N	EΑ	N	TD			SD			FDEXT	N
HARI	KRIS	HNA			BOMMA	AIAHI	PALL	I		62	8958549		WAKE	Ξ		
SILPA	7				BOMMA	AIAHI	PALL	I		99	5961673	NC	2751	L 9		
1803	STAR	LIT	'SK	KY LN						С	ARY					
06		6	900	00		16			0		26C			0		
07				0		18	Y		0		26E			0		7020
09				0		20A			2790		EU					1500
10A				0		20B			0		27			0		2 5
10B				0		21A			0		29			0		
11	S Y		I	N		21B			0		30			0		
11		2	550	0 0		21C			0		31			0		_
13		0	000	0 0		21D			0		32			0		
14		4	350	00		26A			0		34		72	24		
15			206	56		26B			0							
TN	919	454	536	58		PN	6	789	659522		PP	P02	208270)3		
I declare ar the best of				X Ref	fund Du and accomp prrect, and c	anying sch omplete.			ents, and to	Ch	nt Due neck here if you a discuss this return	rn and attach	ments with 1	the paid	preparer belov	w.
Your Signa PAID PREF	ture PARER USE	ONLY	If pre	epared by a pe	rson other th	Date an taxpay					, both must sign.) n of which the prepa	Date arer has any kn		ct Phone N	lo. (Include area	code)
_	PRIYA rer's Signati		M SA	GAR GU		Date	Prep	arer's Co) 965-952 ntact Phone Nun	mber (Inclu	ude area code) X R, RALEIGH, I	NC 27634-01	Prepar	2082 er's FEIN,	703 SSN, or PTIN	

Last Name (First 10 Characters) BOMMAIAHPA 628958549 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 69000 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 69000 9. Deductions From Federal Adjusted Gross Income 9. 0 Child Deduction 10. 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. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 25500 11. 12. a. Add Lines 9, 10b, and 11 25500 12a. b. Subtract Line 12a from Line 8 12b. 43500 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0000 14. N.C. Taxable Income 14. 43500 15. N.C. Income Tax 15. 2066 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 2066 17. 17. 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 2066 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 2790 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2023 estimated tax 21a. 0 21b. 0 Paid with extension 21b. 0 21c. Partnership 21c. S Corporation 21d. 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 2790 24. Previous Refunds 24. 0 2790 25. Subtract Line 24 from Line 23 25. Tax Due 26a. 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. Ω 27. Pay this Amount 27. 0 724 28. Overpayment 28. 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. 0 31. N.C. Education Endowment Fund 0 32. N.C. Breast and Cervical Cancer Control Program 32. \cap 33. Add Lines 29 through 32 33. 34. 724 Amount to be Refunded 34