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

The state of the s	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
VIJAY BHARGAV KUPPILI	094-19-6496
Spouse's name	Spouse's social security number
HARSHINI PURI	APPLIED FOR
Part I Tax Return Information — Tax Year End	ing 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	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Fo	5/121
4 Amount you want refunded to you	
5 Amount you owe	
	horization (Be sure you get and keep a copy of your return) the income tax return (original or amended) I am now authorizing, and to the best of
return (original or amended) I am now authorizing. I consent to allot o send my return to the IRS and to receive from the IRS (a) an act for any delay in processing the return or refund, and (c) the date of Agent to initiate an ACH electronic funds withdrawal (direct debit) apayment of my federal taxes owed on this return and/or a payment authorization is to remain in full force and effect until I notify the payment, I must contact the U.S. Treasury Financial Agent at 1 business days prior to the payment (settlement) date. I also author taxes to receive confidential information necessary to answer inc	er declare that the amounts in Part I above are the amounts from the income tax w my intermediate service provider, transmitter, or electronic return originator (ERO) knowledgement of receipt or reason for rejection of the transmission, (b) the reason any refund. If applicable, I authorize the U.S. Treasury and its designated Financial entry to the financial institution account indicated in the tax preparation software for of estimated tax, and the financial institution to debit the entry to this account. This U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a 888-353-4537. Payment cancellation requests must be received no later than 2 ize the financial institutions involved in the processing of the electronic payment of quiries and resolve issues related to the payment. I further acknowledge that the noome tax return (original or amended) I am now authorizing and, if applicable, my
Taxpayer's PIN: check one box only	
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN 9 6 4 9 6 as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or ame	
	tax return (original or amended) I am now authorizing. Check this box only s filed using the Practitioner PIN method. The ERO must complete Part III
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC	to enter or generate my PIN as my
ERO firm name signature on the income tax return (original or ame	Enter five digits, but don't enter all zeros
	tax return (original or amended) I am now authorizing. Check this box only
	s filed using the Practitioner PIN method. The ERO must complete Part III
below.	- · · · · · · · · · · · · · · · · · · ·
Spauco's cianaturo	Date ►
Spouse's signature Practitioner PIN Met	hod Returns Only—continue below
Part III Certification and Authentication — Prac	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	five-digit self-selected PIN.
I certify that the above numeric entry is my PIN, which is my signal	ature 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 book for Authorized IRS e-file Providers of Individual Income Tax Returns.
EDO's signature	Data N
ERO's signature ►	Date ► This Form — See Instructions
ERU MUSI RETAIN	rina rumi — aee manucuum

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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only—[Do not w	rite or stap	ple in this space.	
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	S	See sep	oarate ii	nstructions.	
Your first name	e and m	iddle initial	Last nan	ne						Y	our so	cial sec	urity number	_
VIJAY BHARGAV KUPPILI								094 19 6496						
If joint return, s	spouse'	s first name and middle initial	Last nan	ne						s	pouse'	s social	security numb	er
HARSHIN	I		PURI								APP	LI	ED F	
Home address	(numb	er and street). If you have a P.O. box, see	instructio	ns.				F	Apt. no.	P	reside	ntial Ele	ction Campaiç	jп
35420 н	IGHV	IEW CT							L02				ou, or your	_
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete sp	aces bel	ow.	Sta	te	ZIP c	ode				ointly, want \$3 nd. Checking a	
_FARMING	TON					MI		483	35		_		not change	
Foreign countr	y name		F	oreign pr	ovince/state/o	count	ty	Foreig	n postal c	ode y	our tax	or refui		se
Filing Status	s	Single					Head of he	ouseh	old (HOF	1)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (Q	SS)			
	lf :	you checked the MFS box, enter the	name of	f your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter t	t <mark>he</mark> chi	ld's nar	ne if the	
	qu	ıalifying person is a child but not you	ır depen	dent:					ΛA		Z			
Digital	Δta	ny time during 2023, did you: (a) rec	eive (as a	reward	l award or	navn	ment for prope	rty or	services	r or (b) sell			_
Digital Assets		nange, or otherwise dispose of a dig										☐ Ye	s X No	
Standard		neone can claim: You as a de					a dependent				-,			-
Deduction		Spouse itemizes on a separate retur		-	•									_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Spc	ouse	: Was bor	n befo	ore Janua	ary 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4) Check t	he box	if qualit	fies for (s	see instructions	s):
If more	(1) F	(1) First name Last name			number		to you		Child tax cr		dit	Credit for	r other depender	ıts
than four														
dependents, see instruction	ıs													
and check _														
here L	<u></u>													
Income	1a	Total amount from Form(s) W-2, b									1a		53 , 208.	
Attach Form(s)	b	Household employee wages not re						•		• •	1b			_
W-2 here. Also	С	Tip income not reported on line 1a									1c			_
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d	4		_
1099-R if tax	е	Taxable dependent care benefits f									1e			_
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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		. /-				7 8			1h	-	0.	_
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1</u> i							
	Z	Add lines 1a through 1h			i						1z		53,208.	_
Attach Sch. B	2a		2a				axable interest				2b			_
if required.	3a		3a				rdinary divide				3b			_
Standard	4a		4a				axable amoun				4b			_
Deduction for—	5a		5a				axable amoun				5b	11 11		_
Single or Married filing	6a		6a				axable amoun	t			6b	1		_
separately,	C	If you elect to use the lump-sum e								.				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche			-					. \square	7	-		_
jointly or Qualifying	8		e 1, line 10							8	-	F0 000	_	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		53,208.	_
\$27,700 • Head of	10	Adjustments to income from Sche									10			_
household, \$20,800	11	Subtract line 10 from line 9. This is		-							11		53,208.	
If you checked	12	Standard deduction or itemized									12		27,700.	
any box under Standard	13	Qualified business income deducti									13		0.7	_
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 700.	_
	15	Subtract line 1/1 from line 11 lf zor	O OF LOCO	antar	II Ibic ic v	Our t	ravabla incom				15		/5 5/1Q	

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	2,623.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	2,623.	
	19	Child tax credit or credit for other dependents from Schedule 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	2,623.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	2,623.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	•		
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	3,721.	
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	3,721.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,098.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,098.	
Direct deposit?	b	Routing number X X X X X X X X X	s		
See instructions.	d	Account number X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe	-	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	e below.	⋈ No	
		signee's Phone Personal ider			
		me no. number (PIN)	•		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh			
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?			ee inst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			dentity Protection PIN, enter it here see inst.)		
your rootide.		HOFE PAREN	;e iiist.)		
		one no. (248) 832-7069 Email address VIJAYBHARGAVKUPPILI@GMAIL.COM		Observation in	
Paid		eparer's name Preparer's signature Date PTIN	00505	Check if:	
Preparer			82703	Self-employed	
Use Only		0.5		(678) 965-9522	
	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fir	rm's EIN	<u>84-3</u> 171965	