## 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 name	Social securit	Social security number					
SENTHIL KUMAR APPASAMY	745-92-	-3147					
Spouse's name	Spouse's soc		number				
			\				
	nter year you a	re author	izing.)				
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		4	4,703.				
1 Adjusted gross income		2	0.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	594.				
4 Amount you want refunded to you		4	<u>594.</u> 594.				
5 Amount you owe		5	394.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a cop		return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendmy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my 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 termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generating 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 figure are entering your own PIN and your return is filed using the Practitioner PIN melow.	ded) I am now authabove are the amonsmitter, or electron rejection of the true U.S. Treasury are indicated in the tailution to debit the inate the authorizarequests must be the processing of the payment. I furt of I am now authoritate my PIN	norizing, arbunts from the second its designate part of the second its designate part of the electronic part of th	nd to the best of the income tax originator (ERO), (b) the reason nated Financial ion software for is account. This woke (cancel) a no later than 2 onic payment of wledge that the fapplicable, my as my s, but zeros				
Your signature ► Date ▶	<b>-</b>						
Spouse's PIN: check one box only							
I authorize to enter or general	ata my PINI		as my				
ERO firm name		er five digits					
signature on the income tax return (original or amended) I am now authorizing.		't enter all					
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.							
Spouse's signature ▶ Date ▶	•						
Practitioner PIN Method Returns Only—continue bel	low						
Part III Certification and Authentication — Practitioner PIN Method Only							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 er all zeros	2 7 1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retu	rn in acco	rdance with the				
ERO's signature ▶ Date ▶							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested T							

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
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  SENTHIL KUMAR  APPA  If joint return, spouse's first name and middle initial  Last na					PASAMY						Your social security number  745 92 3147  Spouse's social security number			
		er and street). If you have a P.O. box, see						<i>A</i>	Apt. no.				ection Ca	
		ORCHARD ST								- 1			ou, or yo	. •
		ice. If you have a foreign address, also co	mplete sp	aces belo	DW.	Sta	te	ZIP c	ode		spouse	if filing	jointly, wa	ant \$3
NOVI						MI		140075					nd. Check not chang	_
								Foreig	oreign postal code your tax or refu			nd`	Spouse	
Filing Status Check only one box.	☐ ☐ If y	Single  Married filing jointly (even if only or  Married filing separately (MFS)  you checked the MFS box, enter the lalifying person is a child but not you	name of	f your sp			☐ Head of ho	surviv	ving spou	use (0 enter	the chi	ild's na	me if the	<del>)</del>
Digital Assets		ny time during 2023, did you: (a) recensions, or otherwise dispose of a digi										□ Ye	es ⊠l	No
Standard Deduction	_	neone can claim:	•				a dependent							
Age/Blindnes	s You	: Were born before January 2, 19	959	Are bli	nd <b>Sp</b>	ouse	: Was bor	n befo	ore Janu	ary 2,	1959		blind	
Dependent	s (see	instructions):			ocial security	,	(3) Relationsh	ip (4	-				see instru	
If more	(1) F	(1) First name Last name			number to you				Child t	ax cre	edit	Credit fo	r other dep	pendents
than four														
dependents, see instruction	s									<u> </u>			ᆜ	
and check here	1 —													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instruct	tions) .					<del>.</del> .	1a		4,5	703.
	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 instructions)									1c	;		
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s)	W-2 (see ii	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e	,		
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									<b>1</b> g			
get a Form	h	Other earned income (see instructi	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	uctions)			1i							
	z	Add lines 1a through 1h						<del>.</del> .			1z		4,7	703.
Attach Sch. B	2a		2a			b Ta	axable interest	t.			2b			
if required.	3a		3a				rdinary divider				3b			
	4a		4a				axable amoun				4b		-	
Standard	5a	_	5a				axable amoun				5b		-	
Deduction for— Single or	6a		6a				axable amoun				6b		-	
Married filing	С	If you elect to use the lump-sum el	lection m	nethod. c	heck here									
\$13,850 <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here								. [	7					
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10							8					
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		4,7	703.		
\$27,700	10	Adjustments to income from Schedule 1, line 26								10				
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							11		4,7	703.		
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12			850.		
If you checked any box under	13	Qualified business income deducti									13			
Standard Deduction,	14										14		13.8	850.
see instructions.	15	Subtract line 1/1 from line 11. If zer							=		15			

Form 1040 (2023	3)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	0.		
Credits	17	Amount from Schedule 2, lir	ne 3					. 17			
	18	Add lines 16 and 17						. 18	0.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, lir	ne 8					. 20			
	21	Add lines 19 and 20									
	22	<del> </del>							0.		
	23	Subtract line 21 from line 18. If zero or less, enter -0							0.		
	24	Add lines 22 and 23. This is						. 24	0.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2	94.								
	b	Form(s) 1099									
	С	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,					. 25d	594.		
If you have a	26	2023 estimated tax paymen						. 26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .		•		30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	. 32								
	33								594.		
Refund	34								594.		
neiuliu	35a	Amount of line 34 you want	•				4 .	. 34 35a	594.		
Direct deposit?	b	Routing number 0 7 2				Checking	 ∃Saviı		0311		
See instructions.	d	Account number 5 7 5	193								
	36	Amount of line 34 you want		<del></del>	ad tay	36					
Amount	37	Subtract line 33 from line 24				00					
You Owe	31	For details on how to pay, g						. 37			
	38	Estimated tax penalty (see in	_	-		38		. 07			
Third Dorty		you want to allow another									
Third Party Designee		structions	•				Comp	ete below.	<b>⋈</b> No		
<b>D</b> 00191100	Des	Designee's Phone Personal identifie									
	nar			no.			mber (F				
Sign		der penalties of perjury, I declare t			, , ,		,		, ,		
Here	bei	ief, they are true, correct, and com	ipiete. Declaration	of preparer (otne	r tnan taxpayer) is ba	ased on all informa	ation of		, ,		
	You	ur signature	Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here				
laint vatuus 0				DESIGN ENG	TNEED		(see inst.)				
Joint return? See instructions.	Spe	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupati				If the IRS sent your spouse an			
Keep a copy for	Op.	opouse 3 signature. If a joint roturn, <b>both</b> must sign.		54.0	opened a decupar			Identity Protection PIN, enter it here			
your records.						(see inst.)					
	Pho	Phone no. (947) 339-0218 Email address SENTHILRAJKUMAR2011@GMAIL.COM									
Paid	Pre	parer's name	Preparer's signat	ture		Date	PTI	N	Check if:		
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR GUPTA TALLAM 01/31/2024 P				2082703 Self-employed			
Preparer	Firm's name GLOBAL TAXES LLC Phon								one no. (678) 965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'							Firm's EIN	84-3171965		
		11040 for instructions and the late	-4 !		BAA				Form <b>1040</b> (2023)		