## 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

Subm	ission Identification Number (SID)		-					
Taxpay	er's name	Social securit	Social security number					
SEN	THIL KUMAR APPASAMY	745-92-	-314	7				
Spouse	o's name	Spouse's soc	ial secu	urity numb	er			
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	⊥ r year you a	re au	thorizing	g.)			
	whole dollars only on lines 1 through 5.	, ,			<del>, ,</del>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1		4,703.			
2	Total tax		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		594.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)			
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transhind my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejoy delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into 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 terminate that, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the lad identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the Withdrawal Consent.	ection of the tr J.S. Treasury and licated in the ta on to debit the e the authoriza- luests must be processing of payment. I furt	ansmised the control of the control	ssion, (b) designated paration so this according to the thin accor	the reason of Financial oftware for count. This (cancel) a ster than 2 payment of ge that the			
	onic Funds Withdrawal Consent.				1			
	ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate	2	3 3	1 4 7				
×	I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name	ř Ent		digits, but	as my			
	signature on the income tax return (original or amended) I am now authorizing.	doi	1't ente	r all zeros				
Yours	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.  signature ▶ Date ▶	now authorizing and The ERC	ng. Ch mus	neck this t comple	box <b>only</b> te Part III			
Snous	se's PIN: check one box only				_			
Ороц	I authorize to enter or generate	my DINI			ac my			
	ERO firm name	,	er five	digits, but	」 as my			
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.							
Spous	se's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	1						
Part	Certification and Authentication — Practitioner PIN Method Only							
EDO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	7 1			
ENU	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	Don't ente			/ 1			
		Don tent	un 20	55				
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income t ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in a	accordanc	) I am now e with the			
FRO'	s signature ▶ Date ▶							
LITO	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



<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 Jar	c. 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  Last na					PASAMY						Your social security number  745   92   3147  Spouse's social security numbe			
		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 48			483	75	•		nd. Check not chang	_	
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	oreign postal code your tax or ref				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	(see instructions):			(2) Social security (3) Relationship			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	<ul> <li>c Tip income not reported on line 1a (see instructions)</li> <li>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</li> <li></li></ul>								1c	;			
attach Forms	d									1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e	,				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f						
If you did not	g							<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													
separately, \$13,850	7	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		7, and 8. This is your <b>total income</b>						9		4,7	703.		
\$27,700	10	Adjustments to income from Sche		•							10			
Head of household,	11	Subtract line 10 from line 9. This is									11		4,7	703.
\$20,800	12	Standard deduction or itemized	•	-	-						12			850.
If you checked any box under	13	Qualified business income deducti									13			
Standard Deduction,	14										14		13.8	850.
see instructions.	15										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, line 3									
	18	Add lines 16 and 17							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						. 21			
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0				. 22	0.		
	23	Other taxes, including self-e						. 23	0.		
	24	Add lines 22 and 23. This is						. 24	0.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	59	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)									
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	,		•		30					
	31	Reserved for future use									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33		. 32	594.							
Refund	34								594.		
neiuliu	35a		. 34 35a	594.							
Direct deposit?	b	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here									
See instructions.	d	Account number 5 7 5	193								
	36	Account number 5 7 5 9 0 8 2 8 3									
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	signee's		Phone				dentification			
	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		, ,		
	Your signature			Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here			
laint vatuus 0					DESIGN ENG	DESIGN ENGINEER			(see inst.)		
Joint return? See instructions.	Spe	Spouse's signature. If a joint return, <b>both</b> must sig		Date	Spouse's occupat			If the IRS sent your spouse an			
Keep a copy for	Op.	opouco o oignata oi ii a joint rotani, <b>pou</b> muot oign		54.0	opened a decupar			Identity Protection PIN, enter it here			
your records.							(see inst.)				
	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	A RAM SAGAR GUPTA TALLAM 01/31/2024 PO					2082703 Self-employed		
Preparer	Firr	m's name GLOBAL TA	XES LLC					Phone no.	one no. (678) 965-9522		
Use Only	Firr	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	m's EIN 84-3171965		
		11040 for instructions and the late	-4 !		BAA				Form <b>1040</b> (2023)		