Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	/er's name	Social securi	ty nume	ber
SUB	BBARAO SANKA	025-02	-301	3
Spouse	o's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you a	ire au	thorizing.)
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	25,112.
2	Total tax		2	1,072.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2,825.
4	Amount you want refunded to you		4	1,753.
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

\mathbf{X}	l authorize	GLOBAL TAXES LLC	to enter or generate my PIN
1.4	i ddiilon20		

Ent	er fiv	/e di	gits,	but	as
2	r	0	1	2	

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	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 >			
For Paperwork Reduction Act Notice, see your tax return instru	Date ► Retain This Form - See Instructions Form to the IRS Unless Requested To Do So rn instructions. REV 01/21/24 PRO Form 8879 (Rev. 01-2021)		

1040				turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SUBBARAC	Intervention Cost Intervention Cost Intervention 20 ur first name and middle initial Last name 20 20 20 UBBARAO SANKA SANKA SANKA SANKA pint return, spouse's first name and middle initial Last name Apt. no. 212 STELLA ST Apt. no. 126 STELLA ST Y Y Y 76 2019 400 TX 76 2019 400 reign country name Foreign province/state/county Foreign province/state/state/count											
		s first name and middle initial								1		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
2126 STE	LLA	ST									,	· ·
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			
DENTON						TΣ	ζ.	762	019400			0
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta	k or refu	ind.
											Yo	ou Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)			_					
one box.												
					pouse. If you	u che	ecked the HOH	l or QS	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); o	r (b) sell,		
Your first name and middle initial Last name Your social security num SUBBARAO SANKA 0.25 0.2 30.13 If joint return, spouse's first name and middle initial Last name Spouse's social security num 2126 STELLA ST Spouse's social security num City, town, or post office. If you have a P.O. box, see instructions. Apt. no. Check here if you, or you spouse if filing jointy, or you spouse if filing jointy, or you spouse if filing jointy, or you spouse if filing jointy and the spouse if filing jointy or its or returnd. Tx 76.201.9.40.0 Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county your tax or returnd. Check keet Single Imarried filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Yes It is a spouse termice or a digital asset()? It is a spouse termice or a digital asset or a digital asset or spouse. It you checked the box fi qualifies for (see instructions): It is		es 🛛 No										
Standard	Som	ieone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: Were born before January 2. 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore Januarv	2. 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4) Check the b	box if qual	fies for	(see instructions):
•	•	,						·P	Child tax o	credit	Credit fo	or other dependents
	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	25,112.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,	
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instructions.			see ins	structions)			11			_		25 112
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Attach Sch. B if required.												
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Standard										. 4b . 5b		
 Deduction for — Single or 										. 50		
Married filing				method	check here						,	
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 Married filing jointly or 		1 0 ()		•	•		, 511000 11010			. 8		
Qualifying			,				e			. 9		25,112.
surviving spouse, \$27,700										. 10)	-,•
 Head of household, 		•				ne .				. 11		25,112.
\$20,800										. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deducti		•		'	5-A			. 13	-	.,
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our 1	taxable incom	e.		. 15		11,262.

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

Form **1040** (2023)

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Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Designee's Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Sopuse's signature. If the IRS sent your spouse an identity Protection PIN, enter it here (see inst.) Your necords. Phone no. (940)758-0603 Email address SSUBBU6796@GMAIL.COM Preparer's name Preparer's signature Date Pitek if: 902/01/2024 PTIN Check if: 902/0282703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Phone no. (678					ed tax	36			
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Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 01/21/24 PRO Form 1040 (2023		Fir	n's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm's I	EIN	84-3171965
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Additional Credits and Payments

OMB No. 1545-0074 2 (0

Attach to Form 1040, 1040-SR, or 1040-NR.

	Attach to Form 1040, 1040-SR, or 1040-NR. Revenue Service Go to www.irs.gov/Form1040 for instructions and the late		mation.			Attachment Sequence No. 03	
	s) shown on Form 1040, 1040-SR, or 1040-NR				cial	security number	
1	BARAO SANKA						
Par						1	
1	Foreign tax credit. Attach Form 1116 if required				1		
2	Credit for child and dependent care expenses from Form 244 Form 2441				2		
3	Education credits from Form 8863, line 19				3		
4	Retirement savings contributions credit. Attach Form 8880				4	61.	
5a	Residential clean energy credit from Form 5695, line 15				5a		
b	Energy efficient home improvement credit from Form 5695, line 32	2.			5b		
6	Other nonrefundable credits:						
а	General business credit. Attach Form 3800	6a					
b	Credit for prior year minimum tax. Attach Form 8801	6b					
С	Adoption credit. Attach Form 8839	6c					
d	Credit for the elderly or disabled. Attach Schedule R	6d					
е	Reserved for future use	6e					
f	Clean vehicle credit. Attach Form 8936	6f					
g	Mortgage interest credit. Attach Form 8396	6g					
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h					
i	Qualified electric vehicle credit. Attach Form 8834	6i					
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j					
k	Credit to holders of tax credit bonds. Attach Form 8912	6k					
Т	Amount on Form 8978, line 14. See instructions	61					
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m					
z	Other nonrefundable credits. List type and amount:						
		6z					
7	Total other nonrefundable credits. Add lines 6a through 6z				7		
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20		1040-S	SR, or	8	61.	

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	01/21/24 PRO	Schedu	ile 3 (Form 1040) 2023

Form 8880

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

SUBBARAO SANKA

Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074
2023
Attachment

Sequence No. 54

(b) Your spouse

613.

Your social security number 025-02-3013

(a) You

613.

613.

613.

613.

25,112.

REV 01/21/24 PRO

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10 11 12 You **cannot** take this credit if **either** of the following applies.

• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. Do not include rollover contributions
 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . . .
- 4 Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the smaller of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* .
- 9 Enter the applicable decimal amount from the table below.

If line	8 is—		And your filing stat	us is—			
Over-	But not over—	Married filing jointly	Head of household n line 9–	Single, Married filing separately, or Qualifying surviving spouse			
	\$21,750	0.5	0.5	0.5			
\$21,750	\$23,750	0.5	0.5	0.2			
\$23,750	\$32,625	0.5	0.5	0.1	9	х	.1
\$32,625	\$35,625	0.5	0.2	0.1			
\$35,625	\$36,500	0.5	0.1	0.1			
\$36,500	\$43,500	0.5	0.1	0.0			
\$43,500	\$47,500	0.2	0.1	0.0			
\$47,500	\$54,750	0.1	0.1	0.0			
\$54,750	\$73,000	0.1	0.0	0.0			
\$73,000		0.0	0.0	0.0			
	Note: It	f line 9 is zero, stop ;	you can't take this	credit.			
Itiply line 7	by line 9				. 10		61
nitation bas	ed on tax liabili	ty. Enter the amount	from the Credit Lin	it Worksheet in the instructions	s 11	1	,133
				maller of line 10 or line 11 he			
on Sched נ	ule 3 (Form 104	10), line 4			· 12		61

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2023)