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

	5								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name	Social se	I security number						
CARL	LOS ANTONIO GARDUNO ALVAREZ	440-	440-89-4596						
Spouse's	s name	Spouse'	s social sec	urity number	1				
Dout	Toy Detuye Information Toy Veer Ending December 24	000 /Entor (100r) (6	NI OKO OLI	thorizina '	\				
Part		022 (Enter year yo	ou are au	tnorizing.)				
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income		. 1	41	,532.				
	Total tax				,224.				
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		- -		,131.				
	Amount you want refunded to you				,907.				
5	Amount you owe		. 5						
Part I	Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a	copy of y	our retu	rn)				
my know return (c to send for any of Agent to payment authoriz payment business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original wildege and belief, it is true, correct, and complete. I further declare that the amounts is original or amended) I am now authorizing. I consent to allow my intermediate service promy return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or redelay in processing the return or refund, and (c) the date of any refund. If applicable, I autoin intiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to of my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can be days prior to the payment (settlement) date. I also authorize the financial institutions into receive confidential information necessary to answer inquiries and resolve issues related to the financial of the payment (PIN) below is my signature for the income tax return (original or a late of the Mitherarch Consent.	n Part I above are the vider, transmitter, or e eason for rejection of thorize the U.S. Treast account indicated in the institution to debit to terminate the authocellation requests multiple to the payment.	e amounts of lectronic re- the transmis- ury and its of the tax prep- t the entry- norization. The st be recei- ing of the ell I further ac	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (oved no late lectronic pa	come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the				
	nic Funds Withdrawal Consent. yer's PIN: check one box only								
X		or generate my PIN	9 4 !	5 9 6	as my				
•••	ERO firm name signature on the income tax return (original or amended) I am now authorizing			digits, but er all zeros	ao my				
	I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN and your return is filed using the Practitions below.	ded) I am now auth							
Your si	ignature ▶	Date ►							
Spous	e's PIN: check one box only								
Opous		or generate my PIN			as my				
Ш	ERO firm name	or generate my r in	Enter five	digits, but	as my				
	signature on the income tax return (original or amended) I am now authorizing		don't ente	er all zeros					
	I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN and your return is filed using the Practitions below.								
Spouse	e's signature ►	Date ►							
	Practitioner PIN Method Returns Only—conti	nue below							
Part I	Certification and Authentication — Practitioner PIN Method On	ly							
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		9 6 0	8 2 7 eros	1				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file F	at I am submitting this	return in a	accordance					
ERO's	signature ▶	Date ►							
	ERO Must Retain This Form — See Instr								
	Don't Submit This Form to the IRS Unless Reque	ested To Do So							

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (N rour spouse. If you cl						use (QSS	S)	Ü
		son is a child but not your dependent	t:									
Your first name	and mi	iddle initial	Last nai	me					Your social security number			
CARLOS ANTONIO GAR				UNO ALVAREZ					440-89-4596			
If joint return, s	pouse's	s first name and middle initial	Last nai	me					Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Preside	ntial Elec	tion	Campaign
_6535 DES	SEO						1093	11000		Check here if you, or your spouse if filing jointly, want \$3		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spaces below. State ZIF				ZIP code					, want \$3 lecking a
IRVING			TX 75				75039			ow will n		
Foreign country	y name		Foreign province/state/county Foreign				Foreign postal	ode	ode your tax or refund.			
										Υοι	ı [Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-			☐ Yes	s [⊠ No
Standard		eone can claim: You as a de		<u>_</u>			. (000)		201.01.01,			
Deduction		Spouse itemizes on a separate retur		•		adpondent						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janu	ary :	2, 1958	☐ Is	blind	t
Dependent	s (see	(see instructions):		(2) Social security number		(3) Relationsh	ip (4) Check	(4) Check the box		fies for (se	e ins	structions):
If more	(1) F	(1) First name Last name				to you	Child			redit Credit for oth		dependents
than four												
dependents, see instruction	s											
and check												
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a		41	, 532.
	b	Household employee wages not re	eported	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 reported on Form(s) W-2 (see instructions)						. 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	Wages from Form 8919, line 6							. 1g			
get a Form	h	Other earned income (see instructions)						. 1h			0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1</u> i						
	z	Add lines 1a through 1h							. 1z		41	<u>,532.</u>
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			. 2b			
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds		. 3b			
	4a		4a			axable amoun			. 4b			
Standard Deduction for—	5a	_	5a			axable amoun			. 5b			
Single or	6a	,	6a			axable amoun	t		. 6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)						_				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
 Married filing jointly or 	8	Other 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 total income							. 9		41	<u>,532.</u>
\$25,900 spouse,	10	Adjustments to income from Schedule 1, line 26							. 10			
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11			<u>,532.</u>
\$19,400	12	Standard deduction or itemized							. 12		_12	, 950.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A						. 13				
Standard Deduction,	14								. 14			<u>,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							. 15		<u> 28</u>	<u>,582.</u>

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	3	,224.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	3	,224.
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 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	3	,224.
	23	Other taxes, including self-em	ployment tax,	from Schedule	2, line 21 .			23		0.
	24	Add lines 22 and 23. This is yo	our total tax					24	3	,224.
Payments	25									
	а	Form(s) W-2								
	b	P Form(s) 1099								
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	6	,131.
	26	2022 estimated tax payments						26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit fr				29				
	30	Reserved for future use		-		30				
	31					31		7		
	32	Amount from Schedule 3, line 15								
	33	Add lines 25d, 26, and 32. These are your total payments							6	,131.
	34	If line 33 is more than line 24,						33		,907.
Refund	35a	Amount of line 34 you want re				•				,907.
Direct deposit?	b	Routing number 1 1 4			c Type:		∟ Savings			
See instructions.	d									
	36	Amount of line 34 you want ar			nd tay	36				
Amount You Owe	37	Subtract line 33 from line 24.	This is the amo	ount you owe.				37		
Tou Owe	00	For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38					38				
Third Party		you want to allow another particular to allow another particular to the second					Complete	holow	X No	
Designee		signee's		Phone			ersonal ider		∠ NO	
	nar			no.			ımber (PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it h	
Joint return?					DEVELOPER			e inst.)	\bigcap	\Box
See instructions.	Sp	ouse's signature. If a joint return, bo	oth must sign.	Date Spouse's occupation					nt your spous	
Keep a copy for your records.								ection PIN, e	nter it here	
your records.							(se	e inst.)		
		one no. (469) 262-2343		Email address	CARLOSGARDU					
Paid			Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S		RAM SAGAR	GUPTA TALLAM	1 02/07/202	4 P020	82703		mployed
Use Only	Fin	m's name GLOBAL TAX					Ph	one no. ((678) 965	-9522
	Fin	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Fin	m's EIN	84-31	71965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest	information.		BAA	REV 07/23/23 PR	0		Form 1	040 (2022)