## 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					
CARLOS ANTONIO GARDUNO ALVAREZ	440-89-	440-89-4596					
Spouse's name	Spouse's soci	ial security number					
Part I Tax Return Information — Tax Year Ending December 31, 2022 (	 Enter year you a	re authorizing.)					
Enter whole dollars only on lines 1 through 5.	, ,	<u> </u>					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		<b>1</b> 41,532.					
2 Total tax		<b>2</b> 3,224.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 6,131.					
4 Amount you want refunded to you		4 2,907.					
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy	y of your return)					
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insuthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, 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 taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize  GLOBAL TAXES LLC  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	for rejection of the trace the U.S. Treasury are not indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furthed) I am now authorized are my PIN	ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This action. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the zing and, if applicable, my as my er five digits, but it enter all zeros					
if you are entering your own PIN and you return is filed using the Practitioner PIN below.	method. The ERC	must complete Part III					
Your signature ▶ Date	• <b>•</b> <u>02/06</u>	/2024					
Spouse's PIN: check one box only							
☐ I authorize to enter or gene	arate my DINI	as my					
ERO firm name	-	er five digits, but					
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros					
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.							
Spouse's signature ▶ Date	<b>e</b> ▶						
Practitioner PIN Method Returns Only—continue b	elow						
Part III Certification and Authentication — Practitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 1 er all zeros					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this retu	rn in accordance with the					
ERO's signature ► Date	e <b>&gt;</b>						
ERO Must Retain This Form — See Instruction							

Don't Submit This Form to the IRS Unless Requested 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	Your first name and middle initial Last name								Your social security number				
CARLOS ANTONIO GAR			GARD	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	residential Election Campaign			
						Check here if you, or your							
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code					spouse if filing jointly, want \$3 to go to this fund. Checking a								
IRVING				TX 75			75039			ow will n			
Foreign country name			Foreign province/state/county For				oreign postal code your ta			ax or refund.			
									You Spo				
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,				
<b>Deduction</b>		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	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	he b	ox if qualit	fies for (se	e ins	structions):	
If more	(1) F	(1) First name Last name		number		to you	Child	Child tax cred		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	<b>,</b> 532.	
	b	Household employee wages not reported on Form(s) W-2							. 1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 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 instruct	ructions)					. 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>b</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											
<ul> <li>Married filing jointly or</li> </ul>	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 <b>total income</b>							. 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	<b>,</b> 950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13				
Standard Deduction,	14	Add lines 12 and 13							. 14			<u>,950.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									<u> 28</u>	<u>,582.</u>	

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 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 <b>total tax</b>					24	3	,224.
Payments	25	Federal income tax withheld f								
	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions)								
	d	Add lines 25a through 25c .						25d	6	,131.
	26	2022 estimated tax payments						26		
If you have a qualifying child,	27					27				
attach Sch. EIC.	28	Earned income credit (EIC)								
	29	Additional child tax credit from Schedule 8812								
	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								,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 <b>amo</b>	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 the best of my knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
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	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation					nt your spous	
Keep a copy for your records.							I	•	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							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)