Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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.

Submission Identification Number (SID)

Taxpaye	er's name	Social securi	ty numb	ber	
DIN	ESH SAI GOGINENI	203-27	-9300	C	
Spouse's name Spouse's social security number					
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	 r year you a	ire aut	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	13,650.	
2	Total tax		2	0.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,019.	
4	Amount you want refunded to you		4	1,019.	
5	Amount you owe		5		

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	F
				ERO firm name		

	7	9	3	0	0	
	as					

my

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 signature ►	Date 🕨
Practitioner PIN Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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 ►	Date 🕨		
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	/rite or sta	aple in this space.		
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r						Your so	cial sec	curity number			
DINESH S	SAI		GOG	INENI						203	27	9300		
-		s first name and middle initial	Last r							-		l security numbe		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Ele	ection Campaigr		
900 LONI	DOND	ERRY LN						2	242		Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode		0	nd. Checking a		
DENTON						TΣ	K	762	05			not change		
Foreign country	/ name			Foreign pi	rovince/state/	count	ty	Foreig	yn postal code	your tax	_	_		
											L Yo	ou Spouse		
Filing Status	; 🗵	Single					Head of h	ouseh	old (HOH)					
Check only		Married filing jointly (even if only or	ne hac	l income)			—			()				
one box.		Married filing separately (MFS)					, ,		ing spouse	. ,				
		you checked the MFS box, enter the alifying person is a child but not you									ild's na	ime if the		
	- qu	anying person is a child but not you	ii uepi											
Digital		ny time during 2023, did you: (a) rece										52		
Assets		hange, or otherwise dispose of a digi						et)? (Se	ee instructio	ons.)		es 🛛 No		
Standard Deduction	_	neone can claim: Vou as a de	•				a dependent							
		Spouse itemizes on a separate return		_		allell	_							
		Were born before January 2, 1	959	Are bl	lind Spo	ouse		14	ore January			s blind		
Dependents				(2) S	Social security number	/	(3) Relationsh to you	ip (4	Child tax of		f qualifies for (see instructions t Credit for other depender			
If more	(1) First name Last name									orealt ic				
than four dependents,														
see instructions	s ——													
and check here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a		13,650.		
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)							. 10	;				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d	I					
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	line 26					. 1e	•			
was withheld.	f	Employer-provided adoption bene								. 1f	:			
If you did not	g	Wages from Form 8919, line 6 .								. 1g				
get a Form W-2, see	h	Other earned income (see instructi						· ·		. 1h	1	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i					10 650		
	<u>z</u>	Add lines 1a through 1h	· ·		· · ·	· ·				. 1z	-	13,650.		
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b	-			
	<u>3a</u>		3a				Ordinary divide			. 3b				
Standard	4a 5a		4a				axable amoun		· · ·	. 4b	-			
Deduction for –	5a 6a		5a 6a				axable amoun axable amoun			. 5b . 6b				
 Single or Married filing 	6а с	If you elect to use the lump-sum elect		method	check here			ι			,			
separately, \$13,850	7	Capital gain or (loss). Attach Sched		-		•	,	• •		7				
 Married filing 	8	Additional income from Schedule						•••		. 8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		13,650.		
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	,		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		13,650.		
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.		
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13		.,		
Standard Deduction,	14									. 14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our l	taxable incom	ie .	<u> </u>	. 15		0.		

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

Form **1040** (2023)

Form 1040 (2023	5)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	0.	
Credits	17	Amount from Schedule 2, lin	e3					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, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	0.	
Payments	25	Federal income tax withheld								
, ,	а	Form(s) W-2				25a	1,019.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	1,019.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8. line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3. lin				31		-		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T		-	-			33	1,019.	
Refund	34	If line 33 is more than line 24						34	1,019.	
neruna	35a	Amount of line 34 you want	-				_	35a	1,019.	
Direct deposit?	b	Routing number 0 1 1				Checking	Savings			
See instructions.	d	Account number 3 8 5								
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38		0.		
Third Party		you want to allow another								
Designee					· · · · · ·		Complete	below.	× No	
_ • • • · 9.100	De	signee's		Phone		Per	sonal iden [:]	tification		
	nar	ne		no.		nun	nber (PIN)			
Sign		der penalties of perjury, I declare th								
Here	Dei	ief, they are true, correct, and com	plete. Declaration of	ot preparer (otne		ased on all informat			,	
	Yo	ur signature		Date	Your occupation				nt you an Identity	
Joint return?					QUALITY E	NGINFFR		e inst.)	IN, enter it here	
See instructions.	Spouse's signature. If a joint return, both must sign.		ooth must sign.	Date	Spouse's occupat		If th	f the IRS sent your spouse an		
Keep a copy for	op	subo o olghataro. Il a joint rotarii, i		Duto	opouoo o occupu				ection PIN, enter it here	
your records.							(see	e inst.)		
	Pho	one no. (203)343-506	0	Email address	DINESHSAIGOO	INENI@GMAIL.C	COM			
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2024	P0208	32703	Self-employed	
Preparer	Firr	n's name GLOBAL TAX	XES LLC				Pho	one no. (678)965-9522	
Use Only	Firr	n's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)	