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)

l axpayer's name	Social security number
RAJAKRISHNA REDDY KOPPELA	596-98-1860
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)
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 30,063.
2 Total tax	2 1,727.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 4,734.
4 Amount you want refunded to you	4 3,007.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and A	(eep 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	LLC	to enter or generate my PIN

8	1	8	6	0	as mv
Ent don	asiny				

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 signature	► Da	Date 🕨											
	Practitioner PIN Method Returns Only—continue	bel	ow										
Part III Certifi	ication and Authentication – Practitioner PIN Method Only												
ERO's EFIN/PIN. E	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 nter a			2	7	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 >			
) Must Retain This Form — Se it This Form to the IRS Unless		
For Department Poduction Act Nation and you	tox roturn instructions	BE\/ 01/27/24 BBO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/27/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545-	-0074	IRS Use (Only—[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, end	ding			, 20	S	See sep	oarate i	instructions.	
Your first name	and m	iddle initial	Last r	name						 Y	our so	cial sec	curity number	
RAJAKRIS				KOPPELA							596 98 1860			
		s first name and middle initial	Last r										security number	
-														
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				Α	pt. no.	P	Presider	ntial Ele	ection Campaigr	
622 BRIS	TER	STREET						1	.5				ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			0	jointly, want \$3 nd. Checking a	
MEMPHIS						T	1	381	11		0		not change	
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal co	de y	our tax			
												Yc	ou Spouse	
Filing Status		Single					Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne hac	d income)			_							
one box.		Married filing separately (MFS)					Qualifying		• •		,			
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or QS	SS box, e	nter t	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır 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);	or (b) sell,			
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instruc	tions	.)	🗌 Ye	es 🛛 No	
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	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 So	ouse	: 🗌 Was bor	n befc	ore Janua	rv 2. '	1959		s blind	
Dependents				<u> </u>	Social security		(3) Relationshi	14					(see instructions):	
-		irst name Last name		(2)	number	/	to you	ip	, Child ta		· · ·		or other dependents	
lf more than four	.,								Γ	7				
dependents,										7			$\overline{\Box}$	
see instructions and check	s ——													
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .						1a		30,063.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.						1b			
W-2 here. Also	с	Tip income not reported on line 1a (see instructions)							1c					
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26 .								1e				
was withheld.	f	Employer-provided adoption bene							• •		1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .								• •	1g			
W-2, see	h	Other earned income (see instruction	,			• •	· · · ·	·	• •	• •	1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i						20.052	
		Add lines 1a through 1h	· ·		· · ·	 		· ·	• •	• •	1z		30,063.	
Attach Sch. B if required.	2a	· -	2a				axable interest		• •	• •	2b			
	<u>3a</u>		3a				Ordinary divider		• •	• •	3b			
Standard	4a		4a				axable amount		• •	• •	4b			
Deduction for –	5a		5a				axable amount		• •	• •	5b			
 Single or Married filing 	6a	Social security benefits	6a	mothod			axable amount		• •	· ·	6b			
separately, \$13,850	с 7	Capital gain or (loss). Attach Scher		,		`	,	• •	• •		7			
 Married filing 	7 8	Additional income from Schedule			-			• •		• 🔟	8	+		
jointly or Qualifying	о 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •	•••	9	-	30,063.	
surviving spouse, \$27,700	9 10	Adjustments to income from Sche						• •	• •	•••	10	-		
 Head of household, 	11	Subtract line 10 from line 9. This is								•••	11		30,063.	
\$20,800	12	Standard deduction or itemized	•	-	-						12		13,850.	
 If you checked any box under 	13	Qualified business income deduction					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		ess, enter	-0 This is v	our f	taxable incom	e .			15		16,213.	
	-			,)								,	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	1	6	1,727.
Credits	17	Amount from Schedule 2, lin	ie3				1	17	
	18	Add lines 16 and 17					1	8	1,727.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9	
	20	Amount from Schedule 3, lin	ie8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	1,727.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24	1,727.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 4	,734.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	4,734.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		2	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	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	3	32	
	33	Add lines 25d, 26, and 32. T					3	33	4,734.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	34	3,007.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗌 🖪	5a	3,007.
Direct deposit?	b	Routing number 0 6 4	0 0 0 0	2 0	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 4 4 4	0 2 6 0	0 3 9 9	9 3				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions		3	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions				🗌 Yes. Co	omplete belo	w. 🗙 M	No
	De nai	signee's		Phone no.			onal identificat per (PIN)	ion	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	est of my l	knowledge and
Sign		ief, they are true, correct, and com							•
Here	Yo	ur signature		Date	Your occupation		If the IRS	S sent you	an Identity
							Protectio	on PIN, ent	
Joint return?				SOFTWARE ENGINEER (Se					
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			^r spouse an PIN, enter it here
your records.							(see inst.		Pin, enter it here
	Ph	one no. (901)338-395	Λ	Email address		EAA@CMATT CC	` M		
		one no. (901)338-395 parer's name	4 Preparer's signat	1	KAU AKKI SHNA	544@GMAIL.CC	PTIN	Chec	k if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270		Self-employed
Preparer		n's name GLOBAL TAX		TAUAG INA	GOFIA IAUUAM	02/00/2024) 965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's El		4-3171965
Go to www.ire.cr		1040 for instructions and the late		TIDWICK IN					<u>+-3171965</u> Form 1040 (2023)
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