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 security number
ARUN KUMAR KANTHARUPAN	861-58-3943
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 3	1, 2023 (Enter 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	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be s Under penalties of perjury, I declare that I have examined a copy of the income tax return	
my knowledge and belief, it is true, correct, and complete. I further declare that the a return (original or amended) I am now authorizing. I consent to allow my intermediate set to send my return to the IRS and to receive from the IRS (a) an acknowledgement of refor any delay in processing the return or refund, and (c) the date of any refund. If applic Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in payment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payr business days prior to the payment (settlement) date. I also authorize the financial institutaxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (or Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC temporal payment LLC LLC temporal payment LLC LLC temporal payment LLC LLC temporal payment LLC LLC	ervice provider, transmitter, or electronic return originator (ERO) ceipt or reason for rejection of the transmission, (b) the reason able, I authorize the U.S. Treasury and its designated Financial institution account indicated in the tax preparation software for d the financial institution to debit the entry to this account. This cial Agent to terminate the authorization. To revoke (cancel) a ment cancellation requests must be received no later than 2 tutions involved in the processing of the electronic payment of ssues related to the payment. I further acknowledge that the iginal or amended) I am now authorizing and, if applicable, my o enter or generate my PIN 8 3 9 4 3
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the Pr below.	or amended) I am now authorizing. Check this box only
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
• —	o enter or generate my PIN as my
signature on the income tax return (original or amended) I am now aut I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the Pr below.	Enter five digits, but don't enter all zeros or amended) I am now authorizing. Check this box only
Spouse's signature ►	Date ►
Practitioner PIN Method Returns Only	
Part III Certification and Authentication — Practitioner PIN Met	hod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selection	cted 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 electron authorized to file for tax year indicated above for the taxpayer(s) indicated above. I consequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IF	onfirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — Se	

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



1040		artment of the Treasury-Internal Revenue Servi		urn	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. 31, 2023, or other tax year beginning				, 2023, ending , 20					See separate instructions.				
Your first name	Your first name and middle initial Last name							Your social security number					
ARUN KUI	ARUN KUMAR KANTHARUPAN							861	58	3943			
If joint return, s	spouse's	s first name and middle initial	Last nar	me									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	intial Ele	ection Campaign
_7549 ST	ONEB:	ROOK PKWY						_ 1	210				ou, or your
City, town, or post office. If you have a foreign address, also complete space					es below. State ZIP			ZIP c	II COUC			_	jointly, want \$3 nd. Checking a
FRISCO Foreign country name				· · · · · · · · · · · · · · · · · · ·			750	750345492				not change	
				Foreign province/state/county Fo				Foreiç	oreign postal code		your tax or refund. You Spouse		
Filing Status	s 🗵	Single	'				Head of h	ouseh	old (HOF	 -			
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ing spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	. award. or	pavn	nent for prope	rtv or	services): or (b) sell.		
Assets		nange, or otherwise dispose of a dig										□ Y	es 🗵 No
Standard	Som	neone can claim:	pendent	: 🔲 `	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien	<u> </u>						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sn o	ouse	: Was bor	n befo	ore Janua	arv 2	1959		s blind
Dependent				Ī	<u> </u>		(3) Relationsh	11					(see instructions):
-		(1) First name Last name			(2) Social security number to you			Child tax c					or other dependents
If more than four													
dependents,									[
see instruction and check	ıs ——												
here									[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		19,856.
Attach Form(s)	b	Household employee wages not reported on Form(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 f									1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f	_				
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						10 056
A# C 5	<u>z</u>	Add lines 1a through 1h	2a		· · ·	 ьт	 axable interes				1z		19,856.
Attach Sch. B if required.	2a 3a	· –	2a 3a				axable interes Ordinary divide				2b 3b		
	<u>3a_</u> 4a	_	4a				axable amoun						
Standard	5a	_	та 5а				axable amoun						
Deduction for— Single or	6a	_	6a				axable amoun				6b		
Married filing	C	If you elect to use the lump-sum e		nethod. o	check here					. r	7		
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing jointly or	8	Additional 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		19,856.		
\$27,700	10	Adjustments to income from Schedule 1, line 26									<u> </u>		
 Head of household, 	11	Subtract line 10 from line 9. This is									11		19,856.
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12		13,850.		
If you checked any box under	13	Qualified business income deduct					5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	ontor	O Thio io v	011r t	tavabla incom				15		6 006

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Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌			16	603.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	603.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	603.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21								0.	
	24	Add lines 22 and 23. This is	your total tax						24	603.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	2 , 885.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undabl	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	2,885.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	2,282.	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here			35a	2,282.	
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛	Check	king 🗌 S	Savings			
See instructions.	d	Account number 4 8 8	1 2 1 6	5 8 3 !	5 1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the am e	ount you owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			<u>'</u>		
Designee	ins	structions			mplete	below.	⋈ No				
		signee's		Phone					tification		
	naı			no.				er (PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here		Your signature		Date Your occupation				If the IRS sent you an Identity			
	10	Tour signature		Date	Tour occupation			- 1		IN, enter it here	
Joint return?				SOFTWARE ENGIN			IEER	(see	e inst.)		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					If the IRS sent your spouse an		
Keep a copy for your records.									Identity Protection PIN, enter it here (see inst.)		
,	Phone no. (945) 278 – 3747		Email address ARUNKUMARKANTHARUPAN@GMAIL.COM				(7 11131.)			
		one no. (945) 278-374 eparer's name	Preparer's signat	1	ARUNKUMARKANTI	Date	N@GMAIL.CO	M PTIN		Check if:	
Paid Preparer Use Only		•	' "		CIIDMA MATTAM		0.0004		0702	Self-employed	
									Phone no. (678) 965-9522		
				INSWICK N				Firr	n's EIN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01	/27/24 PRO			Form 1040 (2023)	