IRS e-file Signature Authorization

OMB No. 1545-0074

tment of the Treasury
al Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Interna

Taxpayer's name		Social security number								
JAYA BHAR	T ANNAMDEVULA	276-95-3168								
Spouse's name		Spouse's social security n								
Part I Ta	x Return Information – Tax Year Ending December 31, 2023 (Ente	r year ye	ou are au	thorizing.)						
Enter whole do	lars only on lines 1 through 5.			0,						
Note: Form 10	0-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
1 Adjuste	l gross income		. 1	7,550.						
2 Total ta			. 2	0.						
3 Federal	ncome tax withheld from Form(s) W-2 and Form(s) 1099		. 3	1,016.						
4 Amount	you want refunded to you		. 4	1,016.						
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

				ERO firm name	0 ,	Ē
X I	authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

5	3	1	6	8	as mv
Ent don	aomy				

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

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 Method	Returns Only—continue below
Part III Certification and Authentication – Practitio	ner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your 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 Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/27/24 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 O	nly—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning		, 2023, ending, 20, 20,					See se	See separate instructions.		
Your first name	and m	iddle initial	Last r	name					Your so	Your social security number		
JAYA BHA	JAYA BHARAT ANN									276	95	3168
If joint return, spouse's first name and middle initial Last n												I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ential Ele	ection Campaigr
	RHO	LME DR										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	· · ·		jointly, want \$3 nd. Checking a
AUBREY						TΣ	< X	762	27			not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal cod	le your ta	x or refu	_
											∐ Yo	ou 🔄 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)			_					
one box.		Married filing separately (MFS)					Qualifying		•	. ,		
		ou checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or QS	SS box, er	iter the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital		ny time during 2023, did you: (a) rec										
Assets	exch	hange, or otherwise dispose of a dig						t)? (S€	e instructi	ions.)		es 🛛 No
Standard Deduction		leone can claim: U You as a de Spouse itemizes on a separate retur	•				a dependent					
		: Were born before January 2, 1		Are b		ouse	_	n hofe	ore Januar	/2 1050		s blind
_ _			909	<u> </u>				14				(see instructions)
Dependents		instructions): irst name Last name		(2)	Social security number	/	(3) Relationsh to you	ip (4	Child tax		1	or other dependents
lf more than four	(1)	(i) histhame Lasthame										
dependents,										 		
see instructions	s ——											
and check here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instru	ctions) .					. 1a	1	7,550.
	b	Household employee wages not re	•		,					. 11)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see instructions)						. 10	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441	, line 26					. 10	•	
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	3839, line 29					. 11	F	
If you did not	g	Wages from Form 8919, line 6 .								. 10	J	
get a Form W-2, see	h	Other earned income (see instruct						· ·		. 1ł	า	0.
instructions.	i	Nontaxable combat pay election (structions)									
	z	Add lines 1a through 1h	• •		· · ·					. 12	<u> </u>	7 , 550.
Attach Sch. B	2a	· · -	2a				axable interest			. 2ł	_	
if required.	3a		3a				Ordinary divider			. 31	_	
Standard	4a		4a				axable amount			. 41	_	
Deduction for-	5a		5a				axable amount			. 5ł	-	
 Single or Married filing 	6a	, _	6a				axable amount	t		. 61)	
separately,	_c	If you elect to use the lump-sum e										
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									_	
jointly or Qualifying	8	Additional income from Schedule								. 8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				• •		. 9		7,550.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, [\$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 1	_	7,550.
If you checked	12	Standard deduction or itemized					 	• •		. 12		13,850.
any box under Standard	13 14	Qualified business income deduct Add lines 12 and 13			ass of form	099	ю-А	• •	· · ·	. 1:		13 050
Deduction, see instructions.	14 15	Subtract line 14 from line 11. If zer		· · ·	 -0- This is y		· · · · ·	 		· 14		<u>13,850.</u> 0.
	15			Jos, enter	0 1115 15 y	Jui		. 5		. R	<u> </u>	0.

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 🗌		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	e8				[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					[24	0.	
Payments	25	Federal income tax withheld								
i aj mente	а	Form(s) W-2				25a 1	,016.			
	b	Form(s) 1099				25b	·			
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,					25d	1,016.	
	26	2023 estimated tax payment						26	,	
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28	_			
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31					31				
	32							32		
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments							1,016.	
Defund	34	If line 33 is more than line 24						33 34	1,016.	
Refund	35a	Amount of line 34 you want				•	-	35a	1,016.	
Direct deposit?	b	Routing number $1 1 1$					Savings	55a	1,010.	
See instructions.	b	Account number 4 8 8	Savings							
	36	Account number 4 0 0				36				
A			••			30	_			
Amount You Owe	37	Subtract line 33 from line 24						~		
Tou Owe	00	For details on how to pay, go to www.irs.gov/Payments or see instructions					37			
	38		,			38				
Third Party		you want to allow another	•		rn with the IRS?		omplete bel	0.44	× No	
Designee				· · · · · Phone			onal identifica			
	nai	signee's ne		no.			ber (PIN)			
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the	best (of my knowledge and	
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informatio	on of which p	repare	er has any knowledge.	
TIELE	Yo	ur signature		Date	Your occupation		If the IF	lS ser	nt you an Identity	
								Protection PIN, enter it here		
Joint return?					SOFTWARE		(see ins	,		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here		
your records.					(se					
	Ph	one no. (940) 843-567	6	Email address	.TAVARHARAT	090GMAIL.CC	M			
		eparer's name	 Preparer's signat 		OTT TO TALA	Date	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	02/03/2024	P020827	0.3	Self-employed	
Preparer		n's name GLOBAL TAX		1.1.11 0/10/11	COLTIN TUTTU	02/03/2024			678) 965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's I			
Co to warne in a		1040 for instructions and the late		TIONICI II			1 1 11 1 5 1		84-3171965 Form 1040 (2023)	
ao to www.iis.go		in the for instructions and the late	st mornation.		BAA	REV 01/27/24 PRO			10m 10m0 (2023)	