## 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	Socia	Social security number					
SHIVASENA REDDY REMIDI	25	272-57-7519 Spouse's social security number					
Spouse's name	Spor						
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year	you are a	 uthorizing.)				
Enter whole dollars only on lines 1 through 5.		,	37				
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1	8,083.				
2 Total tax		2	0.				
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	967.				
4 Amount you want refunded to you			967.				
5 Amount you owe							
Part II Taxpayer Declaration and Signature Authorization (Be sur	e you get and keep	a copy of	your return)				
return (original or amended) I am now authorizing. I consent to allow my intermediate servito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for any delay in processing the return or refund, and (c) the date of any refund. If applicab Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial inspayment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payme business days prior to the payment (settlement) date. I also authorize the financial institut taxes to receive confidential information necessary to answer inquiries and resolve issupersonal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Concept.	ipt or reason for rejection le, I authorize the U.S. Tratitution account indicated the financial institution to classes and cancellation requests in the interpretation in the process related to the payments.	of the transmeasury and its in the tax predebit the entry authorization. must be recessing of the ent. I further a	nission, (b) the reason as designated Financial eparation software for this account. This To revoke (cancel) a eived no later than 2 electronic payment of acknowledge that the				
Electronic Funds Withdrawal Consent.							
Taxpayer's PIN: check one box only  X I authorize GLOBAL TAXES LLC to €	onton on monovoto may Di	7 7 7	5 1 9				
X I authorize GLOBAL TAXES LLC to 6	enter or generate my Pl	Enter five	e digits, but				
signature on the income tax return (original or amended) I am now author	orizing.	don't en	ter all zeros				
I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Pracebelow.							
Your signature ▶	Date ►						
Spouse's PIN: check one box only							
· _	enter or generate my Pl	N	as my				
ERO firm name	ontor or gonerate my r		e digits, but				
signature on the income tax return (original or amended) I am now author	orizing.	don't en	ter all zeros				
I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN <b>and</b> your return is filed using the Pracebelow.							
Spouse's signature ▶	Date ►						
Practitioner PIN Method Returns Only—	-continue below						
Part III Certification and Authentication — Practitioner PIN Metho	od Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	,4 :	4 9 6 0 Don't enter all a					
I certify that the above numeric entry is my PIN, which is my signature for the electronic authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS	firm that I am submitting	this return in	accordance with the				
ERO's signature ▶	Date ►						
ERO Must Retain This Form — See							
Don't Submit This Form to the IRS Unless I	Requested To Do So	כ					

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this spa	ice.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					, 20		See separate instructions.			
Your first name	t name and middle initial Last name						Your social security number			er				
SHIVASE	CHIVASENA REDDY REMIDI						272	57	7519					
	If joint return, spouse's first name and middle initial  Last name						Spouse'		security nu	mbei				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Fle	ction Camp	naign
45 BENT										- 1			ou, or your	_
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode		•	٠.	jointly, wan	
GEORGET	NWC				TX			786	70600				nd. Checkin not change	_
Foreign country name				Foreign province/state/county For				Foreig	oreign postal code		e your tax or refund.  You Spouse			
Filing Status	, X	Single					Head of h	useh	old (HOH	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had i	ncome)					•	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	If y	you checked the MFS box, enter the	name c	of your sp	pouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's naı	me if the	
	qu	ıalifying person is a child but not you	ur depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services	); or (	b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ctions	s.)		es 🗵 No	)
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bo	rn befo	ore Janua	ary 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for (	see instructi	ons):
If more		1) First name Last name			number to you				Child tax or			Credit fo	r other depen	dents
than four														
dependents, see instruction	s —													
and check	, —								[					
here L														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		8,08	3.
Attach Form(s)	b	Household employee wages not re	•		` '						1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a			•						1c			
W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ctions)				1d			
1099-R if tax	e	Taxable dependent care benefits f Employer-provided adoption bene									1e			
was withheld.  If you did not	f	Wages from Form 8919, line 6.	iils iroii	i FOIIII 6	039, 11116 29	•						_		
get a Form	g							1g 1h			0.			
W-2, see • • Other earned income (see instructions)										<del>••</del>				
instructions.	z	Add lines 1a through 1h	300 111311	uctions)		•					1z		8,08	3.
Attach Sch. B			2a		· · i	 Ь Т	 axable interes	 t			2b		-,,,,	
if required.	3a	· -	3a				rdinary divide				3b			
	<u> </u>		4a				axable amoun				4b			
Standard	5a	_	5a				axable amoun				5b			
Deduction for— Single or	6a	_	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	_	nethod,	check here					. $\square$				
\$13,850 <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not rec							` ′				7			
<ul> <li>Married filing jointly or</li> </ul>	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 <b>total income</b>							9		8,08	3.		
\$27,700	10	Adjustments to income from Schedule 1, line 26								10				
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							11		8,08	3.		
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fro	m Schedule	A)					12		13,85	
any box under	13	Qualified business income deduct	ion from	on from Form 8995 or Form 8995-A							13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	0.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or less	e enter-	O This is y	011r t	avabla incom	10			15			$\cap$

Form 1040 (2023	3)									Page <b>2</b>		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌			. 16	0.		
Credits	17											
	18	Add lines 16 and 17								0.		
	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	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 <b>total tax</b>						. 24	0.		
Payments	25	Federal income tax withheld										
-	а	Form(s) W-2										
	b	Form(s) 1099										
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 25d	967.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return				. 26			
qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir				31						
	32	Add lines 27, 28, 29, and 31				undabl	e credits		. 32	1		
	33	Add lines 25d, 26, and 32. T							. 33	967.		
Refund	34	If line 33 is more than line 24							. 34	967.		
riorana	35a	Amount of line 34 you want	-			•	•		35a	967.		
Direct deposit?	b	Routing number 1 1 1				Check		Savir				
See instructions.	d	Account number 5 8 6					- J		9-			
	36	Amount of line 34 you want				36	<u> </u>					
Amount	37	Subtract line 33 from line 24								1		
You Owe	31	For details on how to pay, g							. 37			
	38	Estimated tax penalty (see in	_	-		38			<b>J.</b>			
Third Party						_						
Designee	Do you want to allow another person to discuss this return with the IRS? See instructions											
	Des	signee's		Phone			Pers	sonal id	dentification			
	nar	ne		no.			num	ber (P	IN)			
Sign		der penalties of perjury, I declare the										
Here		ief, they are true, correct, and com	piete. Deciaration	1	1	aseu on	ali illiorillati	1		-		
	You	Your signature		Date Your occupation					If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?					   SOFTWARE :	ENGIN	IEER		(see inst.)	iiv, ciitoi it iicio		
See instructions.	Spe	Spouse's signature. If a joint return, <b>both</b> must		Date Spouse's occupati					If the IRS sent your spouse an			
Keep a copy for	·	, ,	3						Identity Prot	dentity Protection PIN, enter it here		
your records.							(see inst.)					
	Pho	one no. (737)349-734	9	Email address	REMIDISSR	@GMA]	L.COM					
Paid	Pre	eparer's name	Preparer's signat	ture		Date		PTI	٧	Check if:		
Preparer	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/07/2024 P0208					082703	Self-employed				
Use Only								Phone no.	one no. (678)965-9522			
————	Firr	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				Firm's EIN	m's EIN 84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01	/27/24 PRO			Form <b>1040</b> (2023)		