Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury

### Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayor'a pama

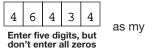
Taxpay	er s hame	Social security number					
HAR	I SANKARABRAHMA POTNURU	795-34-6434					
Spouse	s's name	Spouse's social security number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	vear vou a	are aut	horizina)			
	whole dollars only on lines 1 through 5.	jour joure					
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	16,508.			
2	Total tax		2	266.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2,414.			
4	Amount you want refunded to you		4	2,148.			
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 lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN



Enter five digits, but don't enter all zeros

as mv

signature on the income tax return (original or amended) I am now authorizing.

P.HariShankarBrahma

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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

02-23-2024

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 – Practitioner F	2IN Method Only									
<b>ERO's EFIN/PIN.</b> 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 I Don't Submit This Form to the								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)					

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or st	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
				NURU								6434
HARI SANKARABRAHMA POTT If joint return, spouse's first name and middle initial Last na												security number
										-	1	-
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
154 SILV	ZER 1	BEECH LANE										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3
DAWSONVI	LLE					GA	J I	305	34			nd. Checking a not change
Foreign country	name			Foreign pi	rovince/state/o	count	ty	Foreig	n postal code			0
											<b>Y</b>	ou 🗌 Spouse
Filing Status	; 🛛	] Single					Head of he	ouseho	old (HOH)			
Check only		] Married filing jointly (even if only o	ne hac	d income)			_					
one box.		] Married filing separately (MFS)					Qualifying		<b>-</b> ·	. ,		
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or QS	SS box, ent	er the ch	ild'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) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); oi	r (b) sell,		
Assets		ange, or otherwise dispose of a digi						-			<b>Y</b>	es 🛛 No
Standard	Som	<b>eone can claim:</b> 🗌 You as a de	pende	ent	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You	: Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befc	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip <b>(4</b>	) Check the b	ox if quali	ifies for	(see instructions):
If more	•	irst name Last name		(_, <	number to you				Child tax o	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	>											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	tions) .					. 1a	ı	16,508.
Attach Form(s)	b									. 1b	)	
W-2 here. Also	С									. 10	-	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. <u>1</u> d	_	
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							. 1e	-		
was withheld.	f	Employer-provided adoption bene			,					. <u>1</u> f	-	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		0.
W-2, see	h :	Other earned income (see instructions)								. 1h	1	0.
instructions.	i -	Nontaxable combat pay election (s		• •	<b>1</b> i			. 1z		16,508.		
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	 	axable interest	· ·	• • •	· 12	-	
if required.	3a		3a				Ordinary divider			. <u>26</u>	-	
	 4a		4a				axable amount			. 4b	_	
Standard	5a		5a				axable amount			. 5b	-	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b	_	
Married filing separately,	c	If you elect to use the lump-sum e		n method.					[			
\$13,850	7	Capital gain or (loss). Attach Sched				•	,		[	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•					. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,				e			. 9		16,508.
\$27,700	10	Adjustments to income from Sche								. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incor	ne				. 11		16,508.
\$20,800 • If you checked г	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	2	13,850.
any box under	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	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	o or le	ess, enter	-0 This is y	ourt	taxable incom	е.		. 15	5	2,658.

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

Form **1040** (2023)

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Forr	m(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	266.
Credits	17	Amount from Schedule 2, line 3				[	17	
	18	Add lines 16 and 17				[	18	266.
	19	Child tax credit or credit for other dependent	nts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20				[	21	
	22	Subtract line 21 from line 18. If zero or less	, enter -0			[	22	266.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is your total tax				[	24	266.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			<b>25a</b> 2	,414.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	25d	2,414.
If you have a	26	2023 estimated tax payments and amount	applied from 20	)22 return		[	26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other p	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments			🗆	33	2,414.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the amou	int you <b>overpaid</b>		34	2,148.
	35a	Amount of line 34 you want refunded to yo	ou. If Form 8888	3 is attached, che	ck here	. 🗆 🗔	35a	2,148.
Direct deposit?	b	Routing number 0 6 1 0 0 0	Savings					
See instructions.	d	Account number 3 3 4 0 7 6 3	-					
	36	Amount of line 34 you want applied to you	r 2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the <b>arr</b>	nount you owe					
You Owe		For details on how to pay, go to www.irs.go	ov/Payments or	see instructions			37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to dis	scuss this retu	rn with the IRS?	? See			
Designee	ins	tructions			🗌 <b>Yes.</b> Co	mplete bel	ow.	🗙 No
		signee's	Phone			onal identifica	ution	
<u>.</u>	na		no.			per (PIN)	hoot o	
Sign		der penalties of perjury, I declare that I have examin- ief, they are true, correct, and complete. Declaration						, ,
Here	Yo	ur signature	Date	Your occupation		If the IB	S sen	t you an Identity
	10	al signature	Date				N, enter it here	
Joint return?				SENIOR SOFT	R (see ins	t.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	tion			t your spouse an
Keep a copy for your records.						Identity (see ins		ction PIN, enter it here
			Energi e delucere			(		
		pne no. (762)699-5796 parer's name Preparer's signa	Email address	PHSBRAHMA2	3US@GMAIL.CO	M PTIN		Check if:
Paid								Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	1 02/22/2024	P020827		<u> </u>
Use Only		n's name GLOBAL TAXES LLC		T 0001C				678)965-9522
		n's address 245 ROONEY CT E BR	UNSWICK N			Firm's E	:IN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/16/24 PRO			Form <b>1040</b> (2023)



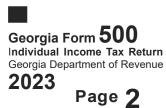


# Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return

Georgia Department of Revenue 2023 (Approved software version)

Page 1

	l Year nning	STATE ISSUED YOUR DRIVER'S							
Fisca Endi	al Year Ing	LICENSE/STATE ID							
	YOUR FIRST NAME HARI SANKARABRAH		МІ	YOUR SOCIAL S	ECURITY NUMBER				
	LAST NAME (For Name Change See IT-5 POTNURU	11 Tax Booklet)		รเ	JFFIX				
5	SPOUSE'S FIRST NAME		МІ	SPOUSE'S SOCI	IAL SECURITY NUN	IBER			
							DEPARTMENT USE ONLY		
	LAST NAME			su	IFFIX				
	ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED 2. 154 SILVER BEECH LANE								
	CITY (Please insert a space if the city has mult DAWSONVILLE	iple names)		state GA	zip code 30534				
(CC	DUNTRY IF FOREIGN)								
4.	Enter your Residency Status with the ap	propriate number					idency Status <b>4.</b> 1		
1.	FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		то			3. NONRESIDENT		
	Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	le 3 if v	ou are a par	t-vear or non	resident filer.			
			,	ou alo a pai			iling Status		
5.	Enter Filing Status with appropriate le	tter (See IT-511	Tax Book	let)			5. A		
A. S	ingle B. Married filing joint C. Married filing s	eparate (Spouse's socia	al security i	number must be en	tered above) D. Hea	d of Household or Quali	fying Surviving Spouse		
6.	Number of exemptions (Check appro	priate box(es) and	enter to	otal in 6c.) 6	a. Yourself X	6b. Spouse	6c. 1		
7a.	Number of Qualified Dependents*	7b. Number	of Unbo	rn Dependents	7c. T	otal Number of Depe	endents		
	*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.								



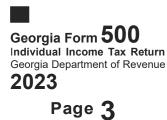


YOUR SOCIAL SECURITY NUMBER 795 - 34 - 6434

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).First Name, MI.Last Name

Social Security Number	Relationship to You				
First Name, MI.	Last Name				
Social Security Number	Relationship to You				
First Name, MI.	Last Name				
Social Security Number	Relationship to You				
First Name, MI.	Last Name				
Social Security Number	Relationship to You				
amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.					

(Do no	al adjusted gross inc ot use FEDERAL TA you must include a	XABLE INCOME)	If the amou	nt on Line 8 is \$40,	000 or more, or your gro	16508 ss income is less than your
9. Adjust	ments from Form 50	0 Schedule 1 (S	ee IT-511 Ta	ax Booklet)	9.	
10. Georgi	ia adjusted gross inc	come (Net total o	f Line 8 and	Line 9)	10.	16508
	rd Deduction (Do no IT-511 Tax Booklet		STANDAR	DEDUCTION)	11a.	5400
b. Se	lf: 65 or over?	Blind?	Total	x 1,300=	11b.	
c. To	se: 65 or over? ital Standard Deducti se EITHER Line 11c O				11c.	5400
12. Total It	emized Deductions u	sed in computing	Federal Taxa	ble Income. If you ι	se itemized deductions, <b>y</b>	ou must include Federal Schedule A.
a. Fe	deral Itemized Dedu	ctions (Schedule	A- Form 104	40)	12a.	
b. Les	ss adjustments: (See	e IT-511 Tax Bool	(let)		12b.	
c. Ge	orgia Total Itemized D	eductions			12c.	
13. Subtra	ict either Line 11c or	Line 12c from L	ne 10; enter	balance	13.	11108





YOUR SOCIAL SECURITY NUMBER 795-34-6434

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after	15a.	8408
applying the 80% limitation, see IT-511 Tax Booklet for more information).	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	8408
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	311
17. Low Income Credit 17a. 1 17b. 5	17c.	5
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	<b>d</b> 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	5
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	306

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

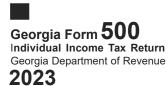
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)			
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 834143251	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	<ol> <li>WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP</li> <li>EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN</li> </ol>			
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3325367HF	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID			
4.	GA WAGES / INCOME 16508	4. GA WAGES / INCOME	4. GA WAGES / INCOME			
5.	GA TAX WITHHELD 869	5. GA TAX WITHHELD	5. GA TAX WITHHELD			

### PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4. All Pages (1-5) are required for processing

REV 01/29/24 PRO

01 1555 115 2023 GA 004 T1

23



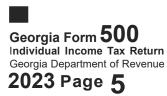


2400411545

## YOUR SOCIAL SECURITY NUMBER 795-34-6434

Page 4

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STATE WITHHOLDING T W-2 1099 EMPLOYER/PAY ID NUMBER (FEI	TYPE: G2-A G2-FL 'ER FEDERAL	G2-LP G2-RP	1. 2.	(INCOME STATE WITHHOLDING T W-2 1099 EMPLOYER/PAYE ID NUMBER (FEIN	YPE: G2-A G2-FL ER FEDERAL	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PAY	ER STATE W	THHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME	
5.	GA TAX WITHHELD	5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	ELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s				23.				869
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G	G2-R	P)		24.				
25.	Estimated Tax paid for 2023 and Form				25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni				26.				
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.				869
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.				
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment				29.				563
30.	Amount to be credited to 2024 ESTIMA	TEC	ТАХ		30.				0
31.	Georgia Wildlife Conservation Fund (No	gift o	of less than \$1.	00)	31.				
32.	Georgia Fund for Children and Elderly (	No g	ift of less than	\$1.00)	32.				
33.	Georgia Cancer Research Fund (No gift	ofle	ess than \$1.00)		33.				
34.	Georgia Land Conservation Program (No	o gift	of less than \$*	1.00)	34.				
35.	Georgia National Guard Foundation (No	gift o	of less than \$1.	00)	35.				
36.	Dog & Cat Sterilization Fund (No gift of I	ess	than \$1.00)		36.				
37.	Saving the Cure Fund (No gift of less th	nan \$	1.00)		37.				
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)				38.		_		
		ap	s (1-5) ar	o roani	red for n	roc	assina		





YOUR SOCIAL SECURITY NUMBER 795-34-6434

30						
00.	Public Safety Memorial Gra	ant (No gift of less than \$1.0	<b>30)</b>	9.		
40.	Disabled Veterans' Scholar	ship Fund <b>(No gift of less th</b>	an \$1.00) 4	0.		
41.	Form 500 UET (Estimated	tax penalty) 500 UET ex	ception attached 4	1.		
42.	Penalty: Late Payment and	/or Late Filing		2.		
43.	Interest			3.		
44.	MAKE CHECK PAYABLE T	8, 31 through 43 O GEORGIA DEPARTMENT TMENT OF REVENUE PROC , GA 30374-0399	OF REVENUE,	4.		
	THIS IS YOUR REFUND	btract the sum of Lines 30 thru GIA DEPARTMENT OF REVEN GA 30374-0380		TER,		563
		Deposit information or if y	/ou are a first time file	r vou will be i	ssued a paper check.	
	Direct Deposit (U.S. Accounts Only)			. <b>,</b>		
		Type: Checking X Savii	•			
	Routing Number 061000052		Account	34076319	F 0 /	
Ta	axpayer's Signature	(Check box if deceased)	Spouse's Sign	ature		
-	Taxpayer's Date of Death		Spouse's Sign	ature	(Check box if deceased)	
			Spouse's Dat		(Check box if deceased)	
	Taxpayer's Signature Date	Taxpayer's F 762-699	Spouse's Dat Phone Number	e of Death	(Check box if deceased) Spouse's Signature Date	
E			Spouse's Dat Phone Number 9 – 5796	e of Death	Spouse's Signature Date	g any updates to
E	3y providing my e-mail address I an	762-699	Spouse's Dat Phone Number 9 – 5796	e of Death	Spouse's Signature Date	g any updates to
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E	By providing my e-mail address I an ny account(s).	762-699	Spouse's Dat Phone Number 9 – 5796	e of Death	Spouse's Signature Date below e-mail address regarding I authorize DOR to with the named pre Phone Number	discuss this return
E r T	By providing my e-mail address I an ny account(s). Γaxpayer's E-mail Address	762-699 n authorizing the Georgia Departme <u>AR GUPTA TALLAM</u> n Taxpayer	Spouse's Dat Phone Number 9 – 5796	e of Death	Spouse's Signature Date below e-mail address regarding I authorize DOR to with the named pre Phone Number 5 – 9 5 2 2	discuss this return

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