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							
SYAM PRASAD KODURU	091-55-5739							
Spouse's name		Spouse's social security number						
Part I Tax Return Information — Tax Year En	ding December 31 2023 (Ent.	 er year you a	re autho	orizina)				
Enter whole dollars only on lines 1 through 5.	unig becember 31, 2023 (Ent	er year you a	ie autin	Jiiziiig.)				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2	. 3. and 5 blank.							
1 Adjusted gross income			1	37,	748.			
2 Total tax			2		645.			
3 Federal income tax withheld from Form(s) W-2 and	Form(s) 1099		3		079.			
			4		434.			
5 Amount you owe			5					
Part II Taxpayer Declaration and Signature A	uthorization (Be sure you get and	keep a cop	y of you	ur retur	n)			
Under penalties of perjury, I declare that I have examined a copy my knowledge and belief, it is true, correct, and complete. I fureturn (original or amended) I am now authorizing. I consent to a to send my return to the IRS and to receive from the IRS (a) and for any delay in processing the return or refund, and (c) the date Agent to initiate an ACH electronic funds withdrawal (direct debingayment of my federal taxes owed on this return and/or a payme authorization is to remain in full force and effect until I notify the payment, I must contact the U.S. Treasury Financial Agent at business days prior to the payment (settlement) date. I also authorize to receive confidential information necessary to answer personal identification number (PIN) below is my signature for the lateragic Final Withdrawal Consent.	ther declare that the amounts in Part I ab low my intermediate service provider, trans icknowledgement of receipt or reason for re of any refund. If applicable, I authorize the entry to the financial institution account in the forestimated tax, and the financial institute U.S. Treasury Financial Agent to termina 1-888-353-4537. Payment cancellation re orize the financial institutions involved in the nquiries and resolve issues related to the	ove are the amomitter, or electro- ejection of the tr U.S. Treasury andicated in the tation to debit the authorizar quests must be the processing of payment. I furt	ounts from onic return ansmission and its des ax prepar- entry to ation. To received the election	m the incomer originate on, (b) the signated Fation soft this accourevoke (c) d no later tronic paylowledge	ome tax or (ERO) e reason financial ware for unt. This ancel) a than 2 ment of that the			
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only								
X I authorize GLOBAL TAXES LLC	to enter or generate	a my PIN	5 7	3 9	as my			
ERO firm name signature on the income tax return (original or am		ř Ent	er five dig n't enter a		as my			
I will enter my PIN as my signature on the incom if you are entering your own PIN and your return below.	e tax return (original or amended) I am							
Your signature ▶	Date ▶							
Spouse's PIN: check one box only								
I authorize	to enter or generate	e my PIN			as my			
ERO firm name	er five dig	its. but	asiny					
signature on the income tax return (original or am	ended) I am now authorizing.	doı	n't enter a	II zeros				
I will enter my PIN as my signature on the incom if you are entering your own PIN and your return below.								
Spouse's signature ▶	Date ►							
Practitioner PIN Me	thod Returns Only—continue belo	w						
Part III Certification and Authentication — Pra	ctitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2	2 2 4 9 Don't ente	6 0 8		1			
I certify that the above numeric entry is my PIN, which is my signauthorized to file for tax year indicated above for the taxpayer(requirements of the Practitioner PIN method and Pub. 1345 , Han	s) indicated above. I confirm that I am sub	tax return (origionitting this retu	nal or am Irn in acc	nended) I a				
ERO's signature ▶	Date ▶							
	n This Form — See Instructions	-						
Don't Submit This Form	to the IRS Unless Requested To	Do So						

E 1040 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				, 20		See se	parate	instructions.
Your first name and middle initial Last name					 e					Your so	cial sec	curity number	
SYAM PRA	RASAD KODURU							091 55 5739					
	s first name and middle initial	me									security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				1	Apt. no.	-	Preside	ntial Fle	ection Campaig
	•	ORE TERRACE DR								- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces bel	OW.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3
CINCINN	ITA			OH			1 1 5 0 1 0			•		nd. Checking a not change	
								Foreig	ın postal c		your tax		ınd.
Filing Status	s ×	Single					☐ Head of h	L ouseh	old (HOH])			
Check only		Married filing jointly (even if only or	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or ((b) sell,		
Assets	exch	nange, or otherwise dispose of a digi			nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Ye	es 🗵 No
Standard		neone can claim:	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 bli	ind Sp o	ouse	: Was bor	rn befo	ore Janua	ary 2	, 1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	elationship (4) Check the		he bo	x if quali	fies for ((see instructions
If more	(1) F	(1) First name Last name			number to you		to you	Child tax c		ax cre	edit	Credit fo	or other dependent
than four													
dependents, see instruction	s —												
and check _	, —												
here L				L								_	
Income	1a	Total amount from Form(s) W-2, be	,		,						1a		37,748.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b				
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)								1c			
W-2G and	d	Taxable dependent care benefits f				iiStru	ictions)				1d 1e		
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f		
If you did not		Wages from Form 8919, line 6.	1115 11011	11 01111 00	003, 11116 23	•					1g		
get a Form	Form A Otto and the control of the c						1h		0.				
W-2, see instructions.	i	Nontaxable combat pay election (s	,					i.					
instructions.	z	Add lines 1a through 1h					· · <u> </u>				1z		37,748.
Attach Sch. B	<u>-</u> 2a	1	2a		j	b Ta	axable interes	t .			2b		
if required.	3a		3a				ordinary divide						
	4a		4a				axable amoun						
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$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		37,748.	
\$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 adjusted gross income								11		37 , 748.	
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		13 , 850.		
any box under	13	Qualified business income deducti	ion from	Form 89	995 or Form	899	5-A				13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or les	e antar -	O This is v	our t	avabla incom	10			15	- 1	23 808

Form 1040 (2023	3)								Page Z		
Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	2,645.		
	17	Amount from Schedule 2, lir	ne 3					17			
	18	Add lines 16 and 17	18	2,645.							
	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	22	2,645.							
	23	Other taxes, including self-e	23	0.							
	24	Add lines 22 and 23. This is	your total tax					24	2,645.		
Payments	25	Federal income tax withheld	I from:								
-	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	5 , 079.		
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	B, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,079.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,434.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, ched	ck here		35a	2,434.		
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Checking	Savings				
See instructions.	d	Account number 4 8 8									
	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 o	ount you owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions				. 🗌 Yes. C	omplete b	elow.	⊠ No		
		signee's		Phone			onal identif	ication			
<u>~</u>	naı		hat I have everning	no.	accompanying coho		ber (PIN)	a boot	of my knowledge and		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
Here			Date Your occupation				If the IRS sent you an Identity				
	10	Your signature		Tour occupation					IN, enter it here		
Joint return?					EMPLOYEE			(see inst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				the IRS sent your spouse an			
Keep a copy for your records.									entity Protection PIN, enter it here ee inst.)		
your rootido.		/ COO \ O A O . E A E	•				(300)	1131.)			
		one no. (682) 313-745		Email address	SYAMSAP9@0		DTIN		Chaple if		
Paid		eparer's name	Preparer's signat		OHDER	Date	PTIN		Check if:		
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAR	GUPTA TALLAM	02/23/2024	P02082		Self-employed		
Use Only									one no. (678) 965-9522		
				NSWICK N			Firm'	s EIN	84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)		