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.

Submission Identification Number (SID)

Taxpay	er's name	Social security number								
SRI	KANTH BAIRI	637-72	637-72-3191							
Spouse	s's name	Spouse's so	Spouse's social security number							
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enternation – 2023)	er year you	are au	thorizing.)						
Enter	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		1	159,720.						
2	Total tax		2	28,409.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	29,206.						
4	Amount you want refunded to you		4	797.						
5	Amount you owe		5							
			-							

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

2	3	1	9	1	as					
Enter five digits, but don't enter all zeros										

my

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

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 E										
	bel	ow								
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7 1	1

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 >			
ERO Must Reta Don't Submit This Forr	ain This Form — See n to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return ins	structions. BAA	REV 02/16/24 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 Only	/—Do not w	rite 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 separate instructions.				
Your first name	and m	iddle initial	Last r	st name					Your social security number			
SRIKANTH	I		BAI	RI						637	72	3191
lf joint return, sp	oouse':	s first name and middle initial	Last r	name						Spouse'	s socia	I security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	ctions.				Α	pt. no.	Preside	i ntial Ele	ection Campaigr
2633 DEE	R H	OLLOW DR								1	,	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete	spaces be	elow.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
LITTLE E	LM					ТΣ	ζ	750	68			not change
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
		Single					Head of h	ousob			U Yo	ou 🔄 Spouse
Filing Status		Married filing jointly (even if only o	ne har	t income)				ousen				
Check only one box.		Married filing separately (MFS)	ne nac	a income)				surviv	ing spouse	(099)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If voi	ı che					ild's na	me if the
		alifying person is a child but not you			pouco. Il you							
Divital	A+ 01	ny time during 2023, did you: (a) rec			d oword or		mont for propo	rtu or		(b) coll		
Digital Assets		nange, or otherwise dispose of a dig	•									es 🛛 No
Standard	-	neone can claim: You as a de		_			a dependent	, (,		
Deduction		Spouse itemizes on a separate retur	n or ye	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	🗌 Are b	lind Spc	ouse	: 🗌 Was bo	rn befc	ore January	2, 1959	<u> </u>	s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	nip (4	•	· · ·		(see instructions)
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												<u> </u>
dependents, see instructions	s ——								<u> </u>			<u> </u>
and check												<u> </u>
here	4 -				- 11						_	
Income	1a b	Total amount from Form(s) W-2, b			-					. <u>1a</u> . 1b		159,720.
Attach Form(s) W-2 here, Also	c	Household employee wages not reported on Form(s) W-2 .							. 1c			
attach Forms	d	Medicaid waiver payments not rep	•							. 1d		
W-2G and	e	Taxable dependent care benefits f			, ,					. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			-					. 1f		
lf you did not	g	Wages from Form 8919, line 6			· · · ·					. 1g		
get a Form	h	Other earned income (see instruct	ions)							. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h								. 1z		159,720.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interes	t.		. 2b		
if required.	3a	Qualified dividends	3a			bС	Ordinary divide	nds .		. 3b		
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
 Single or 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
Married filing separately,	С	If you elect to use the lump-sum e	electior	n method,	check here	(see	instructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	, check here		[7	_	
jointly or	8	Additional income from Schedule								. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	come	e			. 9	_	159,720.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household,	11	Subtract line 10 from line 9. This is								. 11	-	159,720.
\$20,800 • If you checked _Г	12	Standard deduction or itemized		•		,				. 12	-	13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13	•••	• • •						. 14		13,850.
	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	ne .		. 15		145,870.

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	28,409.
Credits	17	Amount from Schedule 2, lin	ne3				[17	
	18	Add lines 16 and 17					[18	28,409.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	28,409.
	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 total tax				[24	28,409.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 29	,206.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	29,206.
If you have a	26	2023 estimated tax payment	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			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	29,206.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	797.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆 🛛	35a	797.
Direct deposit?	b	Routing number 1 1 0 0 6 1 4 c Type: X Checking Savings							
See instructions.	d	Account number 2 9 0 6 1 0 6 9 7							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.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	rn with the IRS?				_
Designee	ins	tructions				🗌 Yes. C	omplete be	elow.	× No
	De nai	signee's		Phone no.			onal identific oer (PIN)	cation	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the I	RS se	nt you an Identity
			Pro					IN, enter it here	
Joint return?					SOFTWARE 1		(see in	- /	
See instructions. Keep a copy for				Date	Spouse's occupat	ion			nt your spouse an
your records.				l Ider (see					ection PIN, enter it here
	Ph	one no. (630)862-944	ົ່	Email address			`		
		one no. (630)862-944 eparer's name	∠ Preparer's signat		JDAIKI242.	1@GMAIL.COM	PTIN		Check if:
Paid							P02082	702	Self-employed
Preparer									678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		84-3171965
Go to www.ire.cr		1040 for instructions and the late		TIONICI IN					Form 1040 (2023)
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