Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name Social security number PREM CHAND REDDY KANCHI 822-45-7511 Spouse's name Spouse's social security number 984-95-9503 YAMINI PONNAPATI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 134,585. 1 1 2 2 14,130. 3 3 14,431. 4 4 301. 5 5

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

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

	5	7	5	1	1	
	as					

my

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.

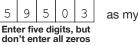
Your signature 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



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 🕨	Da	ate 🕨	•							
Practitioner PIN Method Returns Only—c	ontinue	bel	ow							
Part III Certification and Authentication – Practitioner PIN Method	Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	PIN.	2	2	2		6 nter a	 	2	7 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 >	Date ►
	Retain This Form — See Instructions Form to the IRS Unless Requested To Do So
Experies of Deductor AstMutter and a state of	DEV/00/40/04 DDO

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/16/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or stap	ole in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	oarate ir	nstructions.	
Your first name	and m	iddle initial	Last r	name						Your so	cial secu	urity number	
PREM CHAND REDDY KAN											45	-	
If joint return, spouse's first name and middle initial												security number	
YAMINI PON					-					984 95 9503			
	(numbe	er and street). If you have a P.O. box, see		NAPATI tions.	_			A	pt. no.		• •	ction Campaign	
7201 S C									423	1		ou, or your	
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c				ointly, want \$3	
MCKINNEY		,,	1			TΣ		750				d. Checking a	
Foreign country				Foreian p	· · · · · · · · · · · · · · · · · · ·				n postal code	box below will not change your tax or refund.			
				0 1			,		•	,	Yo		
Filing Status] Single					Head of h	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne har	l income)				ousen					
Check only		Married filing separately (MFS)		r moonie,			Qualifying	surviv	ina snouse	(OSS)			
one box.	lf v	you checked the MFS box, enter the	name	of your s	nouse If voi	ı cha					ld's nar	ne if the	
		alifying person is a child but not you			pouse. Il you				50 50X, CHR		ia s nai		
Digital		ny time during 2023, did you: (a) rece						-			—		
Assets		hange, or otherwise dispose of a digi					-	et)? (Se	e instructio	ns.)	∐ Ye	s 🛛 No	
Standard	_	neone can claim: You as a de	•				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 b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	blind	
Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	ip (4	-	· · ·		see instructions):	
If more	(1) F	(1) First name Last name			number		to you	to you Child ta			Credit for	other dependents	
than four													
dependents, see instructions	s ——												
and check													
here 🗌													
Income	1a	Total amount from Form(s) W-2, be	•		,							134,576.	
Attach Form(s)	b	Household employee wages not re	•		. ,						·		
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructior	ıs)					. 1c	:		
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	uctions)			. 1d			
1099-R if tax	е	Taxable dependent care benefits f								. 1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29	•				. 1f	_		
If you did not	g	Wages from Form 8919, line 6 .								. 1g			
get a Form W-2, see	h	Other earned income (see instruction	,					· ·		. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i						
	z	Add lines 1a through 1h	• ;		· · · ·					. 1z		134,576.	
Attach Sch. B	2a		2a				axable interes			. 2 b	-		
if required.	<u>3a</u>		3a			b C	Ordinary divide	nds .		. 3b		9.	
Standard	4a		4a				axable amoun			. 4b	·		
Deduction for –	5a		5a				axable amoun			. 5b	-		
 Single or Married filing 	6a	,	6a				axable amoun	t		. 6b	-		
Married filing separately,	С	If you elect to use the lump-sum e				`	,		[_			
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	l, check here		[7	_		
jointly or	8	Additional income from Schedule	1, line	10						. 8			
Qualifying surviving spouse,					e			. 9	_	134,585.			
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26						. 10			
household,	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		134,585.	
 \$20,800 If you checked Γ 	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		27,700.	
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	95-A			. 13			
Deduction,	14	Add lines 12 and 13								. 14	_	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	ie.		. 15		106,885.	

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 🗌	[1	16	14,130.
Credits	17	Amount from Schedule 2, lin	e3				1	17	
	18	Add lines 16 and 17					1	18	14,130.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	ie8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	14,130.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24	14,130.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2	,431.						
	b	Form(s) 1099							
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	14,431.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		2	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use							
	31	Amount from Schedule 3, lin			31				
	32	Add lines 27, 28, 29, and 31	ayments and refe	undable credits	3	32			
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments			3	33	14,431.
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	3	34	301.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							301.
Direct deposit?	b	Routing number 0 8 1	Savings						
See instructions.	d	Account number 3 5 5							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions					🤮	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						[]
Designee		structions					omplete belo		🔀 No
	De nai	signee's ne		Phone no.			onal identificat per (PIN)	ion	
Sign		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		()	best of	my knowledge and
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
пеге	Yo	ur signature		Date Your occupation			If the IRS	3 sent	you an Identity
									, enter it here
Joint return?				PROFESSIONAL II			(see inst		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			your spouse an tion PIN, enter it here
your records.				HOMEMAKER	(see inst				
	Ph	one no. (816) 517-129	3	Email address	PREMCHAND3	M			
		eparer's name	Preparer's signat			Date	PTIN	(Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P0208270	03	Self-employed
Preparer		m's name GLOBAL TAX				52,20,2021			78)965-9522
Use Only							Firm's E		84-3171965
Go to www.irs.or		1040 for instructions and the late			BAA	DEV 02/16/24 DDO	1.1110		Form 1040 (2023)
					DAA	REV 02/16/24 PRO			

Form **888** Dor

Health Savings Accounts (HSAs)

OMB No. 1545-0074

3

Attach to Form 1040, 1040-SR, or 1040-NR.

20

	Revenue Service Go to www.irs.gov/Form8889 for instructions and the latest information	on.	At Se	tachment equence No. 52
Name(s)			mber of	HSA beneficiary.
PREM	ave HSA -7511	ls, see instructions. 1		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	ontracts, if	requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du See instructions	ring 2023.	Self	-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those mature unextended due date of your tax return that were for 2023. Do not include employer concontributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 (family coverage). All others , see the instructions for the amount to enter	\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to enter the amount to enter the second sec		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family under an HDHP at any time during 2023, enter your additional contribution amount. See inst		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023 9	3,502.	-	,
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	3,502.
12	Subtract line 11 from line 8. If zero or less, enter -0	†	12	4,248.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Par Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part			rate H	SAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	799.
b	Distributions included on line 14a that you rolled over to another HSA. Also include an contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions		4.44	
•	Subtract line 14b from line 14a		14b 14c	700
с 15	Qualified medical expenses paid using HSA distributions (see instructions)		140	799.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, ir amount in the total on Schedule 1 (Form 1040), Part I, line 8f	nclude this	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona Tax (see instructions), check here	al 20%	10	0.
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line are subject to the additional 20% tax. Also, include this amount in the total on Schedul 1040), Part II, line 17c .	ne 16 that e 2 (Form	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.	h have sepa		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, I		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8889** (2023)