Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Submission Identification Number (SID)

Taxpayer's name

Taxpay	er's name	Social secur	ity numb	ber
VEN	KATKIRAN KANUGANTI	709-04	-115	2
Spouse	's name	Spouse's so	cial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	are au	thorizing.)
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	41,685.
2	Total tax		2	3,119.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,062.
4	Amount you want refunded to you		4	943.
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 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

	FBO firm name		Er
X I authori	ize GLOBAL TAXES LLC	to enter or generate my PIN	4

4	1	1	5	2	
Ent dor	er fiv n't er	/e di iter a	gits, all ze	but ros	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

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

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 🕨	Date 🕨	
Practitioner PIN	lethod Returns Only—continue below	
Part III Certification and Authentication – I	ractitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	rour five-digit self-selected PIN. 2 2 2 4 9 6 0 8 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 🕨			
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last na	ame						Your so	ocial sec	curity number
VENKATKI	RAN		KANI	JGANTI						709	04	1152
		s first name and middle initial	Last na		•							security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	Apt. no.	Preside	ential Ele	ection Campaign
1494 SPI	CETI	REE CIR										ou, or your
		ce. If you have a foreign address, also co	omplete s	spaces bel	ow.	Sta	te	ZIP c	ode			jointly, want \$3
FAIRBORN	I					OH	I	453	24			nd. Checking a not change
Foreign country	name			Foreign pr	rovince/state/c	count	ty	Foreig	n postal code		x or refu	•
											□ Ye	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne had	income)								
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)										
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a dig									Y	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	1					
Age/Blindness	You:	Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	-			(2) 5	Social security		(3) Relationsh	11			ifies for	(see instructions):
If more	(1) Fi	irst name Last name	iame				to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	·											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)	•				. 1 8	3	41,685.
Attach Form(s)	b	Household employee wages not re			. ,	•		• •		. <u>1</u> k	-	
W-2 here. Also	c									. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		. 10		
1099-R if tax	е	Taxable dependent care benefits f				•		• •		. 10		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. 11		
lf you did not get a Form	g					•		• •		. <u>1</u> ç		0.
W-2, see	h	Other earned income (see instruct		· · ·		•	· · · ·	· ·	• • •	. <u>1</u> ł	1	0.
instructions.	i -	Nontaxable combat pay election (see insi	ructions)		•	1 i			- 1-		41,685.
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	ь т	axable interest	•••		. <u>1</u> z . 2k		11,005.
Attach Sch. B if required.	2a 3a		2a 3a				Ardinary divider		• • •	. 21 . 31		
	<u> </u>		3a 4a				axable amoun			. 31		
Standard	ча 5а		<u>ча</u> 5а				axable amoun					
 Deduction for – Single or 	6a		6a				axable amoun			. 6k		
Married filing	c	If you elect to use the lump-sum e		method					[-	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		[7		
 Married filing jointly or 	8	Additional income from Schedule		•	•		-			. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		41,685.
\$27,700	10	Adjustments to income from Sche								. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incon	ne				. 11		41,685.
\$20,800 • If you checked	12	Standard deduction or itemized								. 12	2	13,850.
any box under	13	Qualified business income deduct	ion fron	n Form 8	995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14	t	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	ss, enter ·	-0 This is y	our t	taxable incom	e.		. 15	5	27,835.

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	6	3,119.
Credits	17	Amount from Schedule 2, lin	ie3				1	17	
	18	Add lines 16 and 17					1	8	3,119.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9	
	20	Amount from Schedule 3, lin	e8				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	3,119.
	23	Other taxes, including self-e					2	23	0.
	24	Add lines 22 and 23. This is					2	24	3,119.
Payments	25	Federal income tax withheld							
. aj mente	а	Form(s) W-2				25 a 4	,062.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c					2	5d	4,062.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
						31	_		
	31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits .								
	 Add lines 21, 28, 29, and 31. These are your total other payments and refundable credits								4,062.
Defined	34	If line 33 is more than line 24						33 34	943.
Refund	34 35a		-			, .		5a	943.
Direct deposit?	b 35a								
See instructions.									
	d	Account number 4 1 6 3 1 8 3 5 7 5 Image: Second se							
	36					36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							
rou Owe						1 1	· ·]	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete belo	w. 🗙 N	
Designee									NO
	nai	signee's ne		Phone no.			onal identificat per (PIN)	ION	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the b	est of my k	knowledge and
-	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informatio	on of which pre	parer has a	any knowledge.
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you	an Identity
								on PIN, ente	er it here
Joint return?					SOFTWARE		(see inst	/	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion		,	spouse an PIN, enter it here
your records.							(see inst.		in, enter it here
	Ph	one no. (937)242-832	1	Email address	KANIIGANTTUENK	ATKIRAN@GMAIL.CO	M		
		eparer's name	⊥ Preparer's signat		VUINO GAINT T V BINK	Date	PTIN	Chec	k if:
Paid		M PRIYA RAM SAGAR GUPTA			LAR CIIDTA		P0208270		Self-employed
Preparer		m's name GLOBAL TAX			JUN OUFIA	05/25/2024)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's El		1705-9522
Co to union inc.				TIONICIC IN					orm 1040 (2023)
GO IO WWW.IIS.go	JV/FOM	n1040 for instructions and the late	st mornation.		BAA	REV 03/07/24 PRO		F	

Do	not	staple	or	paper	clip.
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2023 Ohio IT 1040





Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198 Sequence No. 1

AMENDED RETURN - Check	here and include Ohi	NOL CARRYBACK - Check here and include Schedule IT NOL.					
Primary taxpayer's SSN (required) 709 04 1152	✓ If deceased	Spouse's SSN (if fi	iling jointly)	✓ If dealers	ceased	School district # 2903	
First name VENKATKIRAN		M.I. Last name KANUGA	ANTI				
Spouse's first name (if filing jointly)		M.I. Last name					
Address line 1 (number and street) or 1494 SPICETREE CI							
Address line 2 (apartment number, su	ite number, etc.)						
City FAIRBORN			State OH	ZIP code 45324	Ohio county	(first four letters)	
Foreign country (if the mailing addres	s is outside the U.S.)		Foreign po	ostal code			
Residency Status – Check only X Resident Part-year resident*	one for primary Nonresident*	*Indicate state				on federal income tax return) ng surviving spouse	
Check only one for spouse (if filing jo Resident Part-year resident*	intly) Nonresident*	*Indicate state		rried filing jointly rried filing separate	ly	Spouse's SSN	
Ohio Nonresident Statemen Primary meets the five criteria for Spouse meets the five criteria for	irrebuttable presumpt	ion as nonresident.	lf so	leral extension file omeone can claim yo endent, check here.	ou (or your spo	use if filing jointly) as a	
1. Federal adjusted gross income if negative		,	a "-" in the b	ox		41685	
 2a. Additions – Ohio Schedule of Adju 2b. Deductions – Ohio Schedule of Ad 3. Ohio adjusted gross income (line 	stments, line 11 (inc	lude schedule)		2a.			
2b. Deductions – Ohio Schedule of Ac							
				-		41685 2150	
4. Exemption amount (include Sche Number of exemptions including yo	u and your spouse/de	pendents, if applicable		4.		39535	
5. Ohio income tax base (line 3 minu6. Taxable business income – Ohio 5		,				57555	
 Taxable business income – Onlo Taxable nonbusiness income (line 		·				39535	
NS: BLADERS CAR	NC MENAND RE-161						
				REV 03/15/24 PRC) 2023 IT	MM-DD-YY 1040 – page 1 of 2	

2023 Ohio IT 1040 Individual Income Tax Return



SSN:	7	09	04	1	.152		laiviau	iai income	ax Return	II	23000298	Sequence No. 2
7a. Amou	unt	from	line 7	7 on	page 1					7a.		39535
8a.Nonb	ousi	ness	incor	ne ta	ax liability on	line 7a (see instruc	tions for t	tax tables)			.8a.	732
8b.Busin	nes	s inco	ome t	ax li	ability – Ohic	Schedule of Busine	ess Incom	ne, line 16 (incl	ude schedule)		.8b.	
8c. Incor	me	tax lia	ability	/ bef	ore credits (I	ine 8a plus line 8b).					.8c.	732
9. Ohio	noi	nrefui	ndabl	le cr	edits – Ohio	Schedule of Credits	, line 38 ((include sched	ule)		9.	0
10.Tax li	iabi	lity af	ter no	onre	fundable cre	dits (line 8c minus li	ne 9; if ne	egative, enter z	ero)		.10.	732
11. Intere	est	penal	ty on	unc	derpayment o	of estimated tax (inc	lude Ohi	io IT/SD 2210).			. 11.	
12.Unpa	aid ı	use ta	ıx (se	e in	structions)						.12.	
13. Total	O	nio ta	x lial	bility	y before with	holding or estimated	i paymen	nts (add lines 10), 11 and 12)		.13.	732
						Ile of Ohio Withhold			le schedule and		.14.	1073
15.Estim	nate	ed an	d exte	ensi	on payments	, and credit carryfor	ward from	n last year's ret	urn		.15.	
16. Refur	nda	ble c	redits	s – C	Dhio Schedul	e of Credits, line 44	(include	schedule)			.16.	
17. <u>Ame</u> i	nde	ed ret	urn (only	<u>r</u> – amount pi	reviously paid with o	riginal an	nd/or amended	return		.17.	
18. Total	Oł	nio ta	x pa	yme	e nts (add line	es 14, 15, 16 and 17)				.18.	1073
19. <u>Amei</u>	nde	ed ret	urn (only	<u>v</u> – overpaym	ent previously reque	ested on c	original and/or a	amended return		.19.	
2 <u>0. Line</u> 1	18 r					ne box if negative ine 13, skip to line 2			ue to line 21	<u> </u>	.20.	1073
21.Tax d	lue					-			20 to line 13	-	.21.	
22. Intere	est	due c	n late	e pa	yment of tax	(see instructions)					.22.	
						lus line 22). Include payable to "Ohio Tr			ayment AMOUN	T DUE ▶	23.	
24.Over	pay	ment	(line	20 ו	minus line 13	3)					.24.	341
26. Origi	inal	retu	rn or	<u>ıly</u> –	- portion of lir - portion of lir :hildren	ne 24 carried forward ne 24 you wish to don b. Wildlife Specie	nate:	vear's tax liabilit c. Military Ir	/		.25.	
d. (Ohi	o His	tory f	Func	d e. Natur	e Preserves/Scenic	Rivers	f. Breast/Cerv	<i>v</i> ical Cancer	Total2	26g.	
27. REF I	UN	D (lin	e 24	minu	us lines 25 ai	nd 26g)			YOUR RE	FUND 🕨	27.	341
Sign He and belief	ere f, the	(req e retur	uire n and	d): I all e	I have read this enclosures are	s return. Under penaltie true, correct and comp	s of perjur	ry, I declare that, t	o the best of my knowledge		refund is \$1.00 or less, no u owe \$1.00 or less, no pay	
Primary	sigi	nature					P	Phone number _(937)242-8321	1	NO Payment Include Ohio Department o	f Taxation
Spouse'	's si	gnatu	e				D	Date			P.O. Box 26 Columbus, OH 43	
Preparer's	s pri	nted r	ame	SY.	AM PRIYA	A RAM SAGAR		-	-		Payment Included Ohio Department o P.O. Box 20	f Taxation
		uthoriz scuss	-	-	eparer to	Non-paid prepare	PTI	IN: P 0208	32703		Columbus, OH 43	



2023 Schedule of Ohio Withholding



23350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

709 04 1152

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 1073

<u>Part B -</u> 1. P/S P	- <u>W-2s</u> Box b - EIN 874634369	Box 1 - Wages, tips, other compensation 41685	Box 2 - Federal income tax withheld 4062
	Box 15 - Employer's Ohio ID number 54205814	Box 16 - Ohio wages, tips, etc. 41685	Box 17 - Ohio income tax 1073
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



|--|

2023 Schedule of Ohio Withholding Primary taxpayer's SSN 709 04 1152



23350298

ence No. 12

		709 04 1152	23350298		
<u>Part C -</u> 1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Sequence No. Total Box 7 - distribution Distribution code		
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld		
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code		
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld		
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code		
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld		
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code		
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld		
De et D	W 00-				
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld		
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld		
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld		
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld		
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld		
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld		
<u>Part E - 1099-NECs</u>					
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld		
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld		
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld		

Box 7 - State income

Box 6 - Payer's Ohio number

Box 5 - Ohio tax withheld

