TAXABLE YEAR		FORM
2023	California e-file Signature Authori	zation for Individuals 8879
Your name		Your SSN or ITIN
ABHIJEET		137-45-2071
Spouse's/RDP's n	name	Spouse's/RDP's SSN or ITIN
SONALI VI	THALDAS SHENOY	676-81-3868
Part I Tax Re	eturn Information (whole dollars only)	
CHIEF THE PARTY OF	justed gross income (AGI). See instructions	
	owe. See instructions	
3 Retuna or no	amount due. See instructions	
	eyer Declaration and Signature Authorization (Be sure you obtain and keep of perjury, I declare that I have examined a copy of my individual income to	
identification numerous income tax return and on form FTB agrees with the dedomestic partner provider to transport to my ERO, interpreturn, I understate penalties. I acknowledge to the company of the penalties of the company in the	originator (ERO), transmitter, or intermediate service provider, including moter (ITIN), and the amounts shown in Part I above agree with the information. If applicable, I authorize an electronic funds withdrawal of the amount of 8455, California e-file Payment Record for Individuals, or a comparable for direct deposit authorization stated on my return. If I have filed a joint return (RDP) as an agent to authorize an electronic funds withdrawal or direct demit my complete return to the Franchise Tax Board (FTB). If the processing mediate service provider, and/or transmitter the reason(s) for the delay and that if the FTB does not receive full and timely payment of my tax liability owledge that I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent to the Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have Electronic Funds Withdrawal Consent I have read and consent I have read and consent I have read Electronic Funds Withdrawal Consent I have read and consent I have read and consent I have read Electronic Funds Withdrawal Consent I have read and consent I have read Electronic Funds Withdrawal Conse	ation and amounts shown on the corresponding lines of my electronical line 2 and/or the estimated tax payments as shown on my return form. If applicable, I declare that direct deposit refund amount on line is, this is an irrevocable appointment of the other spouse/registered eposit. I authorize my ERO, transmitter, or intermediate service of my return or refund is delayed, I authorize the FTB to disclose or the date when the refund was sent. If I am filing a balance due ity, I remain liable for the tax liability and all applicable interest and onsent included on the copy of my electronic income tax return. I has
	nal identification number (PIN) as my signature for my electronic income to check one box only	ax return and, if applicable, my Electronic Funds Withdrawal Consent
X Lauthorize	GLOBAL TAXES LLC	to enter my PIN 5 2 0 7 1
	ERO firm name	Do not enter all zeros
as my signa	ature on my 2023 e-filed California individual income tax return.	
	my PIN as my signature on my 2023 e-filed California individual income taxed using the Practitioner PIN method. The ERO must complete Part III belo	
	PIN: check one box only	
✓ I authorize _	GLOBAL TAXES LLC ERO firm name	to enter my PIN 1 3 8 6 8
ac my ciana	ature on my 2023 e-filed California individual income tax return.	Do not enter all zeros
	my PIN as my signature on my 2023 e-filed California individual incomturn is filed using the Practitioner PIN method. The ERO must complete Pa	
Cacusa'a (DDD'a a	signature Sovali Sure 1	Date 14 - MARCH - 2024
Spouse's/RDP's s	orginature /	
Dark III Corti	Practitioner PIN Method Returns Only	continue below
ALTERNATIVE CONTRACT OF THE STATE OF THE STA	ification and Authentication — Practitioner PIN Method Only	
	git EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Do not enter all zeros
I certify that the confirm that I am e-file Providers.	above numeric entry is my PIN, which is my signature for the 2023 Califo n submitting this return in accordance with the requirements of the Practit	rnia individual income tax return for the taxpayer(s) indicated above.
EDO's signature		Date > 03/11/2024
ERO's signature		Dail
		REV 02/02/24 PRO FTB 8879 2023