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)

Taxpay	er's name		Social security nu	mber
KAR	THIK KASARAGADDA		276-85-32	77
Spouse	's name		Spouse's social se	ecurity number
Part	Tax Return Information — Tax Year Ending December 31,	2023 (Enter	year you are a	uthorizing.)
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	1,504.
2	Total tax		2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	108.
4	Amount you want refunded to you		4	108.
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 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	
				ERO firm name		Er

	5	3	2	7	7					
Enter five digits, but don't enter all zeros										

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

		as my
er fiv n't en		

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 N	ethod Returns Only—continue below
Part III Certification and Authentication – Pr	actitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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 🕨		
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/04/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or stap	ole in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	1		, 20	See se	eparate ir	nstructions.	
Your first name	and m	iddle initial	Last r	name					Your social security numb				
KARTHIK			KAS	ARAGAE	DDA					276	85	3277	
	pouse's	s first name and middle initial	Last r								· ·	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ential Elec	ction Campaigr	
12201 DE	ESSA	U RD						7	304	Check	here if yo	ou, or your	
City, town, or p	mplete	spaces be	low.	Sta	ite	ZIP co			spouse if filing jointly, want \$				
AUSTIN						TΣ	ĸ	787	544470	Ŭ Ŭ		d. Checking a lot change	
Foreign country	y name			Foreign p	rovince/state/	coun	ty	Foreig	n postal coo		x or refur		
											Υοι	u 🗌 Spouse	
Filing Status	; 🛛	Single					Head of he	ouseh	old (HOH)				
Check only] Married filing jointly (even if only or	ne hac	l income)									
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spous	e (QSS)			
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or QS	SS box, er	nter the ch	nild's nan	ne if the	
	qu	alifying person is a child but not you	ır depe	endent:									
Digital	Ata	ny time during 2023, did you: (a) rec	eive (a	s a reward	d. award. or	pavr	ment for prope	rtv or s	services):	or (b) sell.			
Assets		hange, or otherwise dispose of a dig						-			🗌 Ye	s 🛛 No	
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	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 bl	lind Spo	ouse	: 🗌 Was bor	n befc	re Januar	y 2, 1959	🗌 Is	blind	
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4) Check the	e box if qua	lifies for (s	see instructions):	
lf more	(1) F	1) First name Last name			number to you			-	Child tax	credit	Credit for	other dependents	
than four]			
dependents, see instruction:	s ——]			
and check]			
here 🗌]]	L		
Income	1a	Total amount from Form(s) W-2, b	•		,							1,504.	
Attach Form(s)	b												
W-2 here. Also	c	Tip income not reported on line 1a	•		,								
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	, ,	nstru	uctions)	• •		. 10			
1099-R if tax	e	Taxable dependent care benefits f				• •		• •		. 10			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						• •		. 1			
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. 1		0.	
W-2, see	h :	Other earned income (see instruct Nontaxable combat pay election (s	,	structions)					. 1	n	0.		
instructions.	i	Add lines 1a through 1h	see ms	structions		• •	· · 🔲			. 1:		1,504.	
	 2a	ũ l	2a		· · · ·	 ьт	axable interest			. 2		1,001.	
Attach Sch. B if required.	2a 3a		3a				Drdinary divider			. 3			
	 4a		4a				axable amoun			. 4			
Standard	5a		5a				axable amoun			. 5			
Deduction for — • Single or	6a		6a				axable amoun			. 6			
Married filing	c	If you elect to use the lump-sum e		method.	check here								
separately, \$13,850	7	Capital gain or (loss). Attach Sche									,		
 Married filing jointly or 	8	Additional income from Schedule		•	•		-			. E			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		1,504.	
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 1			
 Head of household, 	11	Subtract line 10 from line 9. This is								. 1		1,504.	
\$20,800	12	Standard deduction or itemized	-							1		13,850.	
 If you checked any box under 	13	Qualified business income deduct					95-A			. 1			
Standard Deduction,	14	Add lines 12 and 13								. 1		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or le</u>	ss, enter	-0 This is y	our	taxable incom	e.	<u> </u>	. 1		0.	

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	0.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is					[24	0.
Payments	25	Federal income tax withheld							
i aj incluic	а	Form(s) W-2							
	b	Form(s) 1099							
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	108.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27			• •		27			
attach Sch. EIC.	28								
	29								
	30	American opportunity credit from Porm 8863, line 8							
	31	Amount from Schedule 3, line 15 . <th.< th=""> . <th.< th=""> . . <th< td=""><td></td><td></td></th<></th.<></th.<>							
	32							32	
	32 Add lines 27, 26, 25, and 31. These are your total payments							33	108.
Refund	34	If line 33 is more than line 24						34	108.
neiuliu	35a		-					35a	108.
Direct deposit?	b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Routing number 1 1 0 0 6 1 4 c Type: C Checking C Savings						55a	±00.
See instructions.	d	Account number 5 7 2							
	36	Account number <u>9</u> 7 2 Amount of line 34 you want a			d tax	36			
A						30			
Amount You Owe	37	Subtract line 33 from line 24						37	
Tou Owe	38	For details on how to pay, go to www.irs.gov/Payments or see instructions						3/	
Think Death			,			38			
Third Party Designee		you want to allow another	•			·	omolete he	Nole	× No
Designee		signee's		Phone			onal identific		
	nai			no.			ber (PIN)	ation	
Sign		der penalties of perjury, I declare tl							
Here	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 p	repare	er has any knowledge.
TICIC	Yo	ur signature		Date	Your occupation				nt you an Identity
							Protec (see in		IN, enter it here
Joint return? See instructions.		ever's signature. If a joint return 1	a a the result along	Data	EMPLOYEE	lion		,	
Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	lion			nt your spouse an ection PIN, enter it here
your records.							(see in		,
	Ph	one no. (737) 288-785	5	Email address	KARTHIK99.KASA	ARAGADDA@GMAIL.CO)M		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/12/2024	P02082	703	Self-employed
Preparer									(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.ire.or		n1040 for instructions and the late			BAA				Form 1040 (2023)
					DAA	REV 03/04/24 PRO			