## **IRS** *e-file* Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

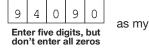
Taxpayer's name Social security number GAUTAMI MALLA 770-59-4090 Spouse's social security number Spouse's name 774-03-1671 SREENIVASU BALAKA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 80,811. Adjusted gross income 1 1 5,935. 2 2 3 3 13,706. 4 4 7,771. 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

				ERO firm name	,	Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	



7

1

as mv

6

Enter five digits, but don't enter all zeros

3

1

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 to enter or generate my PIN

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 Method Returns Only	y—continue below						
Part III Certification and Authentication – Practitioner PIN Met	thod Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-seled	ected 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 🕨							
	Retain This Form — See Instructions Form to the IRS Unless Requested To Do So							

Date

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	-0074	IRS Use Only	—Do not w	rite or sta	ple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending, 20				, 20	See separate instructions.		
Your first name and middle initial Last na									Your so	Your social security number		
			MALL	Δ						770	59	4090
If joint return, spouse's first name and middle initial Last na												security number
SREENIVA	SU		BALA	КЪ						774	03	1671
		er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
		LIC HOUSE 8568 WARREN										ou, or your
		ce. If you have a foreign address, also co					ZIP c	ode	spouse if filing jointly, want \$3			
FRISCO		,									nd. Checking a	
Foreign country	/ name		Foreign province/state/c						n postal code		ow will r k or refu	not change nd.
· · · · · · · · · · · · · · · · · · ·							- <b>y</b>			<i>y</i> o a. <i>c</i> a	Yo	_
Filing Status		Single					Head of ho	haeuc	old (HOH)			
-	, _ 	Married filing jointly (even if only o	ne had ir	ncome)				Jusch				
Check only		Married filing separately (MFS)		neome)				surviv	ving spouse	(099)		
one box.	L If v	you checked the MFS box, enter the	name o	of your en	ouse If you				• •	. ,	ild'e nar	me if the
	-	alifying person is a child but not you			ouse. If you	i che					nu s nai	
			aopon									
Digital		ny time during 2023, did you: (a) rec						-			_	
Assets	exch	ange, or otherwise dispose of a dig					-	t)? (Se	e instruction	าร.)	∐ Ye	es 🛛 No
Standard		eone can claim: 🗌 You as a de	•				a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a c	dual-status a	alien	1					
Age/Blindness	S You:	Were born before January 2, 1	959	Are bli	nd Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 Is	s blind
Dependents	s (see	instructions):		(2) S	ocial security		(3) Relationshi	ip (4		•	· `	see instructions):
If more	<b>(1)</b> Fi	(1) First name Last name			number		to you		Child tax cred		Credit fo	r other dependents
than four												
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions)	•				. 1a	ı 📃	80,811.
Attach Form(s)	b	Household employee wages not re	eported	on Form(	s) W-2..	•				. 1b		
W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)							. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	I		
1099-R if tax	е	Taxable dependent care benefits f	m 2441, line 26						. 1e	•		
was withheld.	f	Employer-provided adoption bene	n Form 8839, line 29						. 1f			
If you did not	g	Wages from Form 8919, line 6 .				•				. 1g	ı 📃	
get a Form W-2, see	h	Other earned income (see instructions)							. 1h	1	0.	
instructions.	i											
	z	Add lines 1a through 1h								. 1z	:	80,811.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest			. 2b	)	
if required.	3a	Qualified dividends	3a			<b>b</b> 0	ordinary divider	nds .		. 3b	)	
<b>.</b>	4a	IRA distributions	4a			b Ta	axable amount	t		. 4b	)	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amount	t		. 5b	)	
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			b Ta	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
<ul> <li>Married filing jointly or</li> </ul>	8									. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9		80,811.	
\$27,700	10	Adjustments to income from Schedule 1, line 26								. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								. 11		80,811.
\$20,800	12									. 12		27,700.
<ul> <li>If you checked any box under</li> </ul>	13									. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15									53,111.		
				-	- )							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	5,935.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	5,935.
	19	Child tax credit or credit for	other dependent	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	5,935.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	5,935.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 13	3,706.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>,</i>					25d	13,706.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32					undable credits		32	
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits       .         Add lines 25d, 26, and 32. These are your total payments       .							13,706.
Refund	34	If line 33 is more than line 24						34	7,771.
	35a							35a	7,771.
Direct deposit?	b								
See instructions.	d	Account number 4 8 8							
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another							
Designee			•				omplete b	elow.	× No
U	De	Designee's Phone Personal iden						cation	
	na			no.			ber (PIN)		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here		· · · ·	pioro: Doolaration (						, ,
	YO	ur signature		Date	Your occupation			the IRS sent you an Identity Protection PIN, enter it here	
Joint return?			LEAD CON		SULTANT		see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	If the	If the IRS sent your spouse an			
Keep a copy for your records.									ection PIN, enter it here
your records.					HOME MAKE	(see i	nst.)		
		one no. (817) 793-933	Email address GAUTAMIMALLA@GMAIL.COM						
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAG	GAR GUPTA	04/05/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phon	e no. (	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

REV 03/07/24 PRO