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.

Social coourity number

Submission Identification Number (SID)

Taxpayor'a pama

талрау		Social Secul	ity nume			
SID	DANTHA RAO NIDIGINTI	868-51	-2373	3		
Spouse	Spouse's name Spouse's social security number					
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you a	are aut	horizing.)		
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	114,405.		
2	Total tax		2	17,533.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,667.		
4	Amount you want refunded to you		4	134.		
5	Amount you owe		5			

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

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 1 2 3 3 X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as my Enter five digits, but ERO firm name don't enter all zeros 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. N. S. Laatha Ras 03/13/2024 Your signature Date Spouse's PIN: check one box only I authorize to enter or generate my PIN as mv ERO firm name Enter five digits, but don't enter all zeros 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 s	signature 🕨 🛛 🛛 🖸	ate							
	Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 0 all zer	 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 🕨	
	ust Retain This Form — See Ir his Form to the IRS Unless Re		
For Denemicarly Deduction Act Nation and vour toy	veture instructions		Earm 8879 (Bay, 01 2021)

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

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 sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	Your first name and middle initial Last name								Your social security number			
SIDDANTHA RAO NID				IGINTI	-					868	51	2373
-		s first name and middle initial	name								security numbe	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
		GAL LANE										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
PFLUGER			TX			78660		box below will not change				
Foreign country name Foreig				Foreign p	eign province/state/county Foreign p			n postal code	your tax or refund.			
												ou Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)						(0.0.0)		
one box.		Married filing separately (MFS)							ving spouse	. ,		
		you checked the MFS box, enter the alifying person is a child but not you			pouse. If you	i che	ecked the HOH	l or Q	SS box, ente	er the ch	lid's na	me if the
		anying person is a child but not you										
Digital		ny time during 2023, did you: (a) rece						-			_	
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ns.)	∐ Y	es 🛛 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 bl	lind Spc	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	_{ip} (4) Check the b	ox if qual	fies for	(see instructions):
lf more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——											
and check	. —											
here 🗆												
Income	1a	Total amount from Form(s) W-2, b	•		,						-	114,405.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1b	_		
W-2 here. Also attach Forms	с С	Tip income not reported on line 1a (see instructions)							. 10 . 10	-		
W-2G and	d e		Medicaid waiver payments not reported on Form(s) W-2 (see i Taxable dependent care benefits from Form 2441, line 26									
1099-R if tax was withheld.	f	Employer-provided adoption bene						• •		. 1e . 1f	-	
If you did not	a	Wages from Form 8919, line 6 .								. 19	_	
get a Form	h	Other earned income (see instructi								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i					
	z	Add lines 1a through 1h								. 1z	:	114,405.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b)	
if required.	3a		3a			bС	Ordinary divider	nds .		. 3b		
Chanadana'	4a	IRA distributions	4a				axable amount			. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amount	t		. 5b		
 Single or 	6a	,	6a				axable amount	t	· · · <u> </u>	. 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							l		_	
jointly or Qualifying	8	Additional income from Schedule								. 8	_	114 405
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9	-	114,405.
\$27,700 • Head of	10	Adjustments to income from Sche			· · · ·					. 10		114 405
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. <u>11</u> . <u>12</u>		114,405.
If you checked	12	Standard deduction or itemized deductions (from Schedule A) .<										13,850.
any box under Standard	13 14	Add lines 12 and 13								. <u>13</u> . 14		13,850.
Deduction, see instructions.	14 15	Subtract line 14 from line 11. If zer		ss enter	-0- Thie ie v		taxable incom	 e				100,555.
	15			33, CIIICI	0 1115 15 y	Jui		σ.		. 10		±00,000.

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	17,533.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	17,533.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	17,533.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	17,533.
Payments	25	Federal income tax withheld							
· · · , · · · · · ·	а	Form(s) W-2				25a 17	,667.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	17,667.
If you have a	26	2023 estimated tax payment						26	
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	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	33	17,667.					
Refund	34	If line 33 is more than line 24						34	134.
neiuliu	35a	Amount of line 34 you want				•		35a	134.
Direct deposit?	b	Routing number $\begin{vmatrix} 1 & 1 \end{vmatrix}$					· Savings	55a	1011
See instructions.	d	Account number 4 8 8					Savings		
	36	Amount of line 34 you want a							
A						36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
Tou Owe	38					38	• •	37	
Think Death		Estimated tax penalty (see in	,						
Third Party Designee		you want to allow another	•				omplete b	مامس	× No
Designee		signee's		Phone			onal identifi		
	nai			no.			ber (PIN)	Jation	
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 informati	on of which	prepare	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation				nt you an Identity
									IN, enter it here
Joint return? See instructions.				Data		PROFESSIONA	<u>хп</u> ,	,	
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	lion			nt your spouse an ection PIN, enter it here
your records.							(see in		
	Phone no. (469) 674-2987 Email address SIDDANTH238@GMAIL.COM								
		eparer's name	Preparer's signat		~ + 0 0 / 11 4 + 11 6 .	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	СПЪТА ТАТ.Т.АМ	03/13/2024	P02082	703	Self-employed
Preparer		m's name GLOBAL TAX							(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		n1040 for instructions and the late		1.0.011 OIC IN			1 1 11 13	1	Form 1040 (2023)
			stanomation.		BAA	REV 03/04/24 PRO			10111 10-10 (2023)