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	yer's name	Social secu	Social security number						
CHA	ANDRA MOHAN REDDY PEDDAPAPIREDDYGARI	207-6	207-65-9859						
Spous	e's name	Spouse's social security num							
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (En	iter year you	are autl	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	41,393.					
2	Total tax			3,083.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,725.					
4	Amount you want refunded to you		4	3,642.					
5	Amount you owe								
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a co	pv of vo	our 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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN

L	Ent	er fiv I't er	as my			
	5	9	8	5	9	

03/22/2024

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

P. Chandramohan Reddy

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

I authorize

to	enter	or	generat	e m	V PIN	

Date

as mv 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 Method Returns On	ly—continue below
Part III Certification and Authentication – Practitioner PIN Me	thod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-self	lected 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 Form — Se Don't Submit This Form to the IRS Unless								
an Demonstration Act Matter and unstanting instructions									

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	/—Do not w	rite or sta	aple in this space.
For the year Jan	e. 31, 2023, or other tax year beginning		, 2023, ending , 20				, 20	See separate instructions.				
Your first name	and mi		Last r	name					Your social security number			
				IREDDYGA	RT						9859	
		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	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaign
1550 KAI	Y GA	AP ROAD						3	204	Check I	here if y	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	spaces be	low.	Sta	ite	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
KATY						TΣ	K	774	94	, v		not change
Foreign country	name			Foreign p	rovince/state/	county Fo		Foreig	n postal code	your tax		
											Y	ou 🗌 Spouse
Filing Status	; X	Single					Head of ho	buseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	-	ou checked the MFS box, enter the		-	pouse. If you	u che	ecked the HOH	or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for proper	ty or :	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig						-			□ Ye	es 🛛 No
Standard	Som	eone 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	ı					
Age/Blindness	S You:	Were born before January 2, 1	959	Are bl	lind Spa	ouse	: 🗌 Was bor	n befc	ore January	2. 1959		s blind
Dependents		•		(2) 5	Social security		(3) Relationshi	14	,		ifies for ((see instructions):
If more		irst name Last name		(_)	number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a	I	41,393.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstruction	nstructions)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 1d	I	
1099-R if tax	е	Taxable dependent care benefits f								. 1e	•	
was withheld.	f	Employer-provided adoption bene			,					. 1f		
lf you did not get a Form	g	-							. 1g	I		
W-2, see	h	Other earned income (see instruct							. 1h	<u>ا</u>	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)								41 000
		Add lines 1a through 1h	···		· · ·	· ·		· ·	· · ·	. 1z		41,393.
Attach Sch. B if required.	2a		2a				axable interest			. 2b		
	<u>3a</u>		3a				Ordinary divider					
Standard	4a -		4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	, _	6a		abach k · ·		axable amount		· · ·	. 6b		
separately, \$13,850	c -	If you elect to use the lump-sum e						• •	l			
 Married filing 	7	Capital gain or (loss). Attach Scher						• •	l			
jointly or Qualifying	8	Additional income from Schedule							· · ·	. <u>8</u> . 9		11 303
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				• •	· · ·			41,393.
 Head of 	10 11	Adjustments to income from Sche						• •		. 10		11 202
household, [\$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is	-					• •		. <u>11</u> . <u>12</u>		41,393.
If you checked any box under	13	Standard deduction or itemized						• •		. 13		13,850.
Standard	13 14	Qualified business income deduction from Form 8995 or Form 8995-A .						. 14		13,850.		
Deduction, see instructions.	14	Add lines 12 and 13 Subtract line 14 from line 11. If zer	 o or le		 -0- This is v	 'our t	taxable incom	 е	· · · · · ·			27,543.
			5 51 10		5 . 1110 10 y	501		. .		. 10	· .	

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	3,083.
Credits	17	Amount from Schedule 2, lin	ie3				·	17	
	18	Add lines 16 and 17						18	3,083.
	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	3,083.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your total tax					24	3,083.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 6	5,725.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,725.
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)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	33	6,725.					
Refund	34	If line 33 is more than line 24	34	3,642.					
	35a	5a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							3,642.
Direct deposit?	b	Routing number 1 1 1							
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		For details on how to pay, go to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	instructions						elow.	X No
	Designee's Phone Personal iden name no. number (PIN)							ication	
Cian		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	he hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
		0							IN, enter it here
Joint return?				SOLIMAKE ENGINEEK			inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see		ection Fills, enter it here
	Ph	one no. (346) 632-304	Q	Email address	СНУИРВУМОНУ	N666@GMAIL.CO			
		eparer's name	Preparer's signat	1	CITATIONAMORA	Date	PTIN		Check if:
Paid			SYAM PRIY		GIIPTA	03/21/2024	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAX		I IVIII OA(1 22/21/2024	· · · · ·		678) 965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			s EIN	0,0,0000000
Go to www.irs.ov		1040 for instructions and the late		110111 011 110			1,1,111		Form 1040 (2023)
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