Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)		-						
Taxpayer's name	Social secur	Social security number						
DINABANDHU SAR	104-39	104-39-5553						
Spouse's name	1 -	use's social security number						
PAMPA DEY	991-92							
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you	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.			4.0					
1 Adjusted gross income		1		0,649.				
2 Total tax		3		1,293.				
4 Amount you want refunded to you		4		3,006.				
5 Amount you owe		5		1,713.				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	1 - 1	our retu	urn)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I are Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate in 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 if you are entering your own PIN and your return is filed using the Practitioner PIN methods.	e are the an itter, or elect action of the S. Treasury cated in the set the authorizests must be processing ayment. I furn now authorizests must be processed as a furnity of the set of	nounts fironic ret transmisiand its c tax prepe e entry t tation. The receive of the elerther ac rizing ar	rom the ir urn origina sision, (b) to designate or this according to the certonic paration so the certonic paration in the certonic paration in the certonic paration in the certonic paration in the certonic paratic	ncome tax ator (ERO) the reason d Financial d Financial d Financial d Financial d Financial (cancel) a ter than 2 ayment of e that the icable, my as my				
below.	oa. Ille En	O musi	Complet	e Fait III				
Your signature ▶ Date ▶								
Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate it	my PIN 2	2 4	1 5	as 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 if you are entering your own PIN and your return is filed using the Practitioner PIN methology.	do ow authoriz	ing. Ch						
Spouse's signature ▶ Date ▶								
Practitioner PIN Method Returns Only—continue below								
Part III Certification and Authentication — Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 0 ter all ze		7 1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this ref	urn in a	ccordance					
ERO's signature ► Date ► ERO Must Retain This Form — See Instructions								
FRUINIUST RATAIN UNIS FORM — SAA INSTRUCTIONS								

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		urn	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	oarate i	instructions.	_
Your first name	and m	iddle initial	Last na	ıme							Your so	cial sec	curity number	_
DINABAN								104 39 5553						
		s first name and middle initial	Last na	ıme							Spouse's social security number			ber
PAMPA			DEY								991	92	2415	
	(numbe	er and street). If you have a P.O. box, see		ons.				A	Apt. no.			•	ection Campai	ign
200 MAR	ION	PUGH DR							L202	- 1			ou, or your	Ŭ
		ice. If you have a foreign address, also co	mplete s	paces belo	DW.	Sta	te	ZIP c				-	jointly, want \$	
COLLEGE STATION					TX			777010			•		nd. Checking a not change	а
				Foreign province/state/county			Foreign postal code			your tax		•		
												Yo	ou 🗌 Spou	ıse
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	<u>-</u> -				
Check only	_	Married filing jointly (even if only o	ne had i	income)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	/ing spoi	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If yo	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ualifying person is a child but not you												
B: ::::	Λ± α.	ny time during 2023, did you: (a) rec	oivo (oo											_
Digital Assets		nange, or otherwise dispose of a dig										□ Ye	es 🛛 No	
		neone can claim: You as a de					a dependent), (O	30 1113114	011011	o.,		20 110	_
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Deddollon	<u> </u>		11 O1 you	_ word a c	idai Status	ancii								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):			ocial security	,	(3) Relationsh	nip (4	-				(see instruction	-
If more	(1) F	(1) First name Last name			number to you			Child tax c			edit	Credit fo	or other depende	nts
than four													<u> </u>	
dependents, see instruction	s												<u> </u>	
and check	, —												<u> </u>	
here L														
Income	1a	Total amount from Form(s) W-2, b	`		,						1a		40,646	•
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 88	339, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h	_	0	•
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>1</u> i						10 616	
	<u>z</u>	Add lines 1a through 1h			<u>;</u>						1z		40,646	•
Attach Sch. B	2a	· –	2a		1		axable interes				2b			
if required.	3a_	· · ·	3a		1.		ordinary divide				3b		3	•
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t			6b			
separately,	separately, c if you elect to use the lump-sum election method, check here (see instructions)								J -					
\$13,850 Adaptive of the control of t							. L	7						
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8		40 640			
surviving spouse,	9		b, 7, and 8. This is your total income						9		40,649	•		
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26								10		40.515		
household, \$20,800 Subtract line 10 from line 9. This is your adjusted gross income							11		40,649					
If you checked	12	Standard deduction or itemized									12		27 , 700	•
any box under Standard	13	Qualified business income deduct									13		00 00	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 700	
	15	SUBTRACT LING 1/1 from ling 11 It zon	O Or ICC	c ontor	I I DIC IC \	OUR t	TOVODIO IDOOM	••			1 45		1 / 4/14	

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	1,293.	
Credits	17	Amount from Schedule 2, lin					17		
	18	Add lines 16 and 17					18	1,293.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19		
	20	Amount from Schedule 3, lin	ne 8				20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	1,293.	
	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	1,293.	
Payments	25	Federal income tax withheld						<u> </u>	
,	а	Form(s) W-2				25a 3	,006.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,				25d	3,006.	
If you have a	26	2023 estimated tax payment					26	,	
If you have a l 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							
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T						3,006.	
Refund	34	If line 33 is more than line 24	•				34	1,713.	
riorana	35a	Amount of line 34 you want				•	. 🗆 35a	1 510	
Direct deposit?	b	Routing number 0 7 1					Savings		
See instructions.	d	Account number 9 1 3					9-		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g					37		
	38	Estimated tax penalty (see in	_	-		38			
Third Party Designee		you want to allow another	person to disc	cuss this retu			omplete below	. X No	
	De	signee's		Phone			nal identification		
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation			ent you an Identity	
Joint return?				ASSOCIATE RESEARCH SCIENT			Protection PIN, enter it here (see inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupati	on		ent your spouse an	
your records.			HOHORBUTER			(see inst.)	Identity Protection PIN, enter it here		
			0	Empil address	HOUSEWIFE	2200000000	(
		one no. (217) 281-272 eparer's name	9 Preparer's signat	Email address	DINARANDHUS	SAR@GMAIL.CO Date	M PTIN	Check if:	
Paid		•	'		ממיזם מגי		P02082703		
Preparer									
Use Only				Phone no. (678) 965-9522					
0-1			Y CT E BRU	NOMICE IN			Firm's EIN		
GO TO WWW.Irs.go	UV/FOIT	m1040 for instructions and the late	ธนาทอกกลับอก.		BAA	REV 03/04/24 PRO		Form 1040 (2023)	