## **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							
DINABANDHU SAR	104-39-5553							
Spouse's name	Spouse's social security number							
PAMPA DEY	991-92-2415							
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)								
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.								
<b>1</b> Adjusted gross income	<b>1</b> 40,649.							
<b>2</b> Total tax	<b>2</b> 1,293.							
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 3,006.							
4 Amount you want refunded to you	<b>4</b> 1,713.							
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: che	ck one box only			9 5 5 5 3		
XI	authorize	GLOBAL TAXES LI	C	to enter or generate my PIN	Enter five digits, but as my		
s	ignature or		<b>RO firm name</b> (original or amended) I am now a	amended) I am now authorizing.			
if			on the income tax return (origina nd your return is filed using the	,			
Your signa	ature 🕨	Dinabandhu Sar		Date Date 03-20-2	024		
Spouse's	PIN: chec	k one box only					
XI	authorize	GLOBAL TAXES LI	C	to enter or generate my PIN	2 2 4 1 5 as my		
S	ignature or		<b>RO firm name</b> (original or amended) I am now a	uthorizing.	Enter five digits, but don't enter all zeros		
	will optor p	DIN on my diapatura	on the income tax return (origin)	l or omondod) I am now outh	orizing Chook this how only		

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  Pampa Dey	Date 🕨	03-20-2024					
Practitioner PIN Method Returns Only—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-sele	ected PIN. 2 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 M Don't Submit 1	So	
For Demonstral, Deduction Act Notice and constant		Farm <b>9970</b> (Day, 01,0001)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	ple in this space.	
For the year Jan	or the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending			, 20 See separate instructi			nstructions.		
Your first name	and mi	 iddle initial	Last nar	me						Your so	cial sec	urity number	
DINABANI										5553			
									security number				
PAMPA										2415			
										ction Campaign			
200 MARI									.202			ou, or your	
	-	ce. If you have a foreign address, also co	mplete sr	paces bel	low.	Sta	te	ZIP c		spouse if filing jointly, want \$3			
COLLEGE						ТХ				to go to this fund. Checking a box below will not change			
Foreign country		1101	F	oreian pr	TX 77840 province/state/county Foreign postal code			your tax		0			
, ,				<b>5</b>  -			,			,	Yo	_	
Filing Status		Single					Head of he	huseh	old (HOH)				
•		Married filing jointly (even if only o	ne had ir	ncome)				Juberr					
Check only one box.		Married filing separately (MFS)		1001110)				surviv	ving spouse	(OSS)			
one box.	lf v	you checked the MFS box, enter the	name o	of your si	oouse. If voi	ı che					ld's nar	ne if the	
		alifying person is a child but not you			56466. ii yot						ia o nai		
Digital		ny time during 2023, did you: (a) rec	•					•	,	.,			
Assets		ange, or otherwise dispose of a dig					-	t)? (Se	e instruction	ns.)	∐ Ye	s 🛛 No	
Standard		eone can claim: 🗌 You as a de			-		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l						
Age/Blindness	S You:	Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 Is	blind	
Dependents	s (see	instructions):		( <b>2</b> ) S	Social security	,	(3) Relationsh	<sub>ip</sub> (4	) Check the b	ox if quali	fies for (s	see instructions):	
If more	<b>(1)</b> Fi	irst name Last name			number		to you		Child tax c	redit	Credit for	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 instruc	tions) .					. 1a	_	40,646.	
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2.					. 1b	_		
W-2 here. Also	С	Tip income not reported on line 1a	ı (see ins	struction	s)					. 1c	_		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted or	n Form(s	s) W-2 (see in	nstru	ictions)			. 1d	_		
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26					. 1e	_		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29	•				. 1f	_		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	_		
get a Form W-2, see	h	Other earned income (see instruct	,				· · · · ·	· ·		. 1h	_	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<b>1</b> i						
	z	Add lines 1a through 1h	· · ·		· · · ·					. 1z	_	40,646.	
Attach Sch. B	2a		2a		1		axable interest			. 2b			
if required.	<u>3a</u>		3a		1.		ordinary divider			. 3b		3.	
Standard	4a		4a				axable amount			. 4b			
Deduction for –	5a		5a				axable amoun			. 5b			
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amoun	t		. 6b	-		
separately,	С	If you elect to use the lump-sum e				•	,	• •	L	-			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scher						• •	L	7	_		
jointly or Qualifying	8	Additional income from Schedule						• •		. 8			
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				• •		. 9		40,649.	
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10	_		
household, \$20,800	11 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		Form 8	995 or Form	899	5-A	• •		. 13			
Deduction, see instructions.	14	Add lines 12 and 13		•••		• •				. 14		27,700.	
	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	-0 This is y	our I	taxable incom	е.		. 15		12,949.	

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

Form **1040** (2023)

Form 1040 (2023	5)								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	1,293.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[	18	1,293.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8				[	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							
. aymente	а	Form(s) W-2				<b>25a</b> 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	
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	3,006.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							1,713.
neruna	35a	Amount of line 34 you want				•	_ +	34 35a	1,713.
Direct deposit?	b	Routing number 0 7 1	0 0 0 0	1 3			Savings		
See instructions.	ď	Account number 9 1 3	Janigo						
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24				36			
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see instructions)							
Third Party		you want to allow another	,						
Designee		structions	•				omplete bel	low.	🗙 No
	De	signee's		Phone		Perso	nal identifica	ation	
	nai			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the							
Here			、	reparer (other than taxpayer) is based on all information of which preparer has any					
	Yo	bur signature Date Your							nt you an Identity N, enter it here
Joint return?				ASSOCIATE RESEARCH SCIENT					
See instructions.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date				IS sen	nt your spouse an
Keep a copy for		<b>,</b> , ,			Identity	Prote	ection PIN, enter it here		
your records.				HOUSEWIFE (see inst.)					
		one no. (217) 281-272	9	Email address	DINABANDHU	SAR@GMAIL.CC	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/20/2024	P020827	03	Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phon							678)965-9522
	Firm's address 245 ROONEY CT E BRU			NSWICK N	J 08816		Firm's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form <b>1040</b> (2023)