### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social s	ecurity numb	ber
NAV	EEN KUMAR KONERU	191-	-79-126	2
Spouse	's name	Spouse'	s social secu	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (E	inter year ye	ou are au	thorizing.)
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	32,591.
2	Total tax		. 2	2,027.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	4,787.
4	Amount you want refunded to you		. 4	2,760.
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: check one box only

				FBO firm name		Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ
			-			19

9	1	2	6	2	as my
Ente					

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

Date

## Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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 Only—contin	ie bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only	,								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	_	6 nter a	 	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 F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite 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	and m	iddle initial	Last r	ame						Your so	cial sec	curity number	
NAVEEN F	KUMAI	R	KON	DNERU						191	79	1262	
-		s first name and middle initial	Last r									l 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	
<u>313 RIE</u>												ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3 nd. Checking a	
LIBERTY						TΣ		786		box bel	ow will	not change	
Foreign country name					rovince/state/	count	ty	Foreig	n postal code				
											L Yo	ou Spouse	
Filing Status	; 🗠	Single		( :)			Head of he	ouseh	old (HOH)				
Check only		Married filing jointly (even if only on Married filing concretely (MES)	ne nao	i income)				ound	ring spouse	(000)			
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	namo	of your s	nouse If you	ı cha			•	. ,	ild'e na	me if the	
		alifying person is a child but not you									10 5 114		
Digital		ny time during 2023, did you: (a) rec						-				es 🛛 No	
Assets		hange, or otherwise dispose of a dig					-	1)? (36		ns.)		es 🛛 No	
Standard Deduction	_	<b>leone can claim:</b>	•				a dependent						
				_			_						
		Were born before January 2, 1	959	Are bl	lind Spo	ouse		14	ore January 2			s blind	
Dependents				(2) S	Social security number	/	(3) Relationsh to you	ip (4	Check the b Child tax c			(see instructions): or other dependents	
lf more than four	(1)	irst name Last name								Tour			
dependents,													
see instructions and check	s —												
here	]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		32,591.	
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)						. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d			
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	,		
was withheld.	f	Employer-provided adoption bene								. 1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g			
W-2, see	h	Other earned income (see instruct	,	· · ·				· ·		. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					32,591.	
Attach C-t- D	z 2a	Add lines 1a through 1h Tax-exempt interest	 2a		· · · ·	 ьт	axable interest	• •		. 1z . 2b		JZ, JJI.	
Attach Sch. B if required.	2a 3a		2a 3a				Ordinary divider			. 20			
	<u> </u>		3a 4a				axable amount			. 30			
Standard	-та 5а		5a				axable amount			. 5b			
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b			
Married filing separately,	c	If you elect to use the lump-sum e		method.	check here				[				
\$13,850	7	Capital gain or (loss). Attach Sche							[	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8			
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		32,591.	
\$27,700	10	Adjustments to income from Sche								. 10			
Head of household,	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		32,591.	
\$20,800 If you checked T	12	Standard deduction or itemized	deduc	<b>tions</b> (fro	m Schedule	A)				. 12	:	13,850.	
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13			
Deduction,	14		•••		· · · ·					. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	e.		. 15		18,741.	

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	2,027.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	2,027.
	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	2,027.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your total tax					24	2,027.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	1,787.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	4,787.
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 fror	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				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T		-	-			33	4,787.
Refund	34	If line 33 is more than line 24						34	2,760.
noruna	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	🗆	35a	2,760.
Direct deposit?	b	Routing number 1 1 1							
See instructions.	d	Account number 4 8 8							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24				- 1			
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee		structions	•				omplete l	below.	🗙 No
Ū	De	signee's		Phone			onal identi	fication	
	na			no.			ber (PIN)		<u> </u>
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			pioro: Doolaration (		,				, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					TECHNOLO	GY ARCHITE		inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	Date	Spouse's occupat		If the	ne IRS sent your spouse an		
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it here
your records.							(	inst.)	
		one no. (512) 731-247		Email address	NAVINKUMAR.K	ONERU@GMAIL.C			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer			SYAM PRIY	A RAM SAC	GAR GUPTA	03/21/2024	P0208		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y 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 03/07/24 PRO			Form <b>1040</b> (2023)