## 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

	5						
Submi	ssion Identification Number (SID)						
Taxpaye	er's name	Social secur	cial security number				
NAVI	EEN KUMAR KONERU	191-79-1262					
Spouse'	s name	Spouse's so					
Doub	Tou Deturn Information Tou Very Ending December 24 0000 (Ente			bla a vimina a '	<u> </u>		
Part	, ,	r year you a	are au	inorizing.	)		
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1 1	32	<b>,</b> 591.		
2	Total tax		2		,027.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,787.		
4	Amount you want refunded to you		4		,767. ,760.		
5	Amount you owe		5		, 100.		
Part		keep a cor	y of y	our retu	rn)		
my know return (to send for any Agent to payment authority payment taxes to person Electro	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by the correct, and complete. I further declare that the amounts in Part I about original or amended I am now authorizing. I consent to allow my intermediate service provider, transmiding return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the path identification number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	we are the am nitter, or electrection of the tale. Treasury a icated in the tale to debit the e the authorize uests must be processing of payment. I fur	counts fronic refransmistand its context ax preparation. The election of the election are received at the rece	from the incurrence of the control o	come tax tor (ERO) e reason Financial tware for bunt. This cancel) a er than 2 yment of that the		
Тахра	yer's PIN: check one box only	9	1 /	2 6 2			
X	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN └─			as my		
	<b>ERO firm name</b> signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.						
Your s	signature ► K. NAVEEN KUMAR Date ► C	3/21/2024					
Snous	se's PIN: check one box only						
Г	I authorize to enter or generate	my PIN			as my		
	ERO firm name	-	iter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	1					
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0	8 2 7	1		
		Don't en	cer all Ze	103			
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this ret	urn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	Do So					

## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending				, 20		See separate instructions.		
Your first name and middle initial			Last name						Your so	cial securit	y number
NAVEEN KUMAR				KONERU					191   79   1262		
If joint return, spouse's first name and middle initial				ame					Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Election	on Campaign
313 RIE:	ri Pi	KWY						C		Check here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code		•	0,	tly, want \$3
LIBERTY	HIL	L	TX					to go to this fund. Checking a box below will not change			
Foreign country	y name			Foreign province/state/o	n province/state/county		Foreign postal	code	your tax	x or refund.	_
									You Spous		
Filing Status	, X	Single				Head of ho	ousehold (HO	H)			
Check only		Married filing jointly (even if only one had income)									
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS									
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	cked the HOH	l or QSS box,	enter	the chi	ild's name	if the
	qu	alifying person is a child but not you	r deper	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navr	nent for prope	rty or services	s): or (	b) sell.		
Assets		nange, or otherwise dispose of a digi					-			Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate return	•			•					
A /DPl		<u> </u>		_				0	4050		
	_	: Were born before January 2, 19	959 [	Are blind <b>Spo</b>	ouse:		n before Janu			∐ Is bli	
Dependent				(2) Social security number	'	(3) Relationsh to you	ip   · ·			1	instructions): her dependents
If more	(1) F	(1) First name Last name		number		to you	Child tax c		uit	Credit for oth	
than four dependents,										<u> </u>	┽──
see instruction	s										┽──
and check here	1 —									<u> </u>	┽──
-	10	Total amount from Form(s) W 2 h	ov 1 (oc	oo inatruationa)					10		<u> </u>
Income	1a h	Total amount from Form(s) W-2, be	•	,					1a 1b		12, 391.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1c		
W-2 here. Also attach Forms	c d								1d		
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f		
If you did not	g g	Wages from Form 8919, line 6							1g		
get a Form	h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i				
	z	Add lines to through th							1z	. 3	32,591.
Attach Sch. B	2a		2a		<b>b</b> Ta	axable interest			2b		
if required.	3a	Qualified dividends	3a			rdinary divider			3b	,	
	4a	IRA distributions	4a			axable amount			4b	,	
Standard Deduction for—	5a	Pensions and annuities	5а		<b>b</b> Ta	axable amount	t		5b	,	
Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amount	t		6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	election method, check here (see instructions)						]		
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
Married filing jointly or	8	Additional income from Schedule							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9	3	32 <b>,</b> 591.
\$27,700	10	Adjustments to income from Schee	sustments to income from Schedule 1, line 26							)	
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne				11	3	32 <b>,</b> 591.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				12	2 1	13,850.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	8995	5-A			13	}	
Standard Deduction,	14	Add lines 12 and 13								1	L3 <b>,</b> 850.
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								5   1	18,741.

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	2,027.		
Credits	17	Amount from Schedule 2, lin	ne 3				[	17			
	18	Add lines 16 and 17						18	2,027.		
	19	Child tax credit or credit for	other dependen	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		22	2,027.						
	23	Other taxes, including self-e	[	23	0.						
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	2,027.		
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				<b>25a</b> 4	787.				
	b	Form(s) 1099									
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						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)			No .	27	ĺ				
attach Sch. EIC.	28	Additional child tax credit from									
	29	American opportunity credit	from Form 8863	3, 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	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.						
	35a										
Direct deposit?	b	Routing number 1 1 1	Savings								
See instructions.	d	Account number 4 8 8									
	36	Amount of line 34 you want applied to your 2024 estimated tax 36									
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another				? See					
Designee		structions				<b>Yes.</b> C	omplete be	elow.	<b>⋈</b> No		
-		Designee's Phone Personal identifi									
	name no. number (PIN)										
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge abelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here				Date Your occupation If th					, ,		
	10	ur signature			'			If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?	K. NA	AVEEN KUMAR		03/21/2024	TECHNOLOGY ARCHITECT			(see inst.)			
See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occup		tion		f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)			
Keep a copy for your records.						le					
your rooordo.											
		one no. (512) 731–247		Email address	NAVINKUMAR.	KONERU@GMAIL.CO					
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/21/2024	P02082		Self-employed		
Use Only	Firm's name GLOBAL TAXES LLC Phon Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's								(678) 965-9522		
				NSWICK N	J 08816		Firm's	EIN			
Go to www.irs.go	ov/Forn	m1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)		