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	y number	number		
GANESH PURUPU	-3376			
Spouse's name	Spouse's soci	al security nu	mber	
POOJITHA POTHAMSETTY	082-17-			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year you aı	re authoriz	ing.)	
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	22,289.	
2 Total tax		2	0.	
 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 4	1,456.	
4 Amount you want refunded to you		5	1,456.	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keen a con		eturn)	
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 aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejifor 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 ind payment 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 requipments and 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 at Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate 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. 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.) I am now authorize are the amount of the transition to debit the eigenfactorize authorized must be processing of payment. I furthorized must be processing of payment. I furthorized must be processed to be processed of payment. I furthorized must be processed to be processed	norizing, and punts from the nic return oriansmission, (and its designax preparation entry to this stion. To revolved no the electroniner acknowleding and, if a and a stick of the stick o	to the best of the income tax ginator (ERO) (b) the reason ated Financial in software for account. This take (cancel) at later than 20 later t	
Tour signature P				
Spouse's PIN: check one box only				
I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	Ent dor now authorizir	er five digits, I i't enter all zer	ros nis box only	
below. Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below	i			
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		6 0 8 2 er all zeros	2 7 1	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	nitting this retu	rn in accorda	ance with the	
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See 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	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	
Your first name	our first name and middle initial Last name						Your social security number							
GANESH		PURUPU							876 89 3376					
	n, spouse's first name and middle initial Last name								Spouse's social security number			ıber		
POOJITHA	Δ		РОТН	AMSET	ΤΥ						082	17	1413	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campa	aign
12440 AI	LAME	DA TRACE CIR						2	2325	- 1			ou, or your	Ĭ
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c				0	jointly, want	
AUSTIN						TX	ζ	787	27		U		nd. Checking not change	a
Foreign country name Foreign province/state/county					ty	Foreig	oreign postal code your tax or refu			•				
												Yo	ou 🗌 Spoi	use
Filing Status	s [Single					Head of h	ouseh	old (HOI	——- ⊣)				
Check only		Married filing jointly (even if only or	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	ndent:										
Digital	Δt 21	ny time during 2023, did you: (a) rec	oivo (ac	a reward	l award or	navn	ment for prope	rty or	convices): or (h) sall			
Digital Assets		nange, or otherwise dispose of a digi										ΠYe	es 🗵 No	
Standard		neone can claim: You as a de					a dependent	,,, (0		01.0	<u> </u>			
Deduction	_	Spouse itemizes on a separate retur	•		•		•							
														_
		: Were born before January 2, 1	959 _	_ Are bli □	ind Spo	ouse	: U Was bor						s blind	
Dependent				(2) Social security (3) Relationsh										
If more	<u>(1)</u> ⊢	(1) First name Last name			number to you			Child tax o			eait	Credit 10	or other depende	ents
than four dependents,														
see instruction	s													
and check	, —													
here L		T-1-1-1	- 4 (1'							_		
Income	1a	Total amount from Form(s) W-2, b	`		,						1a	_	22,289	<u>, </u>
Attach Form(s)	b		•	orted on Form(s) W-2							1b	_		_
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c	_		
W-2G and	d	Medicaid waiver payments not rep									1d	_		
1099-R if tax	e	Taxable dependent care benefits f									1e	_		
was withheld.									1f			_		
If you did not get a Form	9	Wages from Form 8919, line 6 .									1g).
W-2, see	h :	Other earned income (see instruction	,					· ·			1h			<u>,</u>
instructions.	i _	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i				- 4-		22,289	<u>م</u>
AH		Add lines 1a through 1h	2a		· · i	ьт	axable interes				1z	_		
Attach Sch. B if required.	2a	· —	2a 3a								2b 3b	_		
	3a_ 4a		3a 4a				ordinary divide axable amoun				4b	_		
Standard	1		4 а 5а				axable amoun				5b	_		
Deduction for—	5a 6a	-	оа 6а				axable amoun axable amoun				6b	_		_
Single or Married filing		,		method :	chack here					· ·	7			
c If you elect to use the lump-sum 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	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								. ∟	8			
jointly or Qualifying	9								9	+	22,289	<u> </u>		
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								10			•	
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11		22,289		
household, \$20,800	12	<u> </u>							12		27,700			
If you checked any box under	13	Qualified business income deducti		·					13		21,100	· •		
Standard	14						J-A				14		27,700	<u> </u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15			<u>· · · · · · · · · · · · · · · · · · · </u>

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	0.	
Credits	17									
	18	Add lines 16 and 17	18	0.						
	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	0.	
	23	,						23	0.	
	24	Add lines 22 and 23. This is						24	0.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions								
	d	Add lines 25a through 25c						25d	1,456.	
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	from Form 8863	3. line 8		29				
	30	Reserved for future use .		-		30				
	31					31				
	32	Amount from Schedule 3, line 15								
	33	Add lines 25d, 26, and 32. These are your total payments						32	1,456.	
Refund	34	· · · · · · · · · · · · · · · · · · ·						34	1,456.	
nerana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	1,456.	
Direct deposit?	b								,	
See instructions.	d	Account number 5 5 7					Cavinge			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37									
You Owe	31	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions								
	38	Estimated tax penalty (see in	_	-		38		37		
Third Party										
Designee		Do you want to allow another person to discuss this return with the IRS? See instructions								
Ü		Designee's Phone Personal iden name no. number (PIN)								
	na									
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 and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here			picto. Decidiation		Your occupation	1				
	Your signature		Date				e IRS sent you an Identity tection PIN, enter it here			
Joint return?				PROJECT M	ANAGER		see inst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat		If t	If the IRS sent your spouse an		
Keep a copy for your records.			i i				Identity Protection PIN, enter it here			
your records.		Phone no. (512)804-8986 Email address GANESH, PURUPU2008@GMAIL, COM						e inst.)		
		one no. (512) 804-898	GANESH.PURUP	U2008@GMAIL.C Date						
Paid	Pre	eparer's name	ture		PTIN					
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	P020	2082703 Self-employed			
Use Only								Phone no. (678) 965-9522		
	Fin	m's address 245 ROONE	Fir	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 1040 (2023)	