

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) ▶

Taxpayer's name SANCHIT DHINGRA	Social security number 034-87-2258
Spouse's name	Spouse's social security number

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.

1 Adjusted gross income	1	7,251.
2 Total tax	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	944.
4 Amount you want refunded to you	4	944.
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 perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	2	2	5	8
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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—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	6	0	8	2	7	1
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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 Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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: SANCHIT; Last name: DHINGRA; Your social security number: 034 87 2258; Spouse's social security number: [blank]

Home address (number and street): 13722, NEIL ARMSTRONG AVE; Apt. no.: #207; City, town, or post office: HERNDON; State: VA; ZIP code: 20171; Foreign country name: [blank]; Foreign province/state/county: [blank]; Foreign postal code: [blank]; Presidential Election Campaign: [] You [] Spouse

Filing Status: [X] Single; [] Married filing jointly; [] Married filing separately; [] Head of household; [] Qualifying surviving spouse

Digital Assets: At any time during 2023, did you: (a) receive...; or (b) sell, exchange, or otherwise dispose...? [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent; [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 7,251. Total taxable income: 7,251.

Table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15. Capital gain or (loss), Additional income from Schedule 1, Adjustments to income from Schedule 1, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income: 0.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	0.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	944.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	944.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	944.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	944.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	944.
Direct deposit? See instructions.	b	Routing number 0 5 1 0 0 0 0 1 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 4 3 5 0 4 8 4 7 2 1 9 7		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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.

Your signature _____	Date _____	Your occupation PROCUREMENT MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (571) 471-6715 Email address SANCHITDHINGRA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/12/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522 Firm's EIN 84-3171965



SANCHIT DHINGRA
13722, NEIL ARMSTRONG AV APT #207
HERNDON VA 20171

SSN - You DHIN 034872258 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	7251 .	Withholding (VA) - You	19A.	356 .
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	7251 .	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	356 .
Total VA Adj Gross Income (VAGI)	9.	7251 .	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	356 .
Standard Deduction	11.	8000 .	Overpayment Credited to Next Year	29.	
Exemptions	12.	930 .	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	8930 .	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	-1679 .	Sales and Use Tax	33.	
Amount of Tax	16.	0 .	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.		Your Refund		356 .
Net Amount of Tax	18.	0 .	Bank Routing #	C	051000017
			Bank Account #		435048472197





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1

Federal Head of Household

DOB - You 08211986

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 059

Uninsured & Authorize DMAS

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) 1 Blind - Spouse

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 5714716715

Signature - Spouse _____ Date _____ Phone - Spouse _____

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date 041224 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02082703
 GLOBAL TAXES LLC

245 ROONEY CT
 E BRUNSWICK NJ 08816

File by May 1, 2024
 Include Page 1, Page 2 and all supporting 760CG documents.

2023 Schedule INC/CG

034872258



Report all W-2s, 1099s & VK-1s with VA Withholding

SANCHIT

DHINGRA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
034872258	W	356.	911986543	30911986543F001	7251.

Total VA Withholding	SSN	VA Withholding
You	034872258	356.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

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: SANCHIT; Last name: DHINGRA; Your social security number: 034 87 2258; Spouse's social security number: [blank]

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Filing Status: [X] Single; [] Married filing jointly; [] Married filing separately; [] Head of household; [] Qualifying surviving spouse

Digital Assets: At any time during 2023, did you: (a) receive... or (b) sell, exchange, or otherwise dispose...? [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent; [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

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	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	944.
Direct deposit? See instructions.	b	Routing number 051000017 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 435048472197		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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.

Your signature	Date	Your occupation PROCUREMENT MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (571) 471-6715 Email address SANCHITDHINGRA@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/12/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522 Firm's EIN 84-3171965