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	ty number					
CHANDRA SHEKHARA KAU VALMEEKAM	202-29-	-8407				
Spouse's name	Spouse's soci	cial security number				
SANGITA JAYENDRAN	814-77-	-7959				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you a	e 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	27,105.			
2 Total tax		2	0.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,381.			
4 Amount you want refunded to you		4	1,381.			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy	of your r	eturn)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instit authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation in business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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) Electronic Funds Withdrawal Consent.	smitter, or electro rejection of the tra- e U.S. Treasury are indicated in the taution to debit the nate the authoriza equests must be the processing of e payment. I furti	nic return ori ansmission, (ad its designa x preparation entry to this a ition. To revo received no the electroni ner acknowle	ginator (ERO) b) the reason ated Financial a software for account. This bke (cancel) a later than 2 c payment of edge that the			
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or general	te my PIN	8 4 0	7 as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, b 't enter all zer	out			
I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN and your return is filed using the Practitioner PIN mobelow.						
Your signature ► Date ►	•					
Spouse's PIN: check one box only						
I authorize GLOBAL TAXES LLC to enter or genera 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 an	Ent dor	7 9 5 er five digits, to 't enter all zer	os			
if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Spouse's signature ▶ Date ▶	-					
Practitioner PIN Method Returns Only—continue belo	ow					
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 0 Don't ente	5 0 8 2	7 1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	bmitting 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 S. Individual Income Tax		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	pace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				, 20		See se	oarate i	instructio	ns.	
Your first name	and m	iddle initial	Last nam	ne							Your so	cial sec	urity num	ber
CHANDRA	NDRA SHEKHARA KAU VALMEEKAM							202 29 8407						
	f joint return, spouse's first name and middle initial Last name								Spouse's social security number			ıumbeı		
SANGITA			JAYEI	NDRAN							814	77	7959	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.				A	Apt. no.		Preside	ntial Ele	ection Can	npaign
1700 SOT	JTHW:	EST PKWY						3	3		Check h	nere if y	ou, or you	ır
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c	ode			•	jointly, wa nd. Check	
COLLEGE	STA'	TION			TX 7			778	77010				not chang	_
Foreign country name				Foreign province/state/county Foreign province/state/county				Foreig	ın postal c	your tax	or refu	_	Spouse	
Filing Status	, [Single					Head of he	ouseh	old (HOF	H)				
Check only	X	Married filing jointly (even if only or	ne had in	icome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name of	your sp	ouse. 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 depend	dent:										
Digital	At a	ny time during 2023, did you: (a) rece	eive (as a	a reward.	. award. or	pavn	nent for prope	rtv or	services): or (b) sell.			
Assets		nange, or otherwise dispose of a digi										□ Ye	es 🗵 N	10
Standard	Som	neone can claim:	pendent		Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status a	alien								
Age/Blindness	· Vou	: Were born before January 2, 1	050	Are blii	nd Sno	use	: Was bor	n hefe	ore Janus	arv 2	1050		s blind	
	_		333 _	-	<u> </u>			14					see instruc	
-		(see instructions): (1) First name Last name			(2) Social security (3) Relationsh number to you			iip	Child t				r other depe	
If more than four	(1)								\vdash					
dependents,									[_			౼	
see instruction	s —								[_			一一	
and check here \square]												一一	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruct	ions)						1a		27,1	05.
	b	Household employee wages not re	eported c	n Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see inst	tructions	s)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s)	W-2 (see ir	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forn	n 2441, l	line 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not							1g							
get a Form W-2, see	h	Other earned income (see instruction	,					· ·			1h	\perp		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1i</u>							
	Z	Add lines 1a through 1h			· · · ·						1z		27,1	05.
Attach Sch. B	2a	· —	2a				axable interest				2b			
if required.	<u>3a</u>		3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	, _	6a				axable amoun	t			6b	+		
separately,	c	,	f you elect to use the lump-sum election method, check here (see instructions)											
\$13,850 Married filing 7 Capital gain or (loss). Attach Schedule D if required. If not required, check her										. L	7			
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8		27 1	<u> </u>		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		27,1	us.		
Head of	10	Adjustments to income from Schedule 1, line 26								10		27 1	0 E	
household, \$20,800	11		•	-							11		27,1	
If you checked any box under	12 13	Standard deduction or itemized Qualified business income deduction				,	 5-Δ				12		27,7	00.
Standard	14						o-A				14		27,7	0.0
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		41,1	00.

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										
	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								0.		
	24	Add lines 22 and 23. This is	your total tax						. 24	0.		
Payments	25	Federal income tax withheld										
	а	Form(s) W-2	1.									
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c							. 25d	1,381.		
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	Amount from Schedule 3, lin				31						
	32	Add lines 27, 28, 29, and 31					e credits		. 32			
	33	Add lines 25d, 26, and 32. T								1,381.		
Refund	34	If line 33 is more than line 24						-	. 34	1,381.		
neiulia	35a	Amount of line 34 you want	•			•	•	. [35a	1,381.		
Direct deposit?	b	Routing number 1 1 1				Check		Savin				
See instructions.	d	Account number 3 1 5					i9	Ouvin	95			
	36	Amount of line 34 you want a			ed tax	36	'					
Amount	37					1 00						
You Owe	37 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							. 37				
roa o we	38	Estimated tax penalty (see in	_	-		38		•	. 31			
Third Dorty												
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions											
Designee	Designee's Phone Personal identif											
	nai			no.				ber (PI				
Sign		der penalties of perjury, I declare the										
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on	all informati	on of w	hich prepar	er has any knowledge.		
	Yo	ur signature	Date Your occupation					If the IRS sent you an Identity				
					STUDENT				see inst.)	IN, enter it here		
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				If the IRS sent your spouse an				
Keep a copy for	Ор	opouse's signature, if a joint return, both must sign.			Date Spouse's occupation					Identity Protection PIN, enter it here		
your records.				STUDENT					see inst.)			
	Ph	one no. (979)739-768	3	Email address	VCSKAUSHI	K1@GN	MAIL.CO)M				
Daid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	P02	2082703 Self-employed					
Preparer	Firm's name GLOBAL TAXES LLC Pho							678)965-9522				
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816			F	Firm's EIN	· · · · ·		
Go to www.irs.ad	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03	3/07/24 PRO	'		Form 1040 (2023)		
5						• 00				` ',		