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

Subm	ission Identification Number (SID)		-						
Taxpaye	er's name	Social securit	Social security number						
RIT	HVIK REDDY GADDAM	067-19-	067-19-1365						
Spouse	's name	Spouse's soc	ial secu	urity numb	er				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	_ ∣ er year you a	re au	thorizing	g.)				
Enter	whole dollars only on lines 1 through 5.			`	<u> </u>				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1		5,659.				
2	Total tax		2	1	1,109.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	1,817.				
4	Amount you want refunded to you		4		708.				
5	Amount you owe		5	L .					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende								
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for revidelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial institution account in the financial axes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury andicated in the tation to debit the tion to debit the authorizate the authorizate quests must be the processing of payment. I furt	ansmised and its of an and its of an	ssion, (b) designate paration s to this acc fo revoke ved no la ectronic p knowledge	the reason d Financial oftware for count. This (cancel) a ater than 2 payment of ge that the				
	onic Funds Withdrawal Consent.				٦				
	ayer's PIN: check one box only	9	1 3	3 6 5					
×	I authorize GLOBAL TAXES LLC to enter or generate FRO firm name	ř Ent		digits, but					
	signature on the income tax return (original or amended) I am now authorizing.	doi	n't ente	er all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN merbelow.								
Your s	signature ▶ Date ▶								
Snous	se's PIN: check one box only				_				
	I authorize to enter or generate	e my PIN			as my				
_	ERO firm name		Enter five digits, but						
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.								
Spous	se's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue belo	w							
Part	III Certification and Authentication — Practitioner PIN Method Only								
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1				
		Don't ent	er all ze	eros					
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	ırn in a	accordanc) I am now ce with the				
ERO's	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



#104C		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.
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 middle initial Last na				 name						Your social security number			
RITHVIK REDDY GADD				AM							067	19	1365
If joint return, spouse's first name and middle initial Last na													security number
	, ,												
		er and street). If you have a P.O. box, see	Instruction	ons.					Apt. no.	- 1			ection Campaign ou, or your
8671 SEI		AVE ce. If you have a foreign address, also co	mnlete sr	naces held	nw.	Sta	te	ZIP c	nde				jointly, want \$3
LAS VEG		oo. II you havo a foreight address, also so	gri dadi ess, diso complete spaces below.						89148				nd. Checking a
Foreign countr		F	ovince/state/	nce/state/county			Foreign postal code		box bel your tax		not change		
. or orgin occini	,ae			o.o.g p. c	ormioo, oraco,		.,	. 0.0.8	, poota. o		your tu	Yo	
Filing Status	s X	Single											
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	ment for prope	rty or	services)); or (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)	Y	es 🗵 No
Standard	Som	neone can claim: 🗌 You as a de	pendent	: 🗆 `	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spo	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) Social security (3) Relationshi			(4) Check the bo			x if quali	fies for	(see instructions):	
If more		irst name Last name	Last name		number		to you		Child tax cr		dit	Credit fo	or other dependents
than four									[
dependents, see instruction	۰								[
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		85,659.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)								1b			
W-2 here. Also	С									1c			
attach Forms W-2G and	d									1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not get a Form	g								1g	- 1			
W-2, see	h	Other earned income (see instructions)								1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						05 650
	<u>z</u>	Add lines 1a through 1h	· · ·		· · · i	 . –					1z		85,659.
Attach Sch. B if required.	2a	· –	2a				axable interes				2b		
roquireu.	3a_		3a				ordinary divide				3b		
Standard	4a	-	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a	I	b Taxable amount				٠ ـ	6b			
separately, \$13,850	C	•	to use the lump-sum election method, check here (see instructions) L								1 -		
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
jointly or Qualifying	8		e 1, line 10							8		05 650	
surviving spouse, \$27,700	9								9	_	85 , 659.		
Head of	10	Adjustments to income from Sche	come from Schedule 1, line 26							10		0E (E)	
household, \$20,800	11		•	-							11		85,659.
If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	11,109.		
Credits	17	Amount from Schedule 2, lin	ie 3					17			
	18	Add lines 16 and 17						18	11,109.		
	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	. If zero or less,	enter -0				22	11,109.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	11,109.		
Payments	25	Federal income tax withheld	from:								
_	а	Form(s) W-2				25a 11	.,817				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	11,817.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812			28					
	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. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments							11,817.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	708.		
	35a	· · · · · · · · · · · · · · · · · · ·							708.		
Direct deposit?	b	Routing number 0 5 1			c Type:	Checking	Savings				
See instructions.	d										
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37								
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		structions	below.	⋈ No							
		esignee's	Phone			identification					
		me		no.			ber (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 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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, <i>, ,</i>				, ,		
	YO	Your signature		Date	Your occupation			the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				SYSTEMS AN	ANLYST		see inst.)				
See instructions.		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 your records.									dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (614) 747-579	Email address RITHVIK8181@GMAIL.COM								
Poid	Pre	eparer's name	ure		Date	PTIN		Check if:			
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/13/2024	P0208	<u>327</u> 03	Self-employed		
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no.	(678) 965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi							n's EIN	84-3171965		