8879	IRS e-file Signature Authorization		
Form			
(Rev. January 2021)	► ERO must obtain and retain completed Form 8879.		OMB No. 1545-0074
Department of the Treasury			
Internal Revenue Service	Go to www.irs.gov/Form8879 for the latest information.		
Submission Identification	on Number (SID)		
Taxpayer's name		Social security	number
PALLAVI BHOOM	ЛРАLLY	792-55-	4125
Spouse's name		Spouse's social s	ecurity number
Part I Tax Retu	Irn Information — Tax Year Ending December 31, 2023 (Enter	NOOR NOUL ORO	authorizing.)
Enter whole dollars onl		year you are	authorizing.)
	ers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
	income		<u>1 19,040.</u>
			<u>2 518.</u>
	tax withheld from Form(s) W-2 and Form(s) 1099		<u>3 2,254.</u>
	unt refunded to you		<u>4 1,736.</u> 5
	r Declaration and Signature Authorization (Be sure you get and keep a copy o		
	, I declare that I have examined a copy of the income tax return (original or amended) I am no		
the U.S. Treasury Financia 353-4537. Payment cance institutions involved in the to the payment. I further a now authorizing and, if ap	ted tax, and the financial institution to debit the entry to this account. This authorization is to rema l Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Trea llation requests must be received no later than 2 business days prior to the payment (settlemer processing of the electronic payment of taxes to receive confidential information necessary to answ cknowledge that the personal identification number (PIN) below is my signature for the income plicable, my Electronic Funds Withdrawal Consent.	asury Financial Ant) date. I also a wer inquiries and	Agent at 1-888- uthorize the financial resolve issues related
Taxpayer's PIN: check	one box only		
_		5	4 1 2 5
I authorize	GLOBAL TAXES LLC to enter or generate my F	PIN ERO	
firm name			as my five digits, but t enter all zeros
-	he income tax return (original or amended) I am now authorizing.	origing Chaol	this how only if
you are enteri	y PIN as my signature on the income tax return (original or amended) I am now auth ng your own PIN and your return is filed using the Practitioner PIN method. The ERO		
Your signature P .Pa	ullaviD	ate 04/14/202	4
Spouse's PIN: check or	a hay only		
spouse's Filly. check of	e box only		
☐ I authorize _	to enter or generate my ERO firm name		as my
signature on t	ERO firm name he income tax return (original or amended) I am now authorizing. y PIN as my signature on the income tax return (original or amended) I am now auth ng your own PIN and your return is filed using the Practitioner PIN method. The ERO	don' norizing. Checl	
Spouse's signature	Date		
	hod Returns Only—continue below		
	tion and Authentication — Practitioner PIN Method Only		
	2 2	2 4 9 6	0 8 2 7 1
EKU S EFIIN/PIIN. Ente	r your six-digit EFIN followed by your five-digit self-selected PIN.	Don't enter a	ll 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								
ERO Must Retain This Form — See Instructions								
For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO								
a <u>a</u> ry— <u>l I In N</u> ter	<u>C</u> na <u>O</u> l R <u>M</u> ev	re <u>e</u> nu_e <u>T</u> Se <u>arv_X</u> i	ice_ <u>Return</u>	_2 <u>023</u>	OMB No. 1545-			
	, 2023, 6	ending	,					
Last name								
BHOOMPA	LLY							
Last name								
tions.			Apt. no.					
e spaces below.		State	ZIP code					
	• ()	1.0						
Foreign pr	ovince/state/cour	nty	Foreign postal code					
		Head of h	nousehold (HOH)					
ne of your spouse	. If you checke							
					es 🛛 No			
		as a dependent						
(2) \$	Social security			f qualifies for (see	Is blind instructions): If ther dependents			
	Form to the IR uctions. u_ary_1 I_n_nter Last name BHOOMPA Last name BHOOMPA Last name spaces below. Foreign product e had income) me of your spouse ependent:	Form to the IRS Unless R uctions. BAA a ary—l I In nter Cna OIR mev , 2023, o Last name BHOOMPALLY Last name BHOOMPALLY Last name Poreign province/state/cour e had income) me of your spouse. If you checked ependent:	Retain This Form — See Instructions Form to the IRS Unless Requested To Do uctions. BAA REV 03 a ary 1 I In nter Cna OIR meve enu e T se arv Xi , 2023, ending Last name BHOOMPALLY Last name ttions. e spaces below. State NJ Foreign province/state/county Head of H e had income) Head of t e had income) Head of t e had income) (Qualifying ne of your spouse. If you checked the HOH or QSS ependent: e (as a reward, award, or payment for property or set sset (or a financial interest in a digital asset)? (See in bendent Your spouse as a dependent you were a dual-status alien (2) Cocial security (3) Relationshi	Form to the IRS Unless Requested To Do So uctions. BAA REV 03/07/24 PRO a ary-1 I In nter Cna OIR meve enu_e T se arv_Xice_ Return , 2023, ending , , 2023, ending , , Last name , 2023, ending , BHOOMPALLY Last name , trions. Apt. no. e spaces below. State ZIP code NJ 08854 Foreign province/state/county Foreign postal code Head of household (HOH) e had income) Qualifying surviving spouse (Q) ne of your spouse. If you checked the HOH or QSS box, enter the child's ependent: e (as a reward, award, or payment for property or services); or (b) sell, sset (or a financial interest in a digital asset)? (See instructions.) wendent Your spouse as a dependent you were a dual-status alien 2 Are blind Spouse: Was born before January 2, 1	Retain This Form — See Instructions Form to the IRS Unless Requested To Do So uctions. BAA REV 03/07/24 PRO Form 887 a ary—1 1 In ner Cna OIR meve enu e T se arv Xice_ Return 2023 . 2023, ending , . 2023, ending , Last name , BHOOMPALLY Last name . 1 In ner Cna OIR Meve enu e T se arv Xice_ Return 2023 . 2023, ending , Last name , BHOOMPALLY Last name . tions. Apt. no. e spaces below. State ZIP code NJ 08854 Foreign province/state/county Foreign postal code Head of household (HOH) e had income) Qualifying surviving spouse (QSS) ne of your spouse. If you checked the HOH or QSS box, enter the child's name if the ependent:			

Form 1040 (202	23)				Page 2
Tax and	16 Credits	17	Tax (see instructions). Check if any from Form(s): $1 \square 8814 2 \square 4972$.	16	5
	18		3 Amount from Schedule 2, line 3	17	
	19 20 21 22 23 2	24		18	5
				19	
				20	
				21	
			· ·	22	5
				22	

										24		5
Payme	Federal income	e tax withheld from:										
nts	a					_						
25	<u>2,254.</u> ь					_						
		099			•	-	25d		2,2	54.		_
fI you have a q	ualifying child, attach	<u>than tampa (aaa matmiatia</u>				1						_
Sch. EIC.		27										
								- 1				-
					32							
					33			2,254				_
Refund	If line 33 is more	than line 24, subtract line	e 24 from line	33. This is the amount	you overpaid		34		1,7	36.		_
34	Amount of li	ine 34 you want refunded	to you. If For	m 8888 is attached, ch	eck here .	· [35a		1,7	36.		
35a												
Direct deposit?												
b See	36							×				
Amount	37 Subtrac	t line 33 from line 24. Th	is is the amou	nt you owe.				I				
You Owe	For det	ails on how to pay, go to	www.irs.gov/H	Payments or see instru	ctions .					37		

Third Party Designee	Do you want to allow and instructions	ther person to discuss	this return wi	th the IRS? See		s. Complete below	× _{No}
_	Designee's name		Phone no.			Personal identification number (PIN)	n
Sign	Under penalties of perjury, I decl	are that I have examined th	is return and accor	npanying schedules an	d statements, an	d to the best of my kn	owledge and
	belief, they are true, correct, and	complete. Declaration of pr	eparer (other than	taxpayer) is based on a	all information o	f which preparer has a	any knowledge.
Here	Your signature		Date	Your occupation			s sent you an Identity n PIN, enter it here
Joint return? See instructions. for	Spouse's signature. If a joint retu	rn, both must sign. D	ate S _F	SOFTWARE 1		If the IRS sen	t your spouse an Keep a copy N, enter it here your records.
(see inst.)	(4(0))207 5	765					
	Phone no. (469)207-5 Preparer's name	Preparer's signatu	Email address	S PALLAVIB	HOOMPA Date	LLY29@GMA PTIN	
Paid	Preparer s name	Preparer's signatu	Ie		Date	PTIN	Check if:
Preparer	SYAM PRIYA RAM SA	AGAR GUPTA SY	AM PRIYA	RAM SAGAR	GUPTA	04/15/2024	P02082703
<u>Self-employed Us</u> (678)965-9522	-	GLOBAL TAXE	ES LLC			1	Phone no.
(0,0),00 ,02		ONEY CT E BRUN	SWICK NJ	08816		Firm's E	IN 84-3171965 Go
to www.irs.gov/For	m1040 for instructions and the latest	information.		BAA REV	V 03/07/24 PRO		Form 1040 (2023)
^[a] nd check here							

1 a	Total amount from Form(s) W-2 box 1 (see instructions)		1a	19,040.
	riousenoid employee wages not reported on ronn(s) w			
	Tip income not reported on line 1a (see instructions) .			
	Madigaid waiver payments not reported on $Earm(a) \le 2$	(and instructions) Toyoble dependent		
			1f	
	·		1g	
	benefits from Form 8839, line 29		1h	0.
			17	19.040
	Wages from Form 8919, line 6		2b	
	Other correct income (acc instructions)	Nontovskie combet	3b	
		= 6	5h	
		-exempt interest $\ldots \underline{2a}$		
	b l'axable interest .		00	
			7	
			· ·	
				10.040
	Qualified dividends 30	h Ordinary dividends		19,040.
	Qualified dividends <u>5a</u>		10	
	IRA distributions 4a b Taxable amount		11	19,040.
12			12	13,850.
13	Pensions and annuities <u>5a</u>	b Taxable amount .	13	
14			14	13,850.
15	Social security benefits <u>6a</u>	b Taxable amount	15	5,190.
	b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9 10 <u>11</u> 11	b c Household employee wages not reported on Form(s) W-2 d e f g f g Tip income not reported on line 1a (see instructions) h i . z Medicaid waiver payments not reported on Form(s) W-2 (2) 2a care benefits from Form 2441, line 26 3a benefits from Form 8839, line 29 4a 5a 6a Wages from Form 8919, line 6 c r 7 8 Other earned income (see instructions) 9 pay election (see instructions) 10 . . . 11 b Taxable interest . . 12 IRA distributions 13 Pensions and annuities	f g Tip income not reported on line 1a (see instructions)	b c Household employee wages not reported on Form(s) W-2. Ib d e f Tip income not reported on line 1a (see instructions) Id i id ie id z Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent if 2 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent if 2a care benefits from Form 2441, line 26 Employer-provided adoption ig 3a benefits from Form 8839, line 29 In ia 4a f ia ia ia 5a wages from Form 8919, line 6 ia ia ia 6a wages from Form 8919, line 6 ia ia ia 7 8 Other earned income (see instructions) ia ia ia 10 ia ia ia ia ia ia 10 ia ia ia ia ia ia 11 b ta ia ia ia ia 10 ia ia b

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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)