(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

	1								
Submi	ssion Identification Number (SID)								
Taxpaye	er's name	Social securi	al security number						
SUD	ARSANA VAPATI	831-02-6325							
Spouse'	's name	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina	.)				
	whole dollars only on lines 1 through 5.	<i>y</i> • • • • • • • • • • • • • • • • • • •			-/				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	23	3,498.				
2	Total tax		2		963.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3	3,382.				
4	Amount you want refunded to you		4	2	2,419.				
_ 5	Amount you owe		5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	ırn)				
return ( to send for any Agent t paymen authori paymen busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. so initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indificit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I are	tter, or electroction of the ti S. Treasury a cated in the ti n to debit the the authorizatests must be processing of ayment. I fur	onic recansmind its of ax prepartion. The receive of the electric control of t	turn origina ssion, <b>(b)</b> to designated paration so to this acc To revoke ived no lat lectronic pa cknowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the				
	nic Funds Withdrawal Consent.  yer's PIN: check one box only								
X		my PIN 2	6 3	3 2 5	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	aomy				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth								
Your s	ignature ► Date ►	02	2-01-	2024					
Spous	se's PIN: check one box only								
	I authorize to enter or generate	my PIN	PIN as my						
	ERO firm name			digits, but	-				
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.								
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	III Certification and Authentication — Practitioner PIN Method Only								
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 er all <b>z</b> e		3 9				
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	x return (origi	nal or ırn in a	amended) accordance					
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To I	o So							

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury—Internal Revenue Serv		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
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 Last na			Last nar	ame					Your social security number			-		
SUDARSANA VAPA				TI							831	02	6325	
			Last nar										security numb	eı
Home address (number and street). If you have a P.O. box, see instructi				ons.				Apt. no.		Preside	ntial Ele	ection Campaig	gn	
		NVILLE AVE							3406				ou, or your	2
City, town, or p	ost off	office. If you have a foreign address, also complete			'			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
RICHARDS					TX			75081					not change	
Foreign countr	y name			oreign pr	ovince/state/	count	iy	Foreig	ın postal c	ode	your tax	or refu		80
Filing Status	, X	Single					Head of h	ouseh	old (HOF	<del>-1</del> /				_
Filing Status	> <u>~</u>	<ul> <li>✓ Single</li> <li>✓ Head of household (HOH)</li> <li>✓ Married filing jointly (even if only one had income)</li> </ul>												
Check only one box.	Ē	Married filing separately (MFS)	no naa n	1001110)			Qualifying	surviv	ina spoi	ıse ((	OSS)			
one box.	If <sup>,</sup>	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
		ualifying person is a child but not you			•									
Digital	Δt a	ny time during 2023, did you: (a) rec	oivo (ac	a roward										_
Digital Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No	
Standard		neone can claim:  You as a de					a dependent							_
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	1							
Age/Blindnes	s You	: Were born before January 2, 1	959 [	Are bli	ind <b>Sn</b> d	ouse	: Was bor	rn befo	ore Janua	arv 2	1959		s blind	
Dependent	_			Ī	Social security		(3) Relationship						(see instructions	 s):
If more		First name Last name		, , , , , , , , , , , , , , , , , , , ,		to you				1		` or other dependen		
than four														_
dependents,	_								[					_
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		23,498.	
Attach Form(s)	b	Household employee wages not re	•		` '						1b			_
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			_		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			_		
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26						1e			_			
was withheld.	f		etits from	Form 8	839, line 29						1f	_		_
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		0.	_
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (s	,					i.			1h			_
instructions.	z	Add lines 1a through 1h	see ii isti	uctions)			!!				1z		23,498.	_
Attach Sch. B	<u>-</u>		2a		<u>i</u>	 b Ta	axable interes	 t			2b			_
if required.	3a	· –	3a				ordinary divide				3b			_
	4a	· · ·	4a				axable amoun				4b			_
Standard Deduction for—	5a	_	5a				axable amoun				5b			_
Single or	6a		6a			b Ta	axable amoun	t			6b			
Married filing separately,	С													
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
Married filing jointly or	8	Additional income from Schedule	1, line 10	)							8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8. This is your <b>total income</b>					9		23,498.				
\$27,700 Head of	10	Adjustments to income from Sche	Schedule 1, line 26						10					
household,	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted	gross incor	ne					11		23,498.	
\$20,800 If you checked	12	Standard deduction or itemized		•		-					12		13,850.	<u>.                                    </u>
any box under Standard	13	Qualified business income deduct									13			_
Deduction, see instructions.	14										14		13,850.	
coo mondonono.	15	Subtract line 1/1 from line 11 If zer	ro or loce	antar	11 I bic ic v	OUR t	ravabla incom	•			15	1	u 6/10	

Form 1040 (2023	3)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		. 16	963.	
Credits	17	Amount from Schedule 2, lin	ie 3				_ 	. 17		
	18	Add lines 16 and 17	. 18	963.						
	19	Child tax credit or credit for	. 19							
	20	Amount from Schedule 3, lin	. 20							
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	963.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	963.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	3,38	2.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						. 25d	3,382.	
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	. 32	1						
	33			3,382.						
Refund	34	Add lines 25d, 26, and 32. These are your <b>total payments</b>							2,419.	
neiulia	35a	·							2,419.	
Direct deposit?	b	Routing number 1 1 1				Checking	 ∃Savin	35a		
See instructions.	d	Account number 5 5 7					_ Ouviii	95		
	36	Amount of line 34 you want								
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	. This is the <b>am</b> o	ount you owe.				. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•		n with the IRS?		Comple	ete below.	X No	
	De	signee's		Phone				lentification		
	naı	me		no.		nu	mber (P	N)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
TICIC	Yo						Protection F	the IRS sent you an Identity otection PIN, enter it here		
Joint return?	rn?				SOFTWARE ENGINEER			(see inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (469)456-464	9	Email address	SUDARSANA	. PANGULUR	I@GMA	IL.COM	[	
D-:-!	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	470833	Self-employed	
Preparer		m's name GLOBAL TAX				-			(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PR	)		Form <b>1040</b> (2023)	