

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VYSHNAVI MOHAN	Social security number 763-82-8244
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	78,596.
2 Total tax	2	9,547.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,540.
4 Amount you want refunded to you	4	
5 Amount you owe	5	7.

## 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 

2	8	2	4	4
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 as my 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 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.
- 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 VYSHNAVI Last name MOHAN Your social security number 763 82 8244

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2221 HOLLIDALE DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. WAUKESHA WI ZIP code 53186 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS) If 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 qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] 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 table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 78,596. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 78,596.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 78,596. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 78,596. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 64,746.

Attach Sch. B if required.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and contact information.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

For the year Jan. 1-Dec. 31, 2023, or other tax year

Check here if an amended return  beginning \_\_\_\_\_, 2023 ending \_\_\_\_\_, 20\_\_\_\_.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name MOHAN	Legal first name VYSHNAVI	M.I.	Your social security number 763828244
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 12. 2221 HOLLIDALE DR		Apt. no.	<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2023.  <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town  City, village, or town <input checked="" type="checkbox"/> WAUKESHA  <b>County of</b> <input checked="" type="checkbox"/> WAUKESHA  <b>School district number</b> See page 45 <u>6174</u>
City or post office WAUKESHA		State WI	
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/>			<b>Special conditions</b> <input type="checkbox"/> _____  <input type="checkbox"/> Form 804 filed with return (see page 10)
<input type="checkbox"/> Head of household, NOT married (see page 13).  <input type="checkbox"/> Head of household, married (see page 13).		Legal last name _____ Legal first name _____ M.I. _____ If married, fill in spouse's SSN above and full name here _____	

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income from Form 1040, line 11 .....	1	78596.00
2	Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13) .....	2	0.00
3	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes .....	3	78596.00
	Form W-2 wages included in line 3 .....		78596.00
4	Total additions to income from Schedule AD, line 33. <b>Include Schedule AD</b> (see page 14) .	4	.00
5	Add lines 3 and 4 .....	5	78596.00
6	Total subtractions from income from Schedule SB, line 50. <b>Include Schedule SB</b> (see page 14) Enter as a positive number .....	6	.00
7	Subtract line 6 from line 5. This is your Wisconsin income. ....	7	78596.00
8	Standard deduction. See table on page 35, <b>OR</b> ▼ ..... If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	5518.00
9	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 .....	9	73078.00
10	<b>Exemptions (Caution: See page 15)</b>		
a	Fill in exemptions allowed ..... <u>1</u> x \$700 ..	10a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ..	10b	.00
c	Add lines 10a and 10b .....	10c	700.00

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

<b>11</b>	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	<b>11</b>	<u>72378.00</u>
<b>12</b>	Tax (see table on page 38) . . . . .	<b>12</b>	<u>3462.00</u>
<b>13</b>	Itemized deduction credit. Include Schedule 1, page 4 . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Additional child and dependent care tax credit (see page 17)		
	Federal credit from Form 2441 . . . . . $\blacktriangleright$ <u>.00</u> x 50% =	<b>14</b>	<u>.00</u>
<b>15</b>	School property tax credit		
<b>a</b>	Rent paid in 2023 – heat included <u>.00</u>	} Find credit from table page 19 .	<b>15a</b> <u>.00</u>
	Rent paid in 2023 – heat not included <u>.00</u>		
<b>b</b>	Property taxes paid on home in 2023 <u>.00</u>	Find credit from table page 20 .	<b>15b</b> <u>.00</u>
<b>16</b>	Working families tax credit (see page 20) . . . . .	<b>16</b>	<u>.00</u>
<b>17</b>	Married couple credit. Include Schedule 2, page 4 . . . . .	<b>17</b>	<u>.00</u>
<b>18</b>	Nonrefundable credits from line 34 of Schedule CR . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	Net income tax paid to another state. Include Schedule OS . . . . . <input type="checkbox"/>	<b>19</b>	<u>.00</u>
<b>20</b>	Add lines 13 through 19 . . . . .	<b>20</b>	<u>.00</u>
<b>21</b>	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax . . . . .	<b>21</b>	<u>3462.00</u>
<b>22</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) <b>22</b> <u>.00</u>		
	If you certify that no sales or use tax is due, check here $\blacktriangleright$ <input checked="" type="checkbox"/> <u>X</u>		
<b>23</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b>	Military family relief . . . . . <u>.00</u>
<b>b</b>	Cancer research . . . . . <u>.00</u>	<b>f</b>	Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund . . . . . <u>.00</u>	<b>g</b>	Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis . . . . . <u>.00</u>	<b>h</b>	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) . . . $\blacktriangleright$	<b>23i</b>	<u>.00</u>
<b>24</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . <u>.00</u> x .33 =	<b>24</b>	<u>.00</u>
<b>25</b>	Other penalties (see page 25) . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Add lines 21, 22, 23i, 24, and 25 . . . . .	<b>26</b>	<u>3462.00</u>
<b>27</b>	Wisconsin tax withheld. Include withholding statements . . . . .	<b>27</b>	<u>3854.00</u>
<b>28</b>	2023 estimated tax payments and amount applied from 2022 return. . .	<b>28</b>	<u>.00</u>
<b>29</b>	Earned income credit. Number of qualifying children $\blacktriangleright$ <u>    </u>		
	Federal credit. . . . . <u>.00</u> x <u>    </u> % = . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17. . . . .	<b>30a</b>	<u>.00</u>
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>30b</b>	<u>.00</u>
<b>31</b>	Repayment credit (see page 27) . . . . .	<b>31</b>	<u>.00</u>



Name(s) shown on Form 1 <b>VYSHNAVI MOHAN</b>	Your social security number <b>763828244</b>
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		<b>NO COMMAS; NO CENTS</b>
<b>32</b>	Homestead credit. Include Schedule H or H-EZ. . . . .	<b>32</b> _____ <b>.00</b>
<b>33</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>33</b> _____ <b>.00</b>
<b>34</b>	Refundable credits from Schedule CR, line 40. Include Schedule CR	<b>34</b> _____ <b>.00</b>
<b>35</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	<b>35</b> _____ <b>.00</b>
<b>36</b>	Add lines 27 through 35 . . . . .	<b>36</b> _____ <b>3854.00</b>
<b>37</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	<b>37</b> _____ <b>.00</b>
<b>38</b>	Subtract line 37 from line 36 . . . . .	<b>38</b> _____ <b>3854.00</b>
<b>39</b>	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>39</b> _____ <b>392.00</b>
<b>40</b>	Amount of line 39 you want <b>REFUNDED TO YOU</b> . . . . .	<b>40</b> _____ <b>392.00</b>
<b>41</b>	Amount of line 39 you want <b>APPLIED TO YOUR 2024 ESTIMATED TAX</b> . . . . .	<b>41</b> _____ <b>0.00</b>
<b>42</b>	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b> . . . . .	<b>42</b> _____ <b>.00</b>
<b>43</b>	Underpayment interest. Fill in exception code-See Sch. U _____	<b>43</b> _____ <b>.00</b>
<b>44</b>	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>44</b> _____ <b>.00</b>
<b>45</b>	Interest (see page 34) . . . . .	<b>45</b> _____ <b>.00</b>

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_

Personal identification number (PIN) ▶ 

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**Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

**Sign here**

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
_____	_____	4143743395	_____
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
_____	_____	_____	_____

I-010ai **Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue  
 If tax due.....PO Box 268, Madison WI 53790-0001  
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001  
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 16)**

<b>1</b> Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions. . . . .	<b>1</b>	<u>.00</u>
<b>2</b> Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction . . . . .	<b>2</b>	<u>.00</u>
<b>3</b> Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	<u>.00</u>
<b>4</b> Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	<u>.00</u>
<b>5</b> Add lines 1 through 4 . . . . .	<b>5</b>	<u>.00</u>
<b>6</b> Fill in your standard deduction from line 8 on page 1 of Form 1 . . . . .	<b>6</b>	<u>.00</u>
<b>7</b> Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	<u>0 .00</u>
<b>8</b> Rate of credit is .05 (5%) . . . . .	<b>8</b>	<u><b>x .05</b></u>
<b>9</b> Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1 . . . . .	<b>9</b>	<u>.00</u>

▶ You must submit this page with Form 1 if you claim either of these credits ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
<b>1</b> Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	<u>.00</u>	<u>.00</u>
<b>2</b> Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income . . . . . <b>2</b>	<u>.00</u>	<u>.00</u>
<b>3</b> Combine lines 1 and 2. This is earned income. . . . . <b>3</b>	<u>.00</u>	<u>.00</u>
<b>4</b> Add the amounts from federal <b>Schedule 1</b> (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability inco exclusion. Fill in the total of these adjustments that apply to you or your spouse's income . . . . . <b>4</b>	<u>.00</u>	<u>.00</u>
<b>5</b> Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . . <b>5</b>	<u>.00</u>	<u>.00</u>
<b>6</b> Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . . <b>6</b>		<u>.00</u>
<b>7</b> Rate of credit is .03 (3%). . . . . <b>7</b>		<u><b>x .03</b></u>
<b>8</b> Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1 . . . . . <b>8</b>		<u>.00</u> Do not fill in more than \$480.

INTUIT

