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	Social securit	y number						
NITHUN RAMJIDAS	698-13-	698-13-9295						
Spouse's name		ial security numbe	r					
Part I Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you a	re 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	18.					
2 Total tax		2	0.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3						
4 Amount you want refunded to you		4						
5 Amount you owe		5	0.					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend								
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trant 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 it payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution transmit 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 runsiness 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 electrorejection of the trace U.S. Treasury are indicated in the taution to debit the nate the authorizate equests must be the processing of e payment. I furt	nic return original ansmission, (b) that its designated by preparation so entry to this account of the received no late the electronic paper acknowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the					
Taxpayer's PIN: check one box only								
I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ent	9 2 9 5 er five digits, but 't enter all zeros	as my					
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.	ethod. The ERC							
Your signature ► Date ►	·							
Spouse's PIN: check one box only								
☐ I authorize to enter or genera	te mv PIN		as my					
ERO firm name	Ent	er five digits, but	,					
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros						
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 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.		6 0 8 2 7 er all zeros	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 <i>e-file</i> Providers of	bmitting this retu	rn in accordance						
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		urn	202	3	OMB No. 1545	5-0074	IRS Use	Only-	-Do not w	rite or stap	ole in this space.
For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	<u>'</u>		, 20		See se	oarate ir	nstructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial secu	urity number
NITHUN			RAMJ	IDAS							698	13	9295
If joint return, s	pouse's	s first name and middle initial	Last na								Spouse'	s social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Elec	ction Campaigr
5102 TRU	JEMP:	ERWAY									Check h	nere if yo	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode				ointly, want \$3
FORT WAY	INE					IN	1	468	35	- 1	•		d. Checking a lot change
Foreign country	/ name		F	oreign pr	rovince/state/	count	ty	Foreig	ın postal c			or refur	nd.
Filing Status	, X	Single					Head of h	ouseh	old (HOH	 1)			
Check only		Married filing jointly (even if only o	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	If y	you checked the MFS box, enter the	name c	of your s	pouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's nan	ne if the
	qu	ialifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavr	ment for prope	rtv or	services): or (b) sell.		
Assets		nange, or otherwise dispose of a dig										☐ Ye	s 🛛 No
Standard	Som	neone can claim:	pendent	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you										
Age/Blindness	s You	: Were born before January 2, 1	959 F	Are bl	ind Sp o	ouse	: Was bo	rn befo	ore Janua	arv 2.	1959	□ls	blind
Dependents	_			Ī	Social security		(3) Relationsh	14		•			see instructions):
-		(1) First name Last name			number to you			"p	Child t		1		other dependents
If more than four													
dependents,									[
see instructions and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		18.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ıctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						1.0
	Z	Add lines 1a through 1h	2.7								1z	_	18.
Attach Sch. B if required.	2a		2a				axable interes				2b		
ii required.	3a		3a				ordinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a		ahaala bassa		axable amoun	ι			6b	-	
separately, \$13,850	C 7	If you elect to use the lump-sum e		•		`	,				, ,		
Married filing	7	Capital gain or (loss). Attach Schell Additional income from Schedule		•	•		-			. ∟	7	+	
jointly or Qualifying	8 9										9	+	18.
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche		-			 				10	+	10.
Head of	11	Subtract line 10 from line 9. This is									11	+	18.
household, [12	Standard deduction or itemized	-	-	_						12	+	13,850.
If you checked any box under	13	Qualified business income deduct		•		-					13		13,650.
Standard	14										14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		10,000.

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	Amount from Schedule 2, lir							. 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, lir	ne 8						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	0.		
	23	Other taxes, including self-e							. 23	0.		
	24	Add lines 22 and 23. This is							. 24	0.		
Payments	25	Federal income tax withheld										
	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b						
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c							. 25d			
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				. 26			
qualifying child,	27	Earned income credit (EIC)			No .	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, lir				31						
	32	Add lines 27, 28, 29, and 31	. 32									
	33	Add lines 25d, 26, and 32. T	-									
Refund	34	If line 33 is more than line 24	. 34									
neiulu	35a	Amount of line 34 you want										
Direct deposit?	b	Routing number X X X										
See instructions.	d	Routing number X X X X X X X X X X X X X X X C Type: Checking Savings										
	36	Amount of line 34 you want				36	'					
Amount	37	Subtract line 33 from line 24				1 00						
You Owe	31	For details on how to pay, g							. 37	0.		
	38	Estimated tax penalty (see in	_	-		38			<u>.</u>			
Third Party	Do	you want to allow another										
Designee		structions	•				Yes. C	ompl	ete below.	⋉ No		
3	De	signee's		Phone					dentification			
	nar			no.				ber (P				
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								, ,		
Here			ipicic. Deciaration		 I	asca on	an imormati					
	Yo	ur signature		Date Your occupation						nt you an Identity IN, enter it here		
Joint return?					STUDENT				(see inst.)	,		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spouse an		
Keep a copy for your records.									,	ection PIN, enter it here		
your records.							(see inst.)					
		one no. (260)479-891		Email address	RNITHUN23			l o				
Paid		eparer's name	Preparer's signat			Date		PTII		Check if:		
Preparer		M PRIYA RAM SAGAR GUPTA	1	A RAM SAG	GAR GUPTA	04/	14/2024		2082703	Self-employed		
Use Only		m's name GLOBAL TA			J 08816		Phone no. (678)965-9522					
	Fir	m's address 245 ROONE	Firm's EIN 84-3171965									
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 0	3/07/24 PRO			Form 1040 (2023)		



Indiana Full-Year Resident

Due April 15, 2024 2023 **Individual Income Tax Return** State Form 154 (R22 / 9-23) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY): Place "X" in box from if amending Your Social Spouse's Social 698 13 9295 Security Number Security Number Place "X" in box if applying for ITIN Place "X" in box if applying for ITIN Your first name Initial Last name Suffix NITHUN RAMJIDAS If filing a joint return, spouse's first name Initial Last name Suffix Present address (number and street or rural route) Place "X" in box if you are 5102 TRUEMPERWAY married filing separately. City State ZIP/Postal code FORT WAYNE 46835 IN Foreign country 2-character code (see instructions) Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023. County where County where County where County where 02 00 you lived vou worked spouse lived spouse worked Round all entries 1. Enter your federal adjusted gross income from your federal 18 00 income tax return, Form 1040 or Form 1040-SR, line 11 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 18 3. Add line 1 and line 2 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions 4 **18** loo Subtract line 4 from line 3 6. Complete Schedule 3. Enter amount from Schedule 3, line 7, 1000 0 Indiana Exemptions 6 and enclose Schedule 3 7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)





10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10

11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ Indiana Taxes

	ature Date Spouse's Signature ail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.	Date	
	and date this return after reading the Authorization statement on Schedule 7. Remember to		
26.	Amount Due: Add lines 23, 24 and 25 Amount You Owe Do not send cash. Make your check or money order payable to: Indiana Department of Revenue. See instructions if paying with a credit card.	26	J. 00
25.	Interest if filed after due date (see instructions)	25]. <u> 00</u>
24.	, , , , , , , , , , , , , , , , , , , ,	24]. <u> 00</u>
	line 20 (see instructions)	23]. <u> </u> 00
23.	d. Place an "X" in the box if refund will go to an account outside the United States If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on		7 [
	c. Type: Checking Savings Hoosier Works MC		
	b. Account Number		
	a. Routing Number		
22.	Direct Deposit (see instructions)		
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21 1	.00
	a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman a		
20.	Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A	20	.00
	Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	19d	.00
	Indiana adjusted gross income tax to be applied\$ c .00		
	Spouse's county code county tax to be applied _\$ b .00		
	Enter your county code county tax to be applied _\$ a .00		
	Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).		
	Subtract line 17 from line 16Overpayment	18 1].00
17.	Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	.00
	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16 1	.00
	Enter amount from line 11 Indiana Taxes	15 0	00.00
14.	Add lines 12 and 13Indiana Credits	14 1	
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule) 13		
12.	Enter credits from Schedule 5, line 13 (enclose schedule) 12 1.00		

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Schedule 3: Exemptions

2023

Enclosure Sequence No. **03**

Name(s) shown on Form IT-40	Your Socia	I Security	Number	
NITHUN RAMJIDAS	698	13	9295	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dedependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: claiming dependents on line 6 below.	-	ndent Info	ormation if yo	u are
		I	Round all ent	ries
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1	1	000.00
Enter the number of dependents listed on Schedule IN-DEP, Box 5 You MUST enclose Schedule IN-DEP. x \$10	000	2		.00
 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child for wh legal guardian; who was under the age of 19 by Dec. 31, 2023; or who is a full-time student who was under the age of 24 by Dec. 31, 2023; and who you are eligible to claim as a dependent on line 2 above. 	•			
Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. x \$1500		3		.00
4. Place "X" in box(es) below if, by Dec. 31, 2023				
You were age 65 or older and/or blind				
Spouse was 65 or older and/or blind				
Total number of boxes with Xs x \$1000		4		.00
 5. If age 65 or older, enter amount from Form IT-40, line 1. If filing as married filing separately and this amount is less than \$20,000, place the "You were age 65 or older" box below. For all other filers age 65 or older, if this amount is less than \$40,000, place "> appropriate box(es) below. 				
You were age 65 or older				
Spouse was 65 or older				
Total number of boxes with Xs x \$500		5		.00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000		6		.00
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 Tot	al Exemptions	7	1	000.00

Schedule 5: Credits

Enclosure Sequence No. 04

Name(s) shown on Form IT-40

Your Social Security Number

NITHUN RAMJIDAS		698	13	9295
				Round all entries
Indiana state tax withheld: See instructions	1	1.00		
2. Indiana county tax withheld: See instructions		2	0.00	
3. Pass Through Entity Tax Credit		3	.00	
4. Estimated tax paid for 2023: include any extension payment made with Fo	orm IT-9		4	.00
5. Unified tax credit for the elderly			5	.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from lin		6	.00	
7. Lake County residential income tax credit			7	.00
Economic development for a growing economy credit. Enter amount from S line 19 (enclose schedule)	8	.00		
9. Economic development for a growing economy retention credit. Enter amo Schedule IN-EDGE-R, line 19 (enclose schedule)	9	.00		
10. Headquarters relocation credit (refundable portion - see instructions)	10	.00		
11. Adoption Credit		11	.00	
12. Reserved for future use			12	.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12	To	tal Credits	13	1.00
Schedule IN-DONA Important: The amount on line 2 cannot exceed the		orm IT-40, li	ne 16.	
1. Donations: List fund name, 3-digit code and amount to be donated (see ins	structions)			
a. Enter fund name	code no.		1a	.00
b. Enter fund name	code no.		1b	.00
c. Enter fund name	code no.		1c	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17	Total Donat	ions	2	.00

Schedule 7 Form IT-40, State Form 54000 (R14 / 9-23)

Schedule 7: Additional Required Information

2023

Enclosure Sequence No. **06**

Name(s) shown on Fo	orm IT-40	Your Social	Your Social Security Number									
NITHUN RAMJID	AS		698	13 9295								
1. Federal filing inforn Are you filing a federal	nation income tax return for 2023? Pla	ace "X" in appropriate	box. Yes X No									
income from Illinois, Ke	e: Complete if you and/or your ntucky, Michigan, Ohio, Pennsy l/or your spouse worked.											
State where you worke	d Your income	State	where spouse worked	Spouse's income								
	\$.0	0		\$	00							
3. Extension of time to												
a. Place "X" in box if	you have filed a federal extensi	on of time to file, Forr	n 4868, or made an online	extension payment. L								
b. Place "X" in box if	you have filed an Indiana exten	sion of time to file, Fo	orm IT-9, or made an Indiar	a extension payment onli	ne.							
	ne ast two-thirds of your gross inco I an "X" in the box, you MUST a											
	ers. If you are eligible to file fed IPA, enclose Schedule IN-40PA		uest for Innocent Spouse R	elief, and are completing								
Taxpayer's date Authorization: Sign For the Control of Perjury Under penalty of perjury plete and correct. I und taxes due under this re Revenue (DOR) to furny ensure my refund is proposed Social Security number 7. Your daytime	e of death 2 Dorm IT-40 after reading the follow, I have examined this return a erstand that if this is a joint retuturn. Also, my request for directish my financial institution with experly deposited. I grant permission used on this return is correct	Spouse's date llowing statement. Ind all attachments an rn, any refund will be deposit of my refund my routing number, a sion to DOR to contact. Your	d to the best of my knowle made payable to us jointly includes my authorization count number, account ty	and each of us is liable fo to the Indiana Departmen be and Social Security nur	or all t of mber to							
telephone number	2604798919	email address	RNITHUN23	310@GMAIL.COM								
yes No If y	ment to discuss my return wive. es, complete the information ive's Name (please print)	below.	OBAL TAXES LLC IN-OPT on file with paid p	reparer if not filing electro								
Talambay -		PTI	NP02082	2/03								
Telephone number		Add	dress 245 ROONEY (CT								
Address		City	E BRUNSW	ICK								
City		Sta	te NJ	ZIP Code 08816								
State	ZIP Code	Pre	parer's	A RAM SAGAR GUE	'TA_							



Form IT-8879 State Form 53399 (R19 / 9-23)

Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING

Do Not Mail This Form To DOR

Income Tax for the Tax Year January 1 - December 31, 2023

	ı ID												_								
First Name and Middle Initial	1	Last Name Your Social Security Number												r							
NITHUN		RAMJIDAS 698 13 9295																			
Spouse's First Name and Middle Initial	;	Spous	e's	Last N	lame								Spou	ıse's	Socia	al Sec	urity Nu	mber			
Street Address	City						St	ate		ZI	P Cod	de	Daytime Telephone Number								
5102 TRUEMPERWAY	FORT	WAY	NE	:			I	N		4	683	5	260 479 8919								
Part I. Tax Return Information (See instructions on next page)																					
1. Federal Adjusted Gross Income										1.	1. 18.										
2. Indiana Adjusted Gross Income										2.								-982.			
3. Total Indiana Tax										3.								0.			
4. Total State Tax Withheld										4.								1.			
5. Total County Tax Withheld			4							5.								0.			
6. Total Indiana Tax Credits			····						C	6.						1.					
7. Refund										7. 1.											
8. Amount You Owe										8.											
	Р	art II	l .	Esti	mate	ed P	ayme	nts)											
9. Estimated Payments:	Paymen	t 1:			Amo	unt		<u> </u>			Date of Withdrawal										
	Paymen	t 2:			Amo	unt					Date of Withdrawal										
	Paymen	t 3:		,	Amo	unt					Date of Withdrawal										
	Paymen	t 4:		,	Amo	unt					Date of Withdrawa					al					
	Pa	art III		Elec	tron	ic S	ettler	nent	t												
10. Type of settlement:	osit of Refu	nd				Г													_		
☐ Direct Deb	it of Amoun	t Owe	ed		Amo	unt						Date	of W	Vith	drawa	al					
11. Routing number:				٨	lote:	The f	irst tw	o dig	ıits (of the	e rou	ting	num	ber	must	be 01	- 12 or	21 - 32	<u>}.</u>		
12. Account number:																D	o No	t Mai	ı		
13. Type of account:	Savings	□н	00	sier W	orks/	MC											his F To D	orm			

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

14. Place an "X" in the box if refund will go to an account outside the United States. \Box

Part IV. Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent. Your PIN: Check one box only ☑ I authorize GLOBAL TAXES LLC to enter my PIN as my signature on my tax year 2023 electronically 9 filed income tax return. ☐ I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below. Your signature ▶ Date Spouse's PIN: Check one box only to enter my PIN ☐ I authorize as my signature on my tax year 2023 electronically filed income tax return. ☐ I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below. Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the

taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

Date

1030 REV 03/05/24 PRO

ERO's signature ▶