## 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

	10.00.000 000.000								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secur	Social security number						
CHAN	IDHANA MADDHUR	102-43-6439							
Spouse's	s name	Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	iter year you a	are au	thorizina	)				
	whole dollars only on lines 1 through 5.	itor your your	ii C au	ti ionzing.	·)				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1 1	39	,200.				
2	Total tax		2		,825.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3	,592.				
4	Amount you want refunded to you		4		767.				
5	Amount you owe		5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our retu	ırn)				
my knoreturn (eto send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a priginal or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes 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 terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is days 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 all identification number (PIN) below is my signature for the income tax return (original or amended)	bove are the amasmitter, or electron of the telectron to debit the nate the authorizarequests must be the processing one payment. I fur	ounts for ounic reconstruction. The electric formula of the electric formula o	from the in- turn original ssion, (b) the designated paration so to this acco To revoke ( ved no late ectronic paracknowledge	come tax tor (ERO) ne 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		ate my PIN	6 4	4 3 9	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	asiny				
	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.								
Your s	ignature ► <u>Chandhana</u> Date ►	04/12/202	4						
Spous	e's PIN: check one box only								
	I authorize to enter or genera	ite mv PIN			as my				
ERO firm name Enter five digits, k									
	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 ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.								
Spous	e's signature ▶ Date ▶	•							
	Practitioner PIN Method Returns Only—continue bel	ow							
Part l	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 en	6 0	8 2 7	1				
		Don't em	.S. all 20	50					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for PIN method Pub. 134	ıbmitting this ret	urn in a	accordance					
ERO's	signature ▶ Date ▶	•							
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested T								

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



<b>1040</b>		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. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending			, 20		See se	oarate i	instructions.	_	
Your first name and middle initial Last na				name					Your social security number			-		
CHANDHANA MADD				HUR							102	43	6439	
			Last nar								security numb	eı		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaig	
708 NW 3	` 111T:	H PL								- 1			ou, or your	,
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode				jointly, want \$3	
MIAMI				FL			_	33172			•		nd. Checking a not change	ı
												or refu	ınd.	se
Filing Status Check only	s 🗵	Single  Married filing jointly (even if only o	ne had ii	ncome)			Head of he							_
one box.	qu	Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	ır depen	dent:				l or Q	SS box,	enter	the chi	ld's na	me if the	
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										□ Ye	es 🗵 No	
Standard Deduction		neone can claim:	•				a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd <b>Spc</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	(see instructions):			(2) Social security (3) Relationship		hip (4) Check the bo			x if quali	fies for (	see instructions	s):	
If more	(1) First name Last name			number			to you		Child tax of		edit	Credit fo	or other dependen	ts
than four														
dependents, see instruction	e ——													
and check	, 1 —								]	_				_
Income	 1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .					<del>-</del>	1a		39,200.	_
	b	Household employee wages not re	,		•						1b		·	
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								1c			_	
attach Forms	d								1d			_		
W-2G and	e								1e			_		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f			_			
If you did not	g	Wages from Form 8919, line 6.									1g			_
get a Form	h	Other earned income (see instruct	ions) .								1h		0.	_
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	Ì						_
instructions.	z	Add lines 1a through 1h	000 111011	401.01.0)							1z		39,200.	
Attach Sch. B			2a		· · i	Ь Т	 axable interest	 t			2b			-
if required.	2a 3a	· -	3a				ordinary divide				3b			-
	<u> </u>		4a				axable amoun				4b			-
Standard	5a	_	5a				axable amoun				5b			-
Deduction for— Single or	6a	_	6a				axable amoun				6b			-
Married filing	C	,		nethod (	check here									_
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)						7						
Married filing jointly or	8	,	income from Schedule 1, line 10						8			-		
Qualifying	9		, 7, and 8. This is your <b>total income</b>				9		39,200.	_				
surviving spouse, \$27,700	10	Adjustments to income from Sche						10			-			
Head of	11	•	his is your <b>adjusted gross income</b>					11		39,200.				
household, \$20,800	12		emized deductions (from Schedule A)					12		13,850.				
If you checked any box under	13	Qualified business income deduct				-					13			-
Standard	14										14		13,850.	_
Deduction, see instructions.	15	Add lines 12 and 13									15		25 350	_

Form 1040 (2023	3)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3 🗌		16	2,825.	
Credits	17	Amount from Schedule 2, lin	те 3					17		
	18	Add lines 16 and 17						18	2,825.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	те 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	2,825.	
	23	Other taxes, including self-e			•			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	2,825.	
<b>Payments</b>	25	Federal income tax withheld	l from:			1 1				
	а	Form(s) W-2				25a	3,592.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	3,592.	
If you have a	26	2023 estimated tax paymen		• •				26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
attaci ocii. Elo.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	32							
	33	33 Add lines 25d, 26, and 32. These are your <b>total payments</b>							3,592.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	767.	
	35a								767.	
Direct deposit?	b	Routing number 0 6 3			<b>c</b> Type:	Checking	] Savings			
See instructions.	d	Account number 7 0 7	0 2 8 1	9 4 9						
	36	Amount of line 34 you want								
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Designee	instructions								<b>⋉</b> No	
		esignee's me		Phone no.		rsonal ident mber (PIN)	ification			
Cian			hat I have examined		accompanying sche			the best	of my knowledge and	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi								, ,	
Here	Yo	our signature		Date	Your occupation		If th	e IRS se	nt you an Identity	
		01			·			Protection PIN, enter it here (see inst.)		
Joint return?		handhana	04/12/2024	DATA ENGI		,				
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupa	Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Phone no. (786)461-3540 Email address MADDHURC@GMAIL.COM									
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/13/2024	P0208	<u>27</u> 03	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	(678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	Firm's EIN 84-3171965		