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

- Internal ne	leveliue Selvice								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name	Social secu	rity numb	er					
FRED	DRICK PRASANNA AROCKIASAMY		125-69-2282						
Spouse's		Spouse's so			ımber				
		_							
Part	<u> </u>	Enter year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income		1 1		1 2	990.			
	Total tax		2		14,	0.			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		1	 446.			
	Amount you want refunded to you		4			446.			
	Amount you owe		5						
Part I		and keep a co	py of y	our i	returr	າ)			
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason if delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to 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 termit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to ali identification number (PIN) below is my signature for the income tax return (original or amended) in Funds Withdrawal Consent.	ransmitter, or election rejection of the the U.S. Treasury nt indicated in the stitution to debit the minate the authorin requests must lin the processing the payment. I fu	transmis and its of tax prepare entry in zation. In the election in the electi	curn or ssion, design paration this or this ved no ectron knowl	iginato (b) the ated Fi n softv accou oke (ca o later ic payi edge t	r (ERO) reason nancial vare for nt. This ancel) a than 2 ment of hat the			
	yer's PIN: check one box only	Г							
X	lauthorize GLOBAL TAXES LLC to enter or gene	erate mv PIN 🗀	9 2 2		2	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	· · · E	nter five on't ente		but	,			
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Your si	gnature ▶ Date	e▶							
Snouse	e's PIN: check one box only	_							
	I authorize to enter or gene	erate my PIN				as my			
	ERO firm name		nter five	digits,		as my			
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros				
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Spouse	e's signature ▶ Date	e►							
	Practitioner PIN Method Returns Only—continue b	elow							
Part II	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 6	1 9	8 8	9			
	, , , , , ,	Don't e	nter all ze	ros					
authorize	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 amonents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this re	turn in a	ccord	anće v				
ERO's	signature ► Date	e►							
	ERO Must Retain This Form — See Instruction	ns							
	Don't Submit This Form to the IRS Unless Requested								

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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See se	oarate	instructions.
Your first name	and m	niddle initial	Last nam	ne							Your so	cial sec	curity number
FREDRIC	K PR	ASANNA	AROCE	KIASAI	MY						125	69	2282
		s first name and middle initial	Last nam								Spouse'	s social	security number
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ne					Apt. no.		Drooido	ntial Ele	ection Campaigr
		W CREEK DR	ii isti dotio	110.				,	•	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3
IRVING		,				TX	7	750	38		•		nd. Checking a
Foreign countr	y name	ı	Fo	oreign pro	ovince/state/o				n postal c		your tax		not change ınd.
												□ Yo	ou 🗌 Spouse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	H)			
Check only		Married filing jointly (even if only or	ne had in	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ring spou	use (C	QSS)		
		you checked the MFS box, enter the			ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ır depend	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	, award, or	payr	ment for prope	rty or	services)); or (b) sell,		
Assets	excl	nange, or otherwise dispose of a dig	ital asset	(or a fin	ancial intere	est ir	n a digital asse	et)? (Se	e instru	ction	s.)		es 🗵 No
Standard		neone can claim: You as a de	pendent		Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spo	use	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) So	ocial security		(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more	(1) First name Last name			number to you				Child t	ax cre	edit	Credit fo	or other dependents	
than four									[
dependents, see instruction	s —												
and check	, —								[<u>_</u> _			
here L													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		12,990.
Attach Form(s)	b	Household employee wages not re	•	,							1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c		
W-2G and	d	Medicaid waiver payments not rep		` '	•	ee instructions)					1d		
1099-R if tax	e •	Taxable dependent care benefits f Employer-provided adoption bene									1e		
was withheld. If you did not	f	Wages from Form 8919, line 6.	iils iroiii	rom oc	559, III le 29	•						_	
get a Form	g	Other earned income (see instruct)	ione)								1g 1h		0.
W-2, see	h i	Nontaxable combat pay election (s	,			•		i.			- 111		
instructions.	z	Add lines 1a through 1h	see msuc	actions)		•	!!				1z		12,990.
Attach Sch. B	<u></u> 2a	·	2a		· · i ·	ь т	axable interes	 t			2b		
if required.	3a		3a				ordinary divide				3b		
	4a	· —	4a				axable amoun				4b		
Standard	5a		5a				axable amoun				5b		
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	_	nethod, c						. [
\$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. E	7		
 Married filing jointly or 	8	Additional income from Schedule		•							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		12,990.
\$27,700	10	Adjustments to income from Schedule 1, line 26								10			
 Head of household, 	11	Subtract line 10 from line 9. This is	is your adjusted gross income							11		12,990.	
\$20,800 If you checked	12	Standard deduction or itemized	deduction	eductions (from Schedule A)					12		13,850.		
any box under	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or less	ontor () This is w	011r t	avabla incom	10			15		Λ

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	ne 3					· 	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	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	0.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	_	L,446	5.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	1,446.
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	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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. T							33	1,446.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	1,446.
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here		[35a	1,446.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Checl	king 🗌	Saving	s	
See instructions.	d	Account number 4 8 8	1 2 2 3	6 5 3 3	3 9			_		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe		'	•			
You Owe		For details on how to pay, g		•					37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See	•			
Designee		tructions	•				Yes. C	omplet	e below.	⋉ No
_		signee's		Phone					ntification	
	nar			no.				ber (PIN	<i>'</i>	<u> </u>
Sign		der penalties of perjury, I declare to ief, they are true, correct, and com								
Here		•	.proto. 2 colaration	1	1	uoou o		1		
	101	ur signature		Date	Your occupation					ent you an Identity PIN, enter it here
Joint return?					IT INFRASTR	UCTUR	E SUPPO	1/0	ee inst.)	
See instructions.	Spouse's signature. If a joint return, bo							the IRS sent your spouse an		
Keep a copy for your records.									entity Prot ee inst.)	ection PIN, enter it here
your rooordo.										
	Phone no. (469)805-515			·		A.2023@GMAIL.COM				01 1 1
Paid		eparer's name	Preparer's signat			Date PT				Check if:
Preparer								70833	Self-employed	
Use Only								(678)965-9522		
				INSWICK N	J 08816			Fi	rm's EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 0	3/04/24 PRO			Form 1040 (2023)

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

FRE	DRICK PRASANNA AROCKIASAMY	125-69-228	2		
Prepare	r's name	Preparer tax identifica	ation numb	oer	
VEN					
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided I	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	lule 8812 (Form s, or your own	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	must do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	•			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .		Ä	
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filling states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ت		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a	a complete and			
	correct Schedule C (Form 1040)?				

orm 88	367 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)	×		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?			
Part	<u> </u>		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	-	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed; 	ist for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	 A record of how, when, and from whom the information used to prepare this form and the application obtained. 	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's int(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

REV 03/04/24 PRO