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.

Submission Identification Number (SID)

Taxpay	er s name	Social securi	ty numb	ber		
BHA	VANA BARASKAR	768-85-9761				
Spouse	s's name	Spouse's soo	ial secu	urity number		
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	ire aut	thorizing.)		
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	27,632.		
2	Total tax		2	1,433.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,855.		
4	Amount you want refunded to you		4	2,422.		
5	Amount you owe		5			

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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

				FBO firm name		Ē	r
^	I authorize	GLUDAL	IAVEO		to enter or generate my PIN	_	
\mathbf{v}	l authorize	CTODAT		TTC	to optok ok gonokoto my DIN	15)

5	9	7	6	1	as mv
Ent don	asiny				

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

as mv Enter five digits, but don't enter all zeros

ERO firm name 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—continu	e bel	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.	2	2	2	_	6 nter a	 	2	7 1	

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 Reta Don't Submit This Forr	in This Form — See n to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return ins	tructions. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	0074	IRS Use Only	/—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See separate instructions.		
Your first name	and m	iddle initial	Last r	t name				Your so	cial sec	urity number		
BHAVANA			BAR	ASKAR						768	85	9761
	pouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Ele	ection Campaigr
		D CIRCLE						1	.11		,	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode		•	jointly, want \$3 nd. Checking a
FREDERIC						VZ		224		box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	in postal code	your ta:		
											Ye	ou Spouse
Filing Status				、			Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only on Married filing concretely (MEC)	ne hac	i income)								
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	nama	ofvour	nouso lf.vo		Qualifying :		• •	. ,	ild'e na	mo if tho
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rec										
Assets		hange, or otherwise dispose of a dig					-	.) ? (Se		ns.)		es 🛛 No
Standard Deduction		neone can claim: U You as a de Spouse itemizes on a separate retur	•		-		a dependent					
				_						0 4050		- 1-121
		Were born before January 2, 1	959	Are bl		ouse			ore January			s blind (see instructions):
Dependents		instructions):		(2) \$	Social security number	/	(3) Relationshi to you	p (•	Child tax c	-		or other dependents
lf more than four	(1)											
dependents,												\Box
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	i	27,632.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 10	;	
attach Forms W-2G and	d	· • ·	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1	
1099-R if tax	е	Taxable dependent care benefits f			,			· ·		. 1e		
was withheld.	f	Employer-provided adoption bene						· ·	· · ·	. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						· ·		. <u>1</u> g		0.
W-2, see	h :	Other earned income (see instruct	,			• •	· · · · ·	· ·	· · ·	. <u>1</u> h	1	0.
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h	see ins	structions)		• •	🔲			. 1z		27,632.
Attach Sch. B	 2a		2a		· · · ·	 ьт	axable interest	• •		· 12	-	2,,002.
if required.	3a		3a				Ordinary dividen	ds.		. 3b	_	
	4a		4a				axable amount			. 46	-	
Standard	5a		5a				axable amount			. 5b	,	
Deduction for — • Single or	6a		6a				axable amount			. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not req	uired	, check here		[7		
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	8. This is y	our total in	com	e			. 9		27,632.
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 • Head of • Head of <td></td> <td></td>												
household,	11	Subtract line 10 from line 9. This is	-							. 11		27,632.
\$20,800 • If you checked	12	Standard deduction or itemized								. 12		13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Forn	1 899	95-A	• •		. 13		10 0
Deduction, see instructions.	14	Add lines 12 and 13			· · ·			•••		. 14		13,850.
	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-U This is y	our 1	taxable income	е.		. 15)	13,782.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	1,433.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	1,433.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1,433.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	1,433.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a	3,855		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	3,855.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		_	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		·		30		_	
	31	Amount from Schedule 3, lin				31		_	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T		-	•				3,855.
Defined	34	If line 33 is more than line 24						34	2,422.
Refund	34 35a	Amount of line 34 you want				, .	_	34 35a	2,422.
Direct deposit?	b soa	Routing number 0 5 1		1 . FOIIII 0000		Checking	∟ Sovina		2,122.
See instructions.		Account number 4 3 5					Saving	5	
	d								
	36	Amount of line 34 you want a				36		_	1
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1		37	
	38	Estimated tax penalty (see in	*			38			
Third Party		you want to allow another					Complet	e below.	× No
Designee							•		INO NO
	nai	signee's ne		Phone no.			nber (PIN	ntification)	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and stateme	nts, and t	o the best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informa	tion of wh	ich prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		lf	the IRS se	nt you an Identity
									PIN, enter it here
Joint return?					DOCTOR			ee inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.								ee inst.)	socion i na, encer ichere
	Ph	one no. (469) 833-786	6	Email address	BYDYCKYDBHYM	ANA31@GMAIL.	 MOY		
		eparer's name	Preparer's signat			Date			Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDWA	03/31/2024		82703	Self-employed
Preparer		m's name GLOBAL TAX			JUIN GUEIA	103/31/2024			(678) 965-9522
Use Only			Y CT E BRU	NOMITOR N	J 08816				0101900-9022
Catawar				N AJIWICK N			FI	rm's EIN	Form 1040 (2023)
GO LO WWW.Irs.go	v/rom	n1040 for instructions and the late	st mormation.		BAA	REV 03/07/24 PRO			Form IU4U (2023)



1001 JOURDOND GIDGLE ADE 111	
1001 ASHFORD CIRCLE APT 111	
FREDERICKSBURG VA 22401	
	_
SSN - You BARA 768859761 Vendor ID 1555 XXXXX	
SSN - Spouse	0
Fed Adj Gross Income (FAGI) 1. 27632. Withholding (VA) - You 19A. 120	8.
Additions 2. Withholding (VA) - Spouse 19B.	
Subtotal 3. 27632. Estimated Payments 20.	
Age Deduction - You4A.2022 Overpayment21.	
Age Deduction - Spouse4B.Extension Payments22.	
Soc Sec & Tier 1 Railroad5.Credit - Low-Income or EIC23.	
State Income Tax Overpayment6.Credit - Schedule OSC24.	
Subtractions7.Credits - Schedule CR25.	
Subtotal Subtractions 8. Total Payments / Credits 26. 120	8.
Total VA Adj Gross Income (VAGI)9.27632.Tax You Owe27.	
Itemized Deductions - VA Sch A 10. Tax Overpayment 28. 39	0.
Standard Deduction 11. 8000. Overpayment Credited to Next Year 29.	
Exemptions 12. 930. VAC - Virginia 529 / ABLE 30.	
Deductions 13. VAC - Other Contributions 31.	
Subtotal (Deductions & Exemptions) 14.8930 .Addition to Tax, Penalty & Interest32.	
VA Taxable Income 15. 18702. Sales and Use Tax 33.	
Amount of Tax 16. 818. Amount You Owe	
Spouse Tax Adjustment (STA) 17. Your Refund 39	0.
VAGI - Spouse 17A.	
Bank Routing # C 051000 Net Amount of Tax 18. 818. 051000	UI/
Bank Account # 435058084986	

768859761





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ng Status, Age & Licen	se Information	Additional Filing Information
Filing Status	1	Locality 179
Federal Head of Househol	d	Uninsured & Authorize DMAS
DOB - You	05311991	Name or Filing Status Change
VA Driver's License ID - Yo	B63485057	Address Change
VA Driver's License - Iss. [Date - You 11292023	VA Retum Not Filed Last Year
Spouse Name (Filing Statu	us 3 Only)	Dependent on Another's Return
		Farmer / Fisherman / Merchant Seaman
DOB - Spouse		Amended
VA Driver's License ID - Sp		Reason Code
VA Driver's License - Iss. E		Overseas on Due Date
emptions (A) You 1	Exemptions (B) 65 & Over - You	Federal EIC & Amount
Spouse	65 & Over - Spouse	Deceased Indicator
Dependents	Blind - You	Form 760C or 760F
Total (A) 1	Blind - Spouse	No Sales & Use Tax Due Indicator X
	Total (B)	Obtain Electronic 1099G
	Contact Information	ID Theft PIN

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature -	You	Date		Phone - You		4698	337866
Signature -	Spouse	Date		Phone - Spouse			
Signature -	Preparer SYAM PRIYA RAM SAGAR GUPTA	Date	033124	Phone - Preparer		6789	659522
The Tax De	epartment may discuss my/our return with my/our p	reparer.	GLOBA	Preparer Information L TAXES LLC	7	P02	082703
	File by May 1, 2024 Include Page 1, Page 2 and all supporting 760CG documents. REV 03/05/24 PRO		-	OONEY CT NSWICK	NJ	08816	Page 2 of 2

2023 Schedule INC/CG

768859761

Report all W-2s, 1099s & VK-1s with VA Withholding

BHAVANA BARASKAR



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
768859761	W	1208.	541240646	30541240646F001	27632.

Total VA Withholding	SSN	VA Withholding
You	768859761	1208.
Spouse		
Total # of W-2s,1099s & VK-1s	01	_

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Virginia Individual Income Tax e-File Signature Authorization

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. **IT MUST BE MAINTAINED IN YOUR FILES!**

Virair	ia Submission Identification Number (SID)			
Vaum		D. Vour Cosial Co.	a unita a Nila una la cara	
	Name		B Your Social Security Number	
	ANA BARASKAR se's Name	768-85-9761 A Spouse's Social Security Number		
opoc			l ocounty Number	
Part	I Tax Return Information	A Spouse	B Yourself	
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		27632.	
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		27632.	
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		18702.	
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		818.	
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1208.	
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		390.	
Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending				
number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only Image: I authorize the ERO named below to enter my e-File PIN 5 9 7 6 1 as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Your Signature Date				
Spouse's e-File PIN: check one box only				
I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return.				
ERO Firm Name				
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Spouse's Signature Date				
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 4 9 6 0 8 2 7 1				
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax retum 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.				
ERO'	Signature Date03	-31-24		
1555	REV 03/05/24 PRO			