## 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

Submi	ssion Identification Number (SID)				-				
Taxpaye	er's name	Social s	Social security number						
MAHI	ESH CHENGANNAGARI	750-19-2241							
Spouse'	's name		Spouse	Spouse's social security number					
	ITHA CHENGANNAGARI				IED FOR				
Part	•	(Enter	year y	ou a	re aut	horizin	g.)		
	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		3,2		
2	Total tax				2		1,6		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	1	6,8		
4	Amount you want refunded to you				4		5,1	98.	
5 Part	Amount you owe	tondk			5 s	011K KO1	/		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or a								
to send for any Agent t paymer authoriz paymer busines taxes to persona	foriginal or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize 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 zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the total tax on the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates days prior to the payment (settlement) date. I also authorize the financial institutions involves o receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amental Europe With the IRS and the IRS and the IRS and the my the IRS and the IRS	n for rejected the U.S. count indiction institution erminated the part of the	ction of S. Treas cated in to deb the aut ests mu process ayment.	the transfer the table the table the control of the table the control of the table table table table the table tab	ansmis and its d ax prep entry t ation. T receiv the ele her acl	sion, (b) lesignate aration s o this ac o revoke red no la ectronic knowled	the read Final Software (can be the payment)	eason ancial are for This cel) a nan 2 ent of at the	
	nic Funds Withdrawal Consent.						_		
	yer's PIN: check one box only			9	2 2	4 1			
×	I authorize GLOBAL TAXES LLC to enter or ge	nerate n	ny PIN			digits, bu	t	s my	
	signature on the income tax return (original or amended) I am now authorizing.			dor	n't ente	all zeros	•		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.								
Your s	signature ▶ Da	ate►							
Spous	se's PIN: check one box only						7		
. 🛚		nerate n	nv PIN				as	s my	
ERO firm name								,	
	signature on the income tax return (original or amended) I am now authorizing.					all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.								
Spous	e's signature ▶ Da	ate <b>&gt;</b>							
	Practitioner PIN Method Returns Only—continue	below							
Part	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	$\vdash$	6 0 er all ze	8 2	7 1	-	
			וטפ	. t Giite	uii 26	. 55			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual in zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.	m submit	tting thi	s retu	rn in a	ccordan	ce wit		
ERO's	signature ► Da	ate ▶							
	ERO Must Retain This Form — See Instructi								
	Don't Submit This Form to the IRS Unless Requeste	d To D	o So						

## 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		2	<b>2</b> 0 <b>2</b> 5	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ıple in th	nis space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2	2023, endir	ng			, 20		See se	parate i	nstruc	ctions.
Your first name	Last nan	ne							Your social security number					
MAHESH	CHENC	GANNAGA	RI						750   19   2241			.1		
	pouse's	s first name and middle initial	Last nan											ity number
PUJITHA			CHENC	GANNAGA	RI						APP	LI	ED	F
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.					Campaign
1750 FM	423							1	225	l	Check h	nere if y	ou, or	your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces below.		Stat	te	ZIP c	ode		•	•		want \$3
FRISCO					TX 75				75022			ow will		ecking a ange
				oreign provin	ce/state/co	ounty	у	Foreig				or refu	ınd	Spouse
Filing Status Check only one box.		Married filing separately (MFS)		,			☐ Head of h	survi	ing spo	use (	,			
Dinital	qu	you checked the MFS box, enter the alifying person is a child but not you ny time during 2023, did you: (a) rec	ır depend	dent:								ld's na	me if t	he 
Digital Assets		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 blind	Spot	use:	Was bor	rn befo	ore Janu	ary 2	, 1959	ls	s blind	ı
Dependent	s (see	instructions):		<b>(2)</b> Socia	al security		(3) Relationship (4) Ch			he bo	x if quali	fies for (	see ins	structions):
If more	(1) First name Last name			number			to you		Child t	ax cre	edit	Credit fo	r other o	dependents
than four														
dependents, see instruction	s —													
and check here	<u> </u>												-	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	s)						1a		123	,253.
	b	Household employee wages not re	eported o	on Form(s) V	N-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										:		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forn	n 2441, line	26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839,	, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions) .			<u>1</u> i							
	z	Add lines 1a through 1h									1z		123	,253.
Attach Sch. B	2a	Tax-exempt interest	2a		k	<b>T</b> a	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a		t	<b>o</b> O	rdinary divide	nds .			3b	4		
Standard	4a		4a		t	<b>T</b> a	axable amoun	t			4b			
Standard Deduction for—	5a	<del>-</del>	5a				axable amoun					_		
Single or	6a	,	urity benefits 6a b Taxable amount				t			6b	1			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850 Married filing	. • • • • •	•	equired. If not required, check here $$						7					
jointly or Qualifying	8	Additional income from Schedule									8			
surviving spouse,	9		o, 7, and 8. This is your <b>total income</b>							9		123	,253.	
\$27,700 • Head of	10	•	ments to income from Schedule 1, line 26											
household, \$20,800	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									11			,253.
If you checked	12	Standard deduction or itemized		,		,					12		27	,700.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14										14			,700.
coo monuciono.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor O .	I his is we	ur t	avabla incom	10			15	1	uБ	h h 2

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	11,642.		
Credits	17	Amount from Schedule 2, lin	ne3					17			
	18	Add lines 16 and 17						18	11,642.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	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	11,642.		
	23	Other taxes, including self-e			,			23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	11,642.		
<b>Payments</b>	25	Federal income tax withheld	from:			1					
	а	Form(s) W-2				<b>25a</b> 10	5,840.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	16,840.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return	.,,		26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
allacii Scii. Elc.	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	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	16,840.		
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	5,198.		
	35a	Amount of line 34 you want	🗌	35a	5,198.						
Direct deposit?	b	Routing number 0 9 1			<b>c</b> Type:	Checking X	Savings				
See instructions.	d	Account number 2 0 4	7 8 8 8	9 2 9 1	1 5						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 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	rn with the IRS?	See					
Designee	ins	structions				🗌 <b>Yes.</b> C	omplete l	below.	<b>⋈</b> No		
		signee's me		Phone no.		sonal identi ber (PIN)	l identification				
<u>C:</u>		ider penalties of perjury, I declare t	hat I have evamine		accompanying sch			the heet	of my knowledge and		
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature	Date	Your occupation	If the	e IRS se	nt vou an Identity				
							Protection PIN, enter it here (see inst.)				
Joint return?				SOFTWARE ENGINEER							
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here				
your records.				HOME MAKE	(see	inst.)					
		one no. (651)367-953		Email address	C.MAHESH7	52@GMAIL.CO					
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2024	P0208	2703	Self-employed		
Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	Phone no. (678)965-9522			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								84-3171965		



## **Application for IRS Individual Taxpayer Identification Number**

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th	ı: iis form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (SS	SN).		ply for a new ITIN new an existing ITIN						
	ubmitting Form W-7. Read the ederal tax return with Form W												
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit										
<b>b</b> Nonresident	alien filing a U.S. federal tax return	1											
	t alien (based on days present in		_										
d Dependent of	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alien	(see instr	uctions) <b>&gt;</b>							
e X Spouse of U				IN of U.S. citizen/	resident al	lien (see in:							
	·	AHESH CHENC					750-19-2241						
	alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception												
_	spouse of a nonresident alien holdi	ng a U.S. visa											
h U Other (see in	,				طمسيم مامن								
	on for <b>a</b> and <b>f</b> : Enter treaty country I		lle name	and treaty art	Last na								
Name (see instructions)	PUJITHA	IVIIGO	iic riairic			NGANNA(	<del>T</del> ART						
Name at birth if	1b First name	Midd	lle name		Last na								
different >													
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.  1750 FM 423 Apt 1225												
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.  FRISCO  TX USA 75033												
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>												
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.												
Birth Information	4 Date of birth (month / day / year) 06/12/1997	Country of birth INDIA		City and state or	province (	(optional)	5 ☐ Male						
	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (if	any) 6c Type	of U.S. vis	a (if any), n	umber, and expiration date						
Other Information	INDIA			Н4		R69654	63 03/14/2025						
illorillation	6d Identification document(s) sub	omitted (see instru	ctions)	Passport	Driver's	license/St	ate I.D.						
	USCIS documentation Other Date of entry into												
			the United States										
	Issued by: INDIA No.: Z5958202 Exp. date: 12/27/2030 (MM/DD/YYYY):												
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?												
	No/Don't know. Skip lin												
	Yes. Complete line 6f. If		st on a sheet			instruction	ns).						
	6f Enter ITIN and/or IRSN ► IT			IR	ISN		and						
	name under which it was issu	ued ▶	name	Middle n	ame		Last name						
	6g Name of college/university or company (see instructions) ▶												
	6g Name of college/university or company (see instructions) ▶  City and state ▶  Length of stay ▶												
<b>01</b> .	,	/ /				Alete energie							
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is true,	correct, ar	nd complete	e. I authorize the IRS to share						
Keep a copy for your records.	Signature of applicant (if dele	Phone num	ber										
, 50, 1000100.	Name of delegate, if applicate		to applicant			arent Court-appointed guardiar							
_	▲ Signature			Date (month / day /	/ year) F	<u>Power o</u> Phone	accorney						
Acceptance				,	· -	-ax							
Agent's	Name and title (type or print)		Name of co	ompany	EIN	·	PTIN						
Use ONLY	<b>7</b>			Office co									
					_								