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	Social security number					
VENKATA R KOKI	817-74-	817-74-0353					
Spouse's name	Spouse's soci	ial security number					
Part I Tax Return Information — Tax Year Ending December 31, 2023	Enter 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 38,372.					
2 Total tax		2 2,723.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 5,147.					
4 Amount you want refunded to you		4 2,424.					
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	y of your return)					
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Parreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accopayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatiousiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendation).	transmitter, or electron for rejection of the trace the U.S. Treasury are unt indicated in the tan institution to debit the erminate the authorization requests must be d in the processing of the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the					
Electronic Funds Withdrawal Consent.							
Taxpayer's PIN: check one box only	4						
X I authorize GLOBAL TAXES LLC to enter or ger	Ent	ter 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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.							
Your signature ▶ Da	te >						
Spouse's PIN: check one box only							
l authorize to enter or ger	perate my PINI	as my					
ERO firm name	,	ter five digits, but					
signature on the income tax return (original or amended) I am now authorizing.		n't enter 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 and your return is filed using the Practitioner PIN below.							
Spouse's signature ▶ Da	te ▶						
Practitioner PIN Method Returns Only—continue	below						
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 1 er all zeros					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ar requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providence.	n submitting this retu	irn in accordance with the					
ERO's signature ▶ Da	te ▶						
ERO Must Retain This Form — See Instruction 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		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			Ť	See separate instructions.					
Your first name	name and middle initial Last name					Your social security number							
VENKATA	R		KOKI					817	74	0353			
If joint return, s	pouse's	s first name and middle initial	Last na						Spouse's social security nu				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				<i>A</i>	Apt. no.		Preside	ntial Ele	ection Campaign
7650 MC	CALL	UM BLVD PHASE 1						و	01		Check h	nere if y	ou, or your
City, town, or post office. If you have a foreign address, also complete spaces below.							te	ZIP c	ode	•	_	jointly, want \$3	
DALLAS				TX 75			752	7 - 7 - 7 - 1				nd. Checking a not change	
Foreign country													
Filing Status	s 🗵	Single					Head of h	useh	old (HOH	—— ∃)			
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 HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ır depen	ndent:									
Digital		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig	ital asse					et)? (Se	ee instru	ctions	s.)	Y	es 🗵 No
Standard	Son	neone can claim: You as a de	pendent	t 🗌	Your spous	e as	a dependent						
Deduction	Ш:	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp o	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) 5	Social 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 tax		ax cre	dit	Credit fo	or other dependents	
than four													
dependents,													
see instruction and check	S —								[
here]								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions) .						1a		38,372.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	ictions)				1d		
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, 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) .					ι.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						
	z	Add lines 1a through 1h									1z		38,372.
Attach Sch. B	2a	· —	2a				axable interes				2b		
if required.	3a		3a				rdinary divide				3b		
Standard	4a	-	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ _	6b		
separately,	C	If you elect to use the lump-sum e		,		`	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7		
jointly or Qualifying	8	Additional income from Schedule									8		20 252
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		38,372.		
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26								10	_	20 272	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		38,372.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		13,850.		
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13								14		13,850.	

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Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	2,723.	
	17	Amount from Schedule 2, lin					[17		
	18	Add lines 16 and 17					[18	2,723.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19		
	20	Amount from Schedule 3, lin	ie 8				[20		
	21	Add lines 19 and 20					[21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	2,723.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21		[23	0.	
	24	Add lines 22 and 23. This is	your total tax				[24	2,723.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 5	,147.			
	b	Form(s) 1099								
	С	Other forms (see instructions)								
	d	Add lines 25a through 25c							5,147.	
If you have a	26	2023 estimated tax payment					[26	<u> </u>	
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	from Form 8863	3. line 8 . .		29	$\overline{}$			
	30	,		-		30				
	31	Reserved for future use								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T						32	5,147.	
Refund	34	If line 33 is more than line 24	•					34	2,424.	
neiulia	35a	Amount of line 34 you want	•				· in t	35a	2,424.	
Direct deposit?	b	Routing number 1 1 1				. —	Savings		<u> </u>	
See instructions.		Account number 4 8 8					Javings			
	36	Amount of line 34 you want a				36				
Amount		Subtract line 33 from line 24				1 00				
You Owe	37	For details on how to pay, g			see instructions			37		
rou o we	38	Estimated tax penalty (see in	_	-				3,		
Third Party		you want to allow another								
Designee		structions	•				mplete be	low.	× No	
200.900	De	signee's		Phone			nal identific		_	
	naı			no.			er (PIN)			
Sign		der penalties of perjury, I declare the							, ,	
Here	bei	ief, they are true, correct, and com	plete. Declaration (ot preparer (otne	r tnan taxpayer) is ba	ased on all information	1	-	_	
	Yo	ur signature		Date Your occupation			I		nt you an Identity	
Joint return?				TNGTNEED		Protection PIN, enter it here (see inst.)				
See instructions.	Sn	ouse's signature. If a joint return, t	ooth must sign	SOFTWARE ENGINEER Date Spouse's occupation			If the IF	If the IRS sent your spouse an		
Keep a copy for	Op	opodoo o dignataro. Il a joint rotarri, boar madi digni			орошоо о осоцра.		Identity	dentity Protection PIN, enter it here		
your records.							(see inst.)			
	Ph	one no.		Email address	RAVALIKOKIR	EDDY@GMAIL.CC	M			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	_SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/23/2024	P020827	703	Self-employed	
Use Only	Fir	Firm's name GLOBAL TAXES LLC P						no. (678)965-9522	
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN		
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)	