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

Submis	sion Identification Number (SID)							
Taxpayer'	s name	Social securit	Social security number					
HARSI	HA REDDY KOSNA	236-91-	236-91-3640					
Spouse's	name	Spouse's soc	ial secu	rity numbe	r			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	⊥ r year you a	re aut	horizing	.)			
Enter w	hole dollars only on lines 1 through 5.	, ,			/			
Note: F	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 /	Adjusted gross income		1	7	,500.			
	Fotal tax		2		0.			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		800.			
	Amount you want refunded to you		4		800.			
	Amount you owe		5					
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended							
to send r for any d Agent to payment authoriza payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Linitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for 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 terminat, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive confidential information necessary to answer inquiries and resolve issues related to the identification number (PIN) below is my signature for the income tax return (original or amended) I ac Funds Withdrawal Consent.	ection of the tr J.S. Treasury and allicated in the tallicated in the tallicated in the tallicated in the tallicated and	ansmised and its control and i	ssion, (b) the designated paration so this according to the desired from t	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the			
X	er's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	my DIN 1	3 6	5 4 0	00 mv			
Δ	ERO firm name	ř Ent		digits, but r all zeros	as my			
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN metlers.	now authorizii	ng. Ch	eck this l				
	below.							
Your sig	nature ▶ Date ▶							
Spouse	's PIN: check one box only							
· 🗆	I authorize to enter or generate	my PIN			as my			
	ERO firm name	Enter five digits, but don't enter all zeros						
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.							
Spouse	's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	1						
Part II	Certification and Authentication — Practitioner PIN Method Only							
FRO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 4 9	6 0	8 2 7	7 1			
LIIO 3 I	2 1 14/1 144. Effet your six digit in thollowed by your live digit son solected int.	Don't ent						
		2		-				
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income to to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of I	nitting this retu	ırn in a	ccordance				
ERO's s	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To	Do So						

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	3	OMB No. 1545-0	0074	IRS Use Only	/—Do not v	vrite or sta	aple in this space.
For the year Jar	:. 31, 2023, or other tax year beginning		, 2023, ending , 20				See separate instructions.				
Your first name	iddle initial	Last name	 ame					Your social security number			
HARSHA REDDY KOSN									236	91	3640
	s first name and middle initial	Last name						Spouse	's social	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructions	S.			A	ot. no.	Preside	ntial Ele	ection Campaign
_655, PRO	MENZ	ADE						036			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spa	paces below. State ZIF			ZIP co	de			jointly, want \$3 nd. Checking a
IRVING					TX	ζ ,	7503	39			not change
Foreign country	/ name		For	reign province/state/o	count	y F	oreigr	postal code	your tax		
										Yo	ou Spouse
Filing Status	; X	Single				Head of hou	useho	ld (HOH)			
Check only		Married filing jointly (even if only o	ne had inc	ome)							
one box.		Married filing separately (MFS)				☐ Qualifying s					
	-	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the									
	qu	alifying person is a child but not you	ır depende	ent: 							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a ı	reward, award, or	payn	nent for propert	y or s	ervices); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig			-		-				es 🗵 No
Standard	_	eone can claim:		☐ Your spouse		•					
Deduction		Spouse itemizes on a separate retur	n or you w	vere a dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	959	Are blind Spo	use	: Was born	befo	e January	2, 1959	ls	s blind
Dependents	s (see	instructions):		(2) Social security	y (3) Relationship (4) Check			Check the b	ox if qual	ifies for ((see instructions):
If more	(1) F	irst name Last name	Last name		number			Child tax credit		Credit fo	or other dependents
than four											
dependents, see instructions	s ——										
and check	, —										
here L											
Income	1a	Total amount from Form(s) W-2, b	`	,					. 1a		7,500.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)							. 1b		
W-2 here. Also	C								. 10		
attach Forms W-2G and	d								. 10		
1099-R if tax	e							. 1e			
was withheld.	f	' ' '	rits from F	m Form 8839, line 29					. 1f	_	
If you did not get a Form	g	Other earned income (see instructions)							. 10		0.
W-2, see	h ;								. <u>1</u> h	•	
instructions.	i								. 1z		7,500.
Attach Cal D	z 2a		2a		h T	axable interest			. 12		.,
Attach Sch. B if required.	3a		3a			rdinary dividenc	1e		. 3b		
	4a	_	4a			axable amount .			. 4b		
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				[
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
Married filing jointly or	8	Additional income from Schedule 1, line 10							. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		7,500.
\$27,700	10	Adjustments to income from Schedule 1, line 26							. 10)	-
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11		7,500.
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							. 12	2	13,850.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13	3	
Standard Deduction,	14	Add lines 12 and 13							. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								5	0.

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Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	0.	
Credits	17	· · · · · · · · · · · · · · · · · · ·							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, line 8							20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18. If zero or less, enter -0-							22	0.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21						23	0.		
	24	_							24	0.	
Payments	25	Add lines 22 and 23. This is your total tax									
. ayınıcınıc	а	Form(s) W-2									
	b	_ 11.									
	C	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						25d	800.	
",	26	· ·							26		
If you have a liqualifying child,	27	2023 estimated tax payments and amount applied from 2022 return									
attach Sch. EIC.	28					28					
	29	Additional child tax credit from Schedule 8812									
	30	11		•		30					
	31										
	32	Amount from Schedule 3, line 15									
		Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							32	800.	
D. C I	33	Add lines 25d, 26, and 32. These are your total payments								800.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34 35a	800.	
Divoct deposit?	35a									000.	
Direct deposit? See instructions.	b								s		
	d										
	36	-				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	instructions							e below.	⋈ No	
		signee's	Phone					identification (PIN)			
<u>C:</u>		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and									
Sign	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge										
Here	Your signature			Date Your occupation			l If	If the IRS sent you an Identity			
	· · · · · · · · · · · · · · · · · · ·				Tour sessaparen			Pi	Protection PIN, enter it here		
Joint return?				SOFTWARE DEVELOPER			(s	(see inst.)			
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		tion			the IRS sent your spouse an			
your records.								- 1	Identity Protection PIN, enter it here (see inst.)		
	Phone no. (614) 615-6166 Email address HARSHAKOSNA1@GMAIL.COM										
		one no. (614)615-616 eparer's name	Preparer's signat						Check if:		
Paid								PTIN	00703	I	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	RAM SAGAR GUPTA TALLAM 02/13/2024 P0					082703 Self-employed			
Use Only									· · · · · · · · · · · · · · · · · · ·		
								m's EIN 84-3171965			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st intormation.		BAA	REV 02	2/05/24 PRO			Form 1040 (2023)	