

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) ▶

| | |
|---|---|
| Taxpayer's name VENKATESH PONUGUPATI | Social security number 202-15-7977 |
| Spouse's name LAKSHMI SOWJANYA MAGULURI | Spouse's social security number APPLIED FOR |

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are 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 | 51,997. |
| 2 Total tax | 2 | 3,227. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,098. |
| 4 Amount you want refunded to you | 4 | 1,871. |
| 5 Amount you owe | 5 | |

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

Under penalties of perjury, 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

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 7 | 9 | 7 | 7 |
|---|---|---|---|---|

 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 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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 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 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—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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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 Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

| | | |
|--|--------------------------------|---|
| Your first name and middle initial VENKATESH | Last name PONUGUPATI | Your social security number 202 15 7977 |
| If joint return, spouse's first name and middle initial LAKSHMI SOWJANYA | Last name MAGULURI | Spouse's social security number APP LI ED F |
| Home address (number and street). If you have a P.O. box, see instructions. 4701, LAKELAND DR | | Apt. no. 27G |
| City, town, or post office. If you have a foreign address, also complete spaces below. FLOWOOD | | State MS |
| | | ZIP code 39232 |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box.
 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 qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

| Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---------------|---|-----------|---------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 44,459. |
| | b Household employee wages not reported on Form(s) W-2 | 1b | |
| | c Tip income not reported on line 1a (see instructions) | 1c | |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| | g Wages from Form 8919, line 6 | 1g | |
| | h Other earned income (see instructions) | 1h | 0. |
| | i Nontaxable combat pay election (see instructions) 1i | | |
| | z Add lines 1a through 1h | 1z | 44,459. |

| | | | |
|--|---|--|--------|
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | 2a Tax-exempt interest 2a | b Taxable interest 2b | |
| | 3a Qualified dividends 3a | b Ordinary dividends 3b | |
| | 4a IRA distributions 4a | b Taxable amount 4b | |
| | 5a Pensions and annuities 5a | b Taxable amount 5b | 7,538. |
| | 6a Social security benefits 6a | b Taxable amount 6b | |

| | | | |
|--|---|-----------|---------|
| Standard Deduction for— | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | |
| • Single or Married filing separately, \$13,850 | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | |
| • Married filing jointly or Qualifying surviving spouse, \$27,700 | 8 Additional income from Schedule 1, line 10 | 8 | |
| • Head of household, \$20,800 | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 51,997. |
| • If you checked any box under Standard Deduction, see instructions. | 10 Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 | 51,997. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | 12 | 27,700. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| | 14 Add lines 12 and 13 | 14 | 27,700. |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 24,297. |

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 3,227.

Table for Payments (lines 25-33). Includes federal income tax withheld (5,098) and total payments (5,098).

Table for Refund (lines 34-36). Shows overpaid amount of 1,871 and amount applied to 2024 tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature/occupation fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

| | |
|---|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR VENKATESH PONUGUPATI & LAKSHMI SOWJANYA MAGULURI | Your social security number 202-15-7977 |
|---|--|

Part I Tax

| | | |
|--|----------|--|
| 1 Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . | 3 | |

Part II Other Taxes

| | | | | |
|--|----------|--|-----------|------|
| 4 Self-employment tax. Attach Schedule SE | | | 4 | |
| 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | | | |
| 6 Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | | | |
| 7 Total additional social security and Medicare tax. Add lines 5 and 6 | | | 7 | |
| 8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input checked="" type="checkbox"/> | | | 8 | 754. |
| 9 Household employment taxes. Attach Schedule H | | | 9 | |
| 10 Repayment of first-time homebuyer credit. Attach Form 5405 if required | | | 10 | |
| 11 Additional Medicare Tax. Attach Form 8959 | | | 11 | |
| 12 Net investment income tax. Attach Form 8960 | | | 12 | |
| 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | | | 13 | |
| 14 Interest on tax due on installment income from the sale of certain residential lots and timeshares | | | 14 | |
| 15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | | | 15 | |
| 16 Recapture of low-income housing credit. Attach Form 8611 | | | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 |
| 19 | Reserved for future use | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |
| | | | 754. |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
► See separate instructions.

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

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► _____
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► _____
 VENKATESH PONUGUPATI 202-15-7977
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ► _____

Additional information for **a** and **f**: Enter treaty country ► _____ and treaty article number ► _____

| | | | |
|---|--|-------------|-----------------------|
| Name (see instructions) Name at birth if different . . . ► | 1a First name LAKSHMI SOWJANYA | Middle name | Last name MAGULURI |
| | 1b First name | Middle name | Last name |

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
 4701, LAKELAND DR Apt 27G

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
 FLOWOOD MS USA 39232

Foreign (non-U.S.) Address
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

| | | | | |
|--------------------------|---|---------------------------|---------------------------------------|--|
| Birth Information | 4 Date of birth (month / day / year) 12 / 15 / 1997 | Country of birth INDIA | City and state or province (optional) | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|--------------------------|---|---------------------------|---------------------------------------|--|

Other Information

6a Country(ies) of citizenship: INDIA

6b Foreign tax I.D. number (if any):

6c Type of U.S. visa (if any), number, and expiration date: H4 T1608453 09/11/2025

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____ Date of entry into the United States (MM/DD/YYYY): 06/08/2023

Issued by: INDIA No.: S0953187 Exp. date: 03/26/2028

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** _____ **IRSN** _____ and name under which it was issued ► _____
 First name Middle name Last name

6g Name of college/university or company (see instructions) ► _____
 City and state ► _____ Length of stay ► _____

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

| | | | |
|---|--|---|--------------------|
| Sign Here Keep a copy for your records. | Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| | Name of delegate, if applicable (type or print) | Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney | |
| Acceptance Agent's Use ONLY | Signature | Date (month / day / year) | Phone Fax |
| | Name and title (type or print) | Name of company | EIN Office code |
| | | | PTIN |