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 security number JAYATHI PUVVADA 850-47-2281 Spouse's name Spouse's social security number 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 67,232. 2 2 4,523. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 8,986. Amount you want refunded to you 4 4 4,463. 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 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 X lauthorize GLOBAL TAXES LLC 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 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 ▶ 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 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 Certification and Authentication — Practitioner PIN Method Only Part III ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 0 Don't enter all zero: 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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this spa

For the year Jan.	1-Dec.	31, 2023, or other tax year beginning		, 2023, en	ding		, 20	See sep	arate insti	ructions.	
Your first name	and mid	ddle initial	Last na	me				Your soc	ial security	y number	
JAYATHI			PUVV	ADA	850	[
If joint return, sp	ouse's	first name and middle initial	Last na	Last name					Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, se	e instruction	ons.		Market	Apt. no.	Presiden	tial Election	on Campaign	
1225 LAM	AR D	DRIVE					off a financia major thinks on one	2 364	ere if you,		
City, town, or po	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	State	е	ZIP code		• •	tly, want \$3	
LEWISVIL	LE				TX		75077	1 -	uns tuna. o w will not	Checking a change	
Foreign country	name		F	Foreign province/state	county	/	Foreign postal code		or refund.	Spouse	
Filing Status Check only one box.	☐ ☐ If y	Single Married filing jointly (even if only of Married filing separately (MFS) ou checked the MFS box, enter the alifying person is a child but not yo	e name c	of your spouse. If yo		☐ Qualifying	ousehold (HOH) surviving spouse or QSS box, ent		d's name		
Digital Assets	exch	ny time during 2023, did you: (a) recange, or otherwise dispose of a digeone can claim:	gital asse	et (or a financial inte	rest in	a digital asse			Yes	⊠ No	
Standard Deduction		Spouse itemizes on a separate retu	1. 1. 1. 1. 1. 1.			a dependent			1 Tro 10 Tr		
Age/Blindness	You:	☐ Were born before January 2,	1959 [Are blind Sp	ouse:	☐ Was bor	n before January	2, 1959	☐ Is bli	ind	
Dependents	120		ani anti b ana kin	(2) Social securi	ty	(3) Relationsh	ip (4) Check the			Thursday I	
if more	(1) FI	rst name Last name		number		to you	Crilid tax	credit	Credit for oil	ner dependents	
than four dependents,	<u> </u>							1, 150 80	53 30 3 3 .		
see instructions					17 301			74.2 7 12.5	104) 52111	=	
and check here				_						_	
	4.	Total amount from Form(a) W Q	hav 1 /aa	L inchmications)					T	.7 222	
Income	1a	Total amount from Form(s) W-2,						· 1a		57,232.	
Attach Form(s)	b	Household employee wages not		• • •				. 1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1		• • • • • • • • • • • • • • • • • • • •				. <u>1c</u>	-100-107	Particular and the second	
W-2G and	ď	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d	4		
1099-R if tax	9							. <u>1e</u>	-		
was withheld.	f		etits tron	n Form 8839, line 2	9.			. 1f	2.90 (6)	3.0	
If you did not get a Form	9	Wages from Form 8919, line 6 .						. 1g	+ + + + + + + + + + + + + + + + + + + +		
W-2, see	h	Other earned income (see instruc	,				1	. 1h		0.	
instructions.		Nontaxable combat pay election	(see inst	ructions)		<u>1i</u>					
TWM 85	<u>Z</u> _	Add lines 1a through 1h	211					. 1z		67,232.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes		. 2b			
if required.	3a	Qualified dividends	3a			rdinary divide		. 3b			
Standard	4a	IRA distributions	4a	<u> Bariga up comes</u> XI		axable amoun		. 4b			
Deduction for-	5a	Pensions and annuities	5a	ri ed nama beli		axable amoun		. <u>5b</u>			
 Single or Married filing 	6a	Social security benefits 6a b Taxable amount				. 6b	-	40 ************************************			
separately,	c										
\$13,850 • Married filing	7										
jointly or Qualifying	8	Additional income from Schedule					• • • •	. 8		CB 000	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								67,232.	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26							-		
household, \$20,800	11	Subtract line 10 from line 9. This				· · · ·	to to the beauti	. 11		67,232.	
• If you checked	12	Standard deduction or itemize		•	•			. 12	1	27,696.	
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A									
Deduction,	14							. 14	The second secon	27,696.	
see instructions.	15	Subtract line 14 from line 11. If z	ero or les	ss, enter -0 This is	your t	taxable incon	те	. 15	e of to a	39,536.	

Form 1040 (2023	·)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form					. 16	4,523.
Credits	17			·			. 17	
	18	Add lines 16 and 17				4.6%	. 18	4,523.
	19	Child tax credit or credit for other dependen	nts from Schedu	ile 8812	March Pres		. 19	
	20	Amount from Schedule 3, line 8					. 20	475 - 1855 - 485 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 1
	21	Add lines 19 and 20						
	22	Subtract line 21 from line 18. If zero or less, enter -0						4,523.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21						0.
	24	Add lines 22 and 23. This is your total tax	. 121.11.97	9 18/14/130 G	O. faces		. 24	4,523.
Payments	25	Federal income tax withheld from:		1 BARTELES				
	а	Form(s) W-2		17. 3. 3. 40.	25a	8,98	6.	A.
	b	Form(s) 1099			25b	F 1- 001 D		
	C	Other forms (see instructions)	ge Ziegbeigbeige	concessor en a	25c			
	d	Add lines 25a through 25c	A				. 25d	8,986.
f you have a	26	2023 estimated tax payments and amount a	applied from 20	22 return			. 26	
ualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27			
itacii Scii. Elo.	28	Additional child tax credit from Schedule 8812	2	22.000,000	28			
	29	American opportunity credit from Form 886	3, line 8	· · · · · · · · · · · · · · · · · · ·	29			
	30	Reserved for future use			30		1525	
	31	Amount from Schedule 3, line 15			31	olicytha a		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits					. 32	dij
	33	Add lines 25d, 26, and 32. These are your to					-	8,986.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						4,463.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						4,463.
Direct deposit?	b	Routing number 3 2 2 2 7 1 6 2 7 c Type: X Checking Savings						
See instructions.	d	Account number 9 3 5 0 3 7 0						
	36	Amount of line 34 you want applied to your	2024 estimate	d tax	36			**************************************
Amount You Owe	37	Subtract line 33 from line 24. This is the am		0.1.250 (1.25)				
		For details on how to pay, go to www.irs.gov/Payments or see instructions						
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions .			. 37	
	38	For details on how to pay, go to www.irs.go	v/Payments or		1 1		- 37	
You Owe		For details on how to pay, go to www.irs.go Estimated tax penalty (see instructions) .	ov/Payments or	<u> </u>	38		- 37	277 mg (22 mg
	Do	For details on how to pay, go to www.irs.go	ov/Payments or s	n with the IRS?	38 See	es. Comple		⊠ No
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Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.	Do ins De nai Un bel Yo Sp	For details on how to pay, go to www.irs.go Estimated tax penalty (see instructions) you want to allow another person to discript tructions signee's ne der penalties of perjury, I declare that I have examine lef, they are true, correct, and complete. Declaration our signature Proparer's signature. If a joint return, both must sign. parer's name Preparer's signature.	Phone no. Phone no. Phone no. Add this return and a of preparer (other Date 03 26 2024) Date Date Email address	n with the IRS? accompanying schethan taxpayer) is baryour occupation JAVA DEVEI Spouse's occupation JAYATHIO52	See . You dules and state sed on all info	Personal id number (PI tements, and ormation of v	ote below. entification N) to the best rhich prepar f the IRS se Protection P see inst.) f the IRS sei dentity Prot see inst.)	of my knowledge and rer has any knowledge. Int you an Identity PIN, enter it here Int your spouse an rection PIN, enter it here Check if:
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SCHEDULE A (Form 1040)

Department of the Treasury

Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR Your social security number JAYATHI PUVVADA 850-47-2281 Caution: Do not include expenses reimbursed or paid by others. Medical and 1 **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | **Expenses** Multiply line 2 by 7.5% (0.075) 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 4 **Taxes You** 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes. 5a 909 **b** State and local real estate taxes (see instructions) . . . 5b 7,525. 5c 5d 8,434. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 8.434 6 Other taxes. List type and amount: 6 8,434. Interest Home mortgage interest and points. If you didn't use all of your home You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited. See 8a 19,262. instructions. b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., 8b c Points not reported to you on Form 1098. See instructions for special 8c 8d 8e 19,262. 9 Investment interest. Attach Form 4952 if required. See instructions 9 19,262. Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You must attach Form 8283 if over \$500 . . . got a benefit for it, 12 see instructions. **14** Add lines 11 through 13 Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified **Theft Losses** disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 16 Other—from list in instructions. List type and amount: Other **Itemized Deductions** 16 Total Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Itemized 17 27,696. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction,