8879

IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service ▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)
 ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) Taxpayer's name Social security number NANURU YAGAMURTHY DEEPAK 806-80-1146 Spouse's name Spouse's social security number Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only) Part I Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) 16,404. 2 443. 3 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a). 2,162. Refund (Form 1040. line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) 1,719. 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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return 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 **ERO** firm name Enter five digits, but as my signature on my tax year 2018 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. 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 ERO firm name as my signature on my tax year 2018 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. 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 5 2 4 5 8 8 1 **ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpaver(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 ▶ **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 (99) U.S. Individual Income Tax Return 2018 OMB No. 1545-0074

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Filing status:	X	single Married filing jointly	Marı	ried filing s	separately	Head of household	Qualifyin	g widow	(er)					
Your first name and initial Last name										Your social security number				
NANURU YAGAMURTHY					DEEPAK						806-80-1146			
Your standard d	leducti	on: Someone can claim you	lependent You were born before January 2, 1954 You						are blind					
If joint return, sp	ouse's	first name and initial	Last name					Sı	Spouse's social security number					
Spouse standard	deducti	on: Someone can claim your	spouse a	as a deper	ndent S	pouse was born befo	re January 2,	1954	×] Full-ve	ar heal	th car	e coverage	
Spouse is blind Spouse itemizes on a separate return or you were dual-status alien								-	or exempt (see inst.)					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Pi	Presidential Election Campaign					
8243 RANCHVIEW DR				2074				74		(see inst.) You Spouse			Spouse	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.								If	more th	an fou	r dene	endents		
IRVING T	'x 7	5063	_							ee inst. a			,	
Dependents (see instructions):					(2) Social security number (3) Relationship to you				(4) ✓ if	qualifies f	for (see inst.):			
(1) First name Last name				` ′				Child tax		credit C		Credit for other dependents		
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									_			$\overline{\Box}$		
		enalties of perjury, I declare that I have e							knowle	dge and b	elief, th	ey are	true,	
Here		and complete. Declaration of preparer (other than	n taxpayer) i	I	1	er has any know	ledge.	Lieu	100 1				
Joint return?	Y	our signature			Date	Your occupation				enter it	you an	Identi	ity Protection	
See instructions.	_						OFTWARE ENGINEER			(see inst.)	Ш		ليليد	
Keep a copy for your records.	S	Spouse's signature. If a joint return, both mu			Date	Spouse's occupation	Spouse's occupation			enter it	you an	Identi	ity Protection	
			<u> </u>				DTIN			(see inst.)	\coprod			
Paid		eparer's name	Prepare	er's signat	ure		PTIN		Firm's	EIN		ck if:		
Preparer	APP	ANA RUPA VENKATA SATYA SAI MANIKUMAR				P020903	332					rty Designee		
Use Only		Firm's name ► GLOBAL TAXES LLC Phone no.									Ш	Self-er	mployed	
	Fi	m's address ► 2530 Pebbl	le Cr	reek I	n Cummin	g GA 30041								
For Disclosure, I	Privac	Act, and Paperwork Reduction	Act Not	tice, see s	separate instru	ctions.					F	orm 1	1040 (2018)	
Form 1040 (2018))												Page 2	
	1	Wages, salaries, tips, etc. Attach	Form(c)	W 2					1			16	,404.	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	і 2а	_	2a			h Tayabla			2b				7 10 11	
	2 <i>a</i> 3a	Tax-exempt interest	3a			b Taxable interest b Ordinary dividends			3b					
	4a	IRAs, pensions, and annuities .	4a			b Taxable			4b					
	ч а 5а	Social security benefits	5a			b Taxable			5b					
	6	•		mount from	Schedule 1 line 3		amount .		6			16	,404.	
	7	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22											7 - 0 - 1	
Standard Deduction for— • Single or married filing separately,		subtract Schedule 1, line 36, from							7				,404.	
	8	Standard deduction or itemized of	deductio	ns (from S	schedule A) .				8			_12	,000.	
	9	Qualified business income deduc	ction (see	e instructi	ons)				9					
\$12,000 • Married filing	10	Taxable income. Subtract lines 8	and 9 fr	rom line 7.	If zero or less,	enter -0			10			4	,404.	
jointly or Qualifying	11	a Tax (see inst.) 443. (chec	k if any fr	rom: 1	Form(s) 8814	2 Form 4972 3	Ш)					
widow(er), \$24,000		b Add any amount from Schedul	e 2 and	check her	e			▶ ∐	11				443.	
Head of household,	12	a Child tax credit/credit for other deper	ndents _		b Add an	ny amount from Schedule	3 and check here	• ▶ □	12					
\$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0							13				443.	
If you checked any box under	14	Other taxes. Attach Schedule 4						14				0.		
Standard	15	Total tax. Add lines 13 and 14							15				443.	
deduction, see instructions.	16	Federal income tax withheld from	Forms	W-2 and	1099				16			2	1,162.	
	⁾ 17	Refundable credits: a EIC (see inst.) <u>No</u>		b Sch. 8812 _	c For	m 8863							
		Add any amount from Schedule	5						17	-				
	18	Add lines 16 and 17. These are y	our total	l payment	s	<u></u>			18				1,162.	
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid								+			719.	
	20a	Amount of line 19 you want refur	1 1		1 1 1		· · <u>·</u>	▶ □	20a	-		$\frac{1}{}$,719.	
Direct deposit? See instructions.	▶ b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: ★ Checking Savings												
	▶ d	Account number 3 2 5	0	5 9 2	2 0 8 5	· · · · · · · · · · · · · · · · · · ·								
	21	Amount of line 19 you want applied												
Amount You Owe		Amount you owe. Subtract line		line 15. Fo	or details on hov	i ii l	ions	. •	22					
	23	Estimated tax penalty (see instru-	ctions)			. ▶ 23								

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