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

- Internal ne	leveliue Selvice						
Submis	ssion Identification Number (SID)						
Taxpayer's name			ity numb	er			
JAGAN REDDY DURUMUTLA			325-73-0670				
Spouse's name			Spouse's social security number				
Part l	Tax Return Information — Tax Year Ending December 31, (E	nter year you	ara aut	hori-	zina \		
	whole dollars only on lines 1 through 5.	Titel year you	are au	.110112	iiig.)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		11		106,	920.	
	Total tax		2			766.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			981.	
	Amount you want refunded to you		4			215.	
5	Amount you owe		5				
Part I		nd keep a co	oy of y	our	returi	า)	
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I original or amended) I am now authorizing. I consent to allow my intermediate service provider, tramy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved in or receive confidential information necessary to answer inquiries and resolve issues related to alidentification number (PIN) below is my signature for the income tax return (original or amended in Funds Withdrawal Consent.	ansmitter, or elect or rejection of the the U.S. Treasury at indicated in the titution to debit the ininate the authorian requests must be the payment. I further the payment. I further the payment. I further payment.	ronic ret transmis and its o tax prep e entry t zation. T pe receive of the eler ther ac	turn or ssion, design paratic to this or reverse to the control of	riginato (b) the ated F on softwaccou oke (ca o later ic pay edge t	or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the	
	yer's PIN: check one box only						
$ \mathbf{x} $	I authorize GLOBAL TAXES LLC to enter or gene	rate mv PIN └─	3 0 6		0	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	· E	nter five on't ente		but	,	
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Your si	gnature ▶ Date						
Snouse	e's PIN: check one box only	_					
	I authorize to enter or gene	rate my PIN				as my	
Ш	ERO firm name	Enter five digits, but					
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Spouse	e's signature ▶ Date	>					
	Practitioner PIN Method Returns Only—continue be	elow					
Part II	Certification and Authentication — Practitioner PIN Method Only						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	8 7 2 7	8 6	1 !	9 8	9	
		Don't er	ter all ze	ros			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incovered to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this re	turn in a	ccord	lanće ν		
ERO's	signature ▶ Date	>					
	ERO Must Retain This Form — See Instruction	ns					
	Don't Submit This Form to the IRS Unless Requested						