8879 Form

(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 |
| SRIKANTH NANDIGAM | 052-21-8325 |
| Spouse's name | Spouse's social security number |
| Part I Tax Return Information — Tax Year Ending December 31 | , (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 80,963. |
| 2 Total tax | . 2 10,877. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 14,261. |
| 4 Amount you want refunded to you | |
| 5 Amount you owe | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be su | re you get and keep a copy of your return) |
| my knowledge and belief, it is true, correct, and complete. I further declare that the am return (original or amended) I am now authorizing. I consent to allow my intermediate serves to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for any delay in processing the return or refund, and (c) the date of any refund. If applicate Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial inspayment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payme business days prior to the payment (settlement) date. I also authorize the financial institutaxes to receive confidential information necessary to answer inquiries and resolve iss personal identification number (PIN) below is my signature for the income tax return (orig Electronic Funds Withdrawal Consent. | vice provider, transmitter, or electronic return originator (ERO) eipt or reason for rejection of the transmission, (b) the reason ole, I authorize the U.S. Treasury and its designated Financial stitution account indicated in the tax preparation software for the financial institution to debit the entry to this account. This al Agent to terminate the authorization. To revoke (cancel) a ent cancellation requests must be received no later than 2 tions involved in the processing of the electronic payment of ues related to the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only | |
| <u> </u> | enter or generate my PIN 1 8 3 2 5 as my |
| ERO firm name signature on the income tax return (original or amended) I am now auth | Enter five digits, but don't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or if you are entering your own PIN and your return is filed using the Prabelow. Your signature ▶ NSx↓a ✓ ✓ | r amended) I am now authorizing. Check this box only |
| Tour signature / // Strick | |
| Spouse's PIN: check one box only | |
| ☐ I authorize to ERO firm name signature on the income tax return (original or amended) I am now auth I will enter my PIN as my signature on the income tax return (original or | - |
| 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 | od Only |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-select | zed PIN. 5 8 7 2 7 8 6 1 9 8 9 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 | |
| =::- :::::::::::::::::::::::::::::::::: | |

Don't Submit This Form to the IRS Unless Requested To Do So