Form **8879**

(Rev. August 2020)

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

Subm	ission Identification Number (SID)					
Taxpaye	er's name	Soc	cial securit	y numb	er	
SUNDEEP REDDY BOREDDY			048-21-7774			
Spouse				_	rity number	
			-			
Part	Tax Return Information — Tax Year Ending December 31,	Enter yea	ar you ai	e aut	horizing.)
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	73	,684.
2	Total tax			2	9	,271.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	11	,584.
4	Amount you want refunded to you			4	2	<u>,671.</u>
5	Amount you owe			5		
Part						
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.						
×	I authorize GLOBAL TAXES LLC to enter or general 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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.	I am now a	Ent dor authorizir	i't ente		
Yours	signature ► <u>Sundsep Boreddy</u> Dat	re ▶	Janua	ry 2	6, 2021	
Spous	se's PIN: check one box only					
	I authorize to enter or general states to	erate my F	Ent		digits, but	as my
_	signature on the income tax return (original or amended) I am now authorizing.	•				
L	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spous	se's signature ▶ Date					
	Practitioner PIN Method Returns Only—continue b	pelow				
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7	2 7 8	B 6 er all ze	1 9 8 ros	9
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amount are the practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	n submitting	g this retu	rn in a	ccordance	
ERO's	s signature ► Date					
	ERO Must Retain This Form — See Instruction					
Don't Submit This Form to the IRS Unless Requested To Do So						