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

| | Go to www.irs.gov/Formoo/9 for the latest information | | | | |
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| Subm | nission Identification Number (SID) | | | | |
| | ver's name | Social securit | ty number | | |
| DUDITION | | | 836-78-9572 | | |
| Spouse's name | | | Spouse's social security number | | |
| JIGNA SHAH | | | 677-44-1085 | | |
| Par | | nter year you a | | orizing.) | |
| | Tax Return Information — Tax Year Ending December 31, whole dollars only on lines 1 through 5. | Ther year you a | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 | 60,821. | |
| 2 | Total tax | | 2 | 3,728. | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 4,874. | |
| 4 | Amount you want refunded to you | | 4 | 3,546. | |
| 5 | Amount you owe | | 5 | | |
| Part | | nd keep a copy | of you | r return) | |
| for any Agent of payme authori payme busined taxes to person Electro | d my 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 the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the final identification number (PIN) below is my signature for the income tax return (original or amended the final withdrawal Consent. | indicated in the tall itution to debit the elitation to the authorization requests must be the processing of the payment. I furth | x preparation. To received the electroner | ition software for his account. This evoke (cancel) a no later than 2 onic payment of wledge that the | |
| Тахра | yer's PIN: check one box only | 8 | 9 5 7 | 2 | |
| × | I authorize GLOBAL TAXES LLC to enter or general statements to | Ente | r five digit | | |
| | signature on the income tax return (original or amended) I am now authorizing. | don | t enter all | zeros | |
| C Your S | I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m | m now authorizing tethod. The ERO | must coi | mpiete Part III | |
| | | | | | |
| Spous X | se's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name 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 are if you are entering your own PIN and your return is filed using the Practitioner PIN me below. | Enter don't | 1 0 8 r five digits tenter all z | s, but teros | |
| Spouse | Date > | | 120 | D_ | |
| | Practitioner PIN Method Returns Only—continue Serv | J. 1.4 | | | |
| Part I ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 8 7 2 7 8 Don't enter | 6 1 all zeros | 9 8 9 | |
| certify juthoriz equiren | that the above numeric entry is my PIN, which is my signature for the electronic individual income ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers o | e tax return (origina bmitting this return if Individual Income | or amendin accord Tax Retur | ded) I am now dance with the rns. | |