## 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

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Submis	ssion Identification Number (SID)							
Taxpayer's name				Social security number				
SRAVANI REDDY LAKKIREDDY			712-15-3400					
Spouse's name			Spouse's social security number					
Doub	Too Data we left weeking. Too Van Furling Data when 04				\			
Part		year you a	are au	norizin	g.)			
	whole dollars only on lines 1 through 5.  Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income		1 1		2 2	00.		
	Total tax		2		2,2	0.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			63.		
	Amount you want refunded to you		4			63.		
	Amount you owe		5			.05.		
Part I		кеер а сор	y of y	our ret	turn	)		
return (of to send for any of Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as a payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the public Funds Withdrawal Consent.	itter, or electrection of the testion of the test. Treasury a cated in the test of the authorization must be processing cayment. I full	onic reformation on the care prepared and its care prepared and it	urn originate sion, (b) designate paration so this acrowled no later through the control of the	nator the red Find softwatecoun e (careater to paymage the	(ERO) reason ancial are for t. This neel) a chan 2 nent of at the		
	yer's PIN: check one box only				٦			
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	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 am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.							
Your si	gnature ▶ Date ▶							
Spaus	e's PIN: check one box only							
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	ERO firm name		ter five	digits, but	_	Silly		
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.		_			-		
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part I	II Certification and Authentication — Practitioner PIN Method Only							
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9	8	9		
2110 0	2 I II I I I I I I I I I I I I I I I I	Don't en						
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taked to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submenents of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Ir	itting this ret	urn in a	ccordan	će wi			
ERO's	signature ► Date ►							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To D	o So						