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

	1.0101.000 001.100					
Subm	ission Identification Number (SID)					
Taxpav	er's name	Social sec	urity num	ber		
MANIDEEP MADUGULA			701-49-9415			
Spouse's name			Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, (E)	nter year you	are au	thorizing.))	
	whole dollars only on lines 1 through 5.	, ,			<u>'</u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	46	,828.	
2	Total tax		2	2	,059.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	,614.	
4	Amount you want refunded to you		4	2	<u>,555.</u>	
5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a co	opy of y	your retui	<u>rn)</u>	
my know return to send for any Agent payme authori payme busine taxes in person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, traid 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 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 instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, 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 to receive confidential information necessary to answer inquiries and resolve issues related to the late of the payment (PIN) below is my signature for the income tax return (original or amended onic Funds Withdrawal Consent.	above are the ansmitter, or electron of the U.S. Treasure indicated in the training to debit in the treatment of the processing the payment. I	amounts ctronic recent transmity and its etax prethe entry rization. be recent of the efurther actions.	from the incuturn originatession, (b) the designated learn soff to this accoordinates accordinates accordinate	come tax for (ERO) e reason Financial tware for unt. This cancel) a or than 2 yment of that the	
	I authorize GLOBAL TAXES LLC FRO 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 a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.	m now author	Enter five don't enter izing. C			
Yours	signature ▶ Date ▶					
Snous	se's PIN: check one box only	_				
Г	I authorize to enter or general	ate my PINI			as my	
	ERO firm name		Enter five	digits, but	asiny	
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	er all zeros		
	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 m below.					
Spous	se's signature ▶ Date I	•				
	Practitioner PIN Method Returns Only—continue be	low				
Part	III 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 Don't c	8 6 enter all z	1 9 8 eros	9	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual incomized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ub <mark>mi</mark> tting thi <mark>s</mark> r	eturn in	accordance		
ERO's	s signature ▶ Date I	<u> </u>				
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested 1	o Do So				