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

	-					_
Submi	ssion Identification Number (SID)					
Taxpayer's name			ty numl	per		-
SANTOSH DASYAM			659-83-9173			
Spouse's name		Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Ente	 er year you a	re au	thorizinc	ı.)	_
	whole dollars only on lines 1 through 5.	,	0 0.0.)·/	-
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	50	0,708	
2	Total tax		2	4	4,402	_
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		7,031	_
4	Amount you want refunded to you		4	2	2,629	_
_ 5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	urn)	_
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for received and the return or refund, and (c) the date of any refund. If applicable, I authorize the local initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivation 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 recessed as a prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	nitter, or electricities, or electricity. J.S. Treasury a dicated in the tion to debit the tethe authorize quests must be processing opayment. I fur	onic refransmised ax prepartion. The receiff the elastic action.	turn originassion, (b) to designated paration so this according to this according to the thin according to the thin according personal paration of the thin according personal paration of the thin according to the thin ac	ator (ERC the reaso d Financi oftware fo count. Th (cancel) ter than ayment of e that the	on all or is a 2 of ne
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1	
X		my PIN	9 [1 7 3	as m	,
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as III	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Your s	ignature ▶ Date ▶					
Spous	se's PIN: check one box only	_				
	I authorize to enter or generate	my PIN			as m	./
	ERO firm name	_	ter five	digits, but] 40	,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.		_			_
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belov	v				_
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	7 2 7 Don't ent	8 6 er all ze		8 9	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					_
	Don't Submit This Form to the IRS Unless Requested To	Do So				