Form **8879**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.
 ► Go to www.irz.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	Social security number
Taxpayer's name	468-55-6639
PRAKASH MADHANAGOPALAN	Spouse's social security number
Spouse's name	708-58-7031
ABARNA SWAMINATHAN Part I Tax Return Information — Tax Year Ending December 31,	(Enter year you are authorizing.)
Part I Tax Return Information — Tax Year 210119	
Enter whole dollars only on lines 1 through 5.	11 74,501.
Note: Form 1040-SS filers use line 4 only. Leave lines	2 4,572.
1 Adjusted gross income 2 Total tax	
2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	2.511
A second want refunded to YOU	. 5
- 4	toon a convoi your return
5 Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you of the income tax return (original or income ta	the state of the Dest Of
Under penalties of perjury, I declare that I have examined a copy of the income tax feather than the amounts in my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provide o send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or responsible of the interval of the interval of the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution along the intitate an ACH electronic funds withdrawal (direct debit) entry to the financial institution along the intitate and the financial to make the intitate of the intitate and the financial to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancer appropriately in the intitate of the payment (settlement) date. I also authorize the financial institutions involves to receive confidential information necessary to answer inquiries and resolve issues related errored to the financial information necessary to answer inquiries and resolve issues related errored to the financial information necessary to answer inquiries and resolve issues related errored to the financial information necessary to answer inquiries and resolve issues related to the financial information necessary to answer inquiries and resolve issues related to the financial information necessary to answer inquiries and resolve issues related to the financial information necessary to answer inquiries and resolve issues related to the financial information in t	account indicated in the tax preparation solved in the cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 olved in the processing of the electronic payment of olved in the processing of the electronic payment of
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ertify that the above numeric entry is my PIN, which is my signature for the electronic individent thorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the taxpayer indicated above in the practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	dual income tax return (original or amended) I am n
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O's signature ► ERO Must Retain This Form — See Inst	tructions
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Don't Submit This Form to the IRS Unless Requ	uested To Do So Form 8879 (Rev. 01-2