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

IIILEIIIAI	nevertue Service				
Submi	ssion Identification Number (SID)				
Taxpayer's name HARSHAVARDHAN REDDY CHANNAMGARI Spouse's name		723-78-	Social security number 723-78-7605 Spouse's social security number		
Part	Tax Return Information — Tax Year Ending December 31, (Ent	er year you a	re auth	orizing.)	
Enter	whole dollars only on lines 1 through 5.			0 /	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	84,	640.
2	Total tax		2		680.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		900.
4	Amount you want refunded to you		4		056.
5	Amount you owe		5		
Part		l keep a cop	y of yo	ur retur	n)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.					
Your s	ignature ▶ Date ▶				
C	ala DINI, ahaali ana hawani.				
Spous	e's PIN: check one box only	DIN			
	I authorize to enter or generate to enter or generate	_			as my
	signature on the income tax return (original or amended) I am now authorizing.		er five di n't enter a		
	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 me below.				
Snous	e's signature ▶ Date ▶				
Spous	Practitioner PIN Method Returns Only—continue belo	M/			
Part		**			
ıaıı	Oeruncation and Addrendcation — Fractitioner File Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7 Don't ent	8 6 3 er all zero	1 9 8 os	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 subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	irn in ac	cordance	
ERO's	signature ▶ Date ▶				
	FRO Must Retain This Form — See Instructions				

REV 01/15/21 PRO

Don't Submit This Form to the IRS Unless Requested To Do So