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

Part Tax Return Information — Tax Year Ending December 31,	Submission Identification Number (SID)			•		
Part Tax Return Information — Tax Year Ending December 31,	Taxpayer's name		Social security number			
Part U Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	HARSHA GANTA		869-66-2835			
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse's name		Spouse's soci	ial secui	rity number	,
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 1014 tax	Part I Tax Return Information — Tax Year Ending December 31,	(Enter	year you a	re autl	norizing.)
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 12, 833. 4 Amount you want refunded to you 4 6, 072. 5 Amount you own refunded to you 5 Amount you own refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 1 Amount you want refunded to refunded the amounts in Part Labove are the amounts from the head on the termination of the termination (principle return originator felfol) 1 to reason for rejection of the transmission, (b) the reason or you dealy in you and its designated Financial Financial Agent to terminate the authorization is of the transmistor, of the processing the refunded refunded plant of the refunded plant you want to repair the financial refunded tax, and the financial institution in debit the erity to bits account. This payment of the income tax refunded the amounts in the processing the refunded years in the processing the refunded years		. ,				,
2	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
A Amount you want refunded to you A A Amount you want refunded to you A A Amount you want refunded to you A A Amount you want refunded to you B Amount you want refunded to you A A Amount you want refunded to you B Amount you B Amoun	1 Adjusted gross income			1		
Amount you want refunded to you Amount you want refunded to you Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuny, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whowledge and belief, it is true, correct, and complete. I further declare that the amounts for the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) 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 return originated in the tax preparation software for the payment of my federal taxes would 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) 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) 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) authorizes days prior to the payment (settlement) date. I also authorize the function in the processing of the electronic payment of the payment (settlement) date. I also authorize the function in the processing of the electronic payment of the payment (settlement) date. I also authorize the function in the function in the function in the function of the function in the function in the function in the function of the function in the function in the function in the function of the function in the function in the function in the function of the function in the function in the function in the function o				2	8	,611.
Samount you owe Samount you was Samount y	* * * * * * * * * * * * * * * * * * * *			-		
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalize of pripting, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the young of the provide of the provide or provide or provided that it is true, correct, and complete, if unther declare that the amounts in Part I above are the amounts from the line once tax return (original or amended). I am now authorizing, I consent to allow my intermediate service provider, transmitter or electronic return originator (ERO) 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, Lathorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debti) entry to the financial institution account indicated in the tax preparation software for payment of my rederal taxes owed on this return and/or a payment of estimated tax, and the financial institution. To revoke (cancel) a payment, in the preparation of the transmission 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, in the control of the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, in the control of the transmission of 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 of the substitutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues and the percentility of the payment of the electronic payment of the processing of the electronic payment of the payment of the electr	, , , , , , , , , , , , , , , , , , ,				6	,072.
Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellet, it is tine, correct, and complete. I uther declare that the amounts in PAI I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 and spent on the transmission of the transmission of the payment of my federal taxes owed on this return and/or a payment of estimated tax, and 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 to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent at 1-888-358-4537. 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 provoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-358-4537. 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 provoke (cancel payment) taxes to receive confidential information necessary to answer inquiries and resolve insulate any authorized in the control taxes to receive confidential information necessary to answer inquiries and resolve insulate any authorized in the payment. I further december 1 full taxes to receive confidential information on the payment in the					our rotu	rn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmission, (b) the reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return (in Figure 1). But the ransmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return (in Equipolity I). But the return or refund, and (c) the date of any return (in Equipolity I) in the return or refund, and (c) the date of any return (in Equipolity I). But the return or refund and the return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for supprent of the return and/or a payment of the standard tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent in financial and the tax preparation software for authorization in the tax preparation software for any primer. 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 Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only Vall 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 filled using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only Vall 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 filled using the Practitioner PIN method. The ERO must complete Part III below. Part IIII Certif						
Taxpayer's PIN: check one box only	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I aut Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finar authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a	eason for rejecthorize the U.S account indicencial institution to terminate cellation requivolved in the pated to the pate	ction of the trans. Treasury are cated in the tann to debit the the authorizates must be processing of ayment. I furt	ansmiss and its do ax preparation. To receive the ele her ack	sion, (b) the esignated a ration sofo this according revoke (ed no late otronic paramouledge	e reason Financial tware for bunt. This cancel) a er than 2 yment of that the
Tauthorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but don't enter all zeros						
ER0 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 signature Harsha Ganta		or gonorato n	6 OV DIN	2 8	3 5	ac my
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 signature ► Harsha Ganta Date ► 03/04/2021 Spouse's PIN: check one box only	ERO firm name		* Ent			as my
Spouse's PIN: check one box only □ authorize	I will enter my PIN as my signature on the income tax return (original or amendifyou are entering your own PIN and your return is filed using the Practitione below. Harsha Ganta	ded) I am no er PIN metho	od. The ERC			
I authorize	- Tour signature	Date -				
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. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Spouse's PIN: check one box only					
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. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	☐ I authorize to enter o	or generate n	ny PIN			as my
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. Spouse's signature Date						
Spouse's signature ► Date ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ► Date ► ERO Must Retain This Form — See Instructions						
Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. S 8 7 2 7 8 6 1 9 8 9	if you are entering your own PIN and your return is filed using the Practitione					
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Spouse's signature ▶	Date ►				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions	Practitioner PIN Method Returns Only—conti	nue below				
Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Part III Certification and Authentication — Practitioner PIN Method On	ly				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	. 5 8				9
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions			on't ente	er all zer	US	
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that	at I am submit	tting this retu	rn in a	ccordance	
	ERO's signature ▶	Date ►				
			- 0-			