## 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

| Subm   | ission Identification Number (SID)  |  |   |  |   |  |
|--|---|--|---|--|---|--|
| Taxpayer's name  |   |  | Social security number  |  |   |  |
| NARENDAR REDDY PASHAM  |   |  | 774-87-4370   |  |   |  |
| Spouse's name  |   | Spouse's social security number  |   |  |   |  |
| Part I Tax Return Information — Tax Year Ending December 31, (En                               |   | er year you are authorizing.)  |   |  |   |  |
| 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  | Adjusted gross income   |  | 1   | 83,6   | 42.   |  |
| 2  | Total tax   |  | 2   | 11,4   | 60.   |  |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3   | 13,7   | 40.   |  |
| 4  | Amount you want refunded to you   |  | 4   |  | 80.   |  |
| _ 5  | Amount you owe  |  | 5   |  |   |  |
| Part   | II Taxpayer Declaration and Signature Authorization (Be sure you get and  | keep a copy  | y of your   | return)  | <u>)                                    </u>  |  |
| return<br>to send<br>for any<br>Agent<br>payme<br>author<br>payme<br>busine<br>taxes<br>person | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent of the interval of the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the income tax of the income tax return (original or amended) I applied to the income tax of tax | itter, or electro-<br>ection of the tr<br>.S. Treasury are<br>icated in the ta<br>on to debit the<br>e the authoriza-<br>uests must be<br>processing of<br>payment. I furt | nic return of ansmission and its design ax preparation entry to thin tion. To represented in the electrocher acknow | originator, (b) the renated Finated Fi | (ERO)<br>reason<br>ancial<br>are for<br>t. This<br>ncel) a<br>chan 2<br>nent of<br>at the |  |
|  | ayer's PIN: check one box only  |  |   | $\overline{}$  |   |  |
| <br> X   |   | my PIN 7   | 4 3 7   |  | s my  |  |
| _  | ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | Ent  | er five digits<br>n't enter all z   | s, but   | 3 my  |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.  |  |   |  |   |  |
| Yours  | signature ▶ Date ▶ 2  | 2/10/2021  |   |  |   |  |
|  |   |  |   |  |   |  |
| Spou   | se's PIN: check one box only  |  |   |  |   |  |
|  | I authorize to enter or generate  | my PIN   |   | a  | s my  |  |
|  | ERO firm name   |  | er five digits  |  |   |  |
| _  | 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 r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.   |  |   |  |   |  |
| Spous  | se's signature ▶ Date ▶   |  |   |  |   |  |
|  | Practitioner PIN Method Returns Only—continue below   | ,  |   |  |   |  |
| Part   | III Certification and Authentication — Practitioner PIN Method Only   |  |   |  |   |  |
| ERO's  | s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8   |  | 8 6 1<br>er all zeros   | 9 8 9  | 9   |  |
| author   | y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of In  | nitting this retu  | rn in accor   | danće wit  |   |  |
| EBO'   | s signature ▶ Date ▶  |  |   |  |   |  |
| LITO   | ERO Must Retain This Form — See Instructions  |  |   |  |   |  |
|  | LOO WUSE DEGIN THIS FULL — SEE INSURCIONS   |  |   |  |   |  |

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