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

Submission Identification Number (SID)	
Taxpayer's name Social security number	
SUNIL KUMAR REDDY JOREPALLI 881-04-3312	
Spouse's name Spouse's social security number	
SUCHITHA RAMIREDDY APPLIED FOR	
Part I 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 filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	56.
2 Total tax	42.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	31.
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)	
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 return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (I 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 refor 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 Fina Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation softwar 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. authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (can payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later th business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic paymet taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable Electronic Funds Withdrawal Consent.	(ERO) eason ancial re for . This cel) a nan 2 ent of at the
Taxpayer's PIN: check one box only	
X authorize GLOBAL TAXES LLC to enter or generate my PIN	s my
ERO firm name Enter five digits, but don't enter all zeros	
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 if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow.	
Your signature ▶ Date ▶	
<u> </u>	
Spouse's PIN: check one box only	
I authorize GLOBAL TAXES LLC to enter or generate my PIN Enter five digits, but 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	s my only
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Pabelow.	art III
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. 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 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 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's signature ► Date ► ERO Must Retain This Form — See Instructions	—

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