IRS e-file Signature Authorization

Costal accurity number

ERO must obtain and retain completed Form 8879. n.

	Go	to	www.i	rs.gov/	Form8	879 1	for	the	latest	inf	orma	atio
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Submission Identification Number (SID)

тахрау	er s name	Social security number						
KUM	AR SWAMY BALAM	867-25-2631						
Spouse	's name	Spouse's social security number						
Par	Tax Return Information – Tax Year Ending December 31, (Enter	r 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 28,440.						
2	Total tax	2 1,726.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 3,944.						
4	Amount you want refunded to you	4 2,218.						
5	Amount you owe	5						

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of perjury, 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 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, 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, 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 Electronic Funds Withdrawal Consent.

Taxpayer's	PIN:	check	one	box	only
------------	------	-------	-----	-----	------

X I authorize	GLOBAL TAXES LLC	to enter or generate my	PIN Enter five digits, but as my
signature of	ERO firm name n the income tax return (original or amended	I) I am now authorizing.	don't enter all zeros
	my PIN as my signature on the income tax rentering your own PIN and your return is file		
below. Your signature ►	R. July	Date ► 🧷	2/05/2021

	I authorize
--	-------------

to enter or generate my PIN

Enter five digits, but don't enter all zeros

as 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.

Spouse's signature E												
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	d by your five-digit self-selected PIN.	5	8					6 all ze	9	8	9	

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 🕨								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Demonstration Act Notice and commuter		Farm 8870 (Day, 01 0001)						

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		(99) turn	202	0	OMB No. 1545	-0074	IRS Use O	nly—Do	o not writ	te or staple i	n this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of	-			Head of ked the HOH o						
Your first name	and m	iddle initial	Last n	ame						Yo	our soci	ial security	y number
KUMAR SV	JAMY		BAL	AM						8	67-2	5-2631	1
lf joint return, s	oouse's	first name and middle initial	Last n	ame						Sp	ouse's	social sec	urity number
Home address	•	er and street). If you have a P.O. box, see CT	instruc	tions.					Apt. no. 133			tial Electio ere if you,	on Campaign or your
	-	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP o					tly, want \$3
KENT			•			OI	H	44	240		0	w will not	Checking a change
Foreign country	name			Foreign p	rovince/state/	coun	ty	Fore	ign postal cod			or refund.	onango
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange,	or otherv	vise acquire	any	financial intere	est in	any virtual o	currer	ncy?	Ves	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur					a dependent						
Age/Blindness	You:	Were born before January 2, 1	956	🗌 Are b	lind Sp	ouse	: 🗌 Was boi	rn bet	fore January	/ 2, 1	956	🗌 ls bli	nd
Dependents	s (see	instructions):		(2)	Social security	/	(3) Relationsh	nip	(4) 🖌 if	qualif	ies for ((see instruc	ctions):
If more	(1) F	irst name Last name	number to you			to you		Child tax	credit	t C	redit for oth	ner dependents	
than four												[
dependents, see instructions	s ——										$ \longrightarrow$	[
and check												L	
here ► 📋											$- \bot$	L	
Attach	1	Wages, salaries, tips, etc. Attach F	L Í	W-2 .	· · ·	• •		•		·	1	2	28,440.
Sch. B if	2a	'	2a			b Taxable interest					2b		
required.	<u>3a</u>		3a			b Ordinary dividendsb Taxable amount .					3b	<u> </u>	
	4a		4a						·	4b	+		
	5a		5a				axable amoun			·	5b		
Standard Deduction for –	6a	, <u>_</u>	6a				axable amoun	t.		÷	6b		
 Single or 	7	Capital gain or (loss). Attach Schee						•	🕨		7		
Married filing separately,	8	Other income from Schedule 1, lin						•			8		0 440
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8.	i nis is yo	our total inc	ome		•			9		28,440.
 Married filing jointly or 	10	Adjustments to income: From Schedule 1, line 22					10	_					
Qualifying widow(er),	a				· · ·						-		
\$24,800	b	Charitable contributions if you take									100		
 Head of household, 	C	Add lines 10a and 10b. These are						•			10c		28,440.
\$18,650 • If you checked	11 12	Subtract line 10c from line 9. This Standard deduction or itemized	-	•	•			•			11		
any box under	12	Qualified business income deduction		`		,		•		·	12	+	2,400.
Standard Deduction,								•		·		1	2 100
see instructions.	14 15	Taxable income. Subtract line 14					 	•		·	14		2,400.
	10	Taxable Income. Subtract life 14				ente	a - u-	•		•	15		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

Form 1040 (2020)										Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 8814	4 2 🗌 4	4972	3			16	1,726.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17 .								18	1,726.
	19	Child tax credit or credit for	other dependen	its						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	1,726.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	1,726.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	3	,944		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c	<i>.</i>				·			25d	3,944.
- 15	26	2020 estimated tax paymen									,
 If you have a qualifying child, 	27	Earned income credit (EIC)					27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 886	3. line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See					30			-	
)	31	Amount from Schedule 3, lir					31				
	32	Add lines 27 through 31. The						edits		32	
	33	Add lines 25d, 26, and 32. T									3,944.
	34	If line 33 is more than line 24								34	2,218.
Refund	35a	Amount of line 34 you want					•	-	▶ □	- I	2,218.
Direct deposit?	►b	Routing number 0 4 1			► c Type		Check		Saving		
See instructions.	►d	Account number 4 1 4							Javing		
	36	Amount of line 34 you want a			d tax		36	'			
Amount	37	Subtract line 33 from line 24					1			37	
You Owe	51			-						-	
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line 1			•	ent all c	or the t	axes you	owe to	or	
how to pay, see instructions.	38	Estimated tax penalty (see in	-				38				
Third Party		you want to allow another									
Designee		tructions	•					Yes. Co	mplet	e below.	× No
200.g.100	Des	signee's		Phone					•	ntification	
		ne 🕨		no. 🕨				numb	er (PIN) 🕨	
Sign		der penalties of perjury, I declare t				, 0			'		, 0
Here		ef, they are true, correct, and com	plete. Declaration	of preparer (other			ased on	all informatic			
	Υοι	ir signatule	/	Date	Your occup	pation					nt you an Identity IN, enter it here
Joint return?		J. J. C	2	02,05/2021	SOFTW	ARE F	INGTN	IEER		ee inst.)	
See instructions.	Spo	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's c				lf	the IRS se	nt your spouse an
Keep a copy for		· · · · · · · · · · · · · · · · · · ·	g								ection PIN, enter it here
your records.									(S	ee inst.) 🕨	
		one no.		Email address							
Paid	Pre	parer's name	Preparer's signa	ture			Date	Т	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TA	ALLAM	02/0	05/2021	P020	82703	Self-employed
Use Only	Firr	n's name 🕨 GLOBAL TA	XES LLC						Pł	none no.	678)965-9522
	Firr	n's address ► 2530 Pebb	le Creek I	In Cummino	g GA 30	0041			Fi	rm's EIN 🕨	30-1017196
Go to www.irs.go	v/Form	1040 for instructions and the late	st information.		BAA	\	REV	02/01/21 PRO			Form 1040 (2020)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA