## 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			
CHAITANYA RAJ KESARI	740-63-9249			
Spouse's name	Spouse's social security number			
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		1		2,860.
2 Total tax		2	11	L,295.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<del>1,305.</del>
4 Amount you want refunded to you		4	3	3,010.
5 Amount you owe		5	our reti	urn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.3 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requ business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	ction of the tra S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furth	ansmissind its dictional and its diction. To receive the element acknowledges to the control of	sion, (b) to esignated aration so this accorded no late tronic particular around the control of	the reason of Financial oftware for count. This (cancel) a ter than 2 ayment of e that the
				l
Taxpayer's PIN: check one box only  X   I authorize GLOBAL TAXES LLC to enter or generate n	av DINI 3	9 2	4 9	ac my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente		ligits, but all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Your signature ▶ Date ▶				
Snouse's DIM, shock one hay only				
Spouse's PIN: check one box only	av DIN			
I authorize to enter or generate n	- —	er five o	ligits, but	as my
signature on the income tax return (original or amended) I am now authorizing.			all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8			8 9
Locatify that the phase group of particle as DIM which is an effect of the control of the contro				Law: :
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incompanies.	tting this retu	rn in a	ccordanc	
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To D	0.50			