## 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 So		Social security	y number	
PRAMOD SINGH		878-25-	878-25-0984	
Spouse's name Spouse's s		Spouse's soci	ial security number	
JUH	I CHAUDHRY	971-99-	-4306	
Part	Tax Return Information — Tax Year Ending December 31, 2020 (E	Enter year you ar	re 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		<b>1</b> 135,168.	
2	Total tax		<b>2</b> 13,861.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 16,320.	
4	Amount you want refunded to you		<b>4</b> 4,759.	
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a copy	y of your return)	
return to send for any Agent payme authori payme busine taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider, true my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terrint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved into receive confidential information necessary to answer inquiries and resolve issues related to inal identification number (PIN) below is my signature for the income tax return (original or amende into Funds Withdrawal Consent.	ransmitter, or electro or rejection of the trathe U.S. Treasury are nt indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furtil	nic return originator (ERC ansmission, (b) the reasond its designated Financiax preparation software for entry to this account. This tion. To revoke (cancel) are received no later than the electronic payment of the acknowledge that the	
	ayer's PIN: check one box only			
X		orata my PINI 5		
	ERO firm name	EIIL	er five digits, but n't enter all zeros	
	signature on the income tax return (original or amended) I am now authorizing.	doi	i t enter all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.			
Yours	signature ▶ Date	• <b>-</b>		
Spous	se's PIN: check one box only			
×	I authorize GLOBAL TAXES LLC to enter or gene ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	Ent	4 3 0 6 as my er five digits, but n't enter all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.			
Spous	se's signature ▶ Date	•		
	Practitioner PIN Method Returns Only—continue be	elow		
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		8 6 1 9 8 9 er all zeros	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider	submitting this retu	rn in accordance with the	
ERO's	s signature ► Date	<b>.</b>		
	ERO Must Retain This Form — See Instruction			

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