## 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				
. ,				
NIKHIL RAJ BOBBILLA Spouse's name		185-63-2187  Spouse's social security number		
Орошос	onalic state	ai scou	inty number	
Part	Tax Return Information — Tax Year Ending December 31, (Enter year you ar	o out	horizina \	
		e aui	nonzing.)	
Enter whole dollars only on lines 1 through 5.				
_	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	a 1	22 040	
1	Adjusted gross income	1	23,040.	
2	Total tax	2	1,078.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,334.	
4 5	Amount you want refunded to you	5	3,256.	
	Amount you owe	- 1	our roturn)	
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now auth			
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  I authorize GLOBAL TAXES LLC to enter or generate my PIN  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.				
Yours	signature ►			
Spous	se's PIN: check one box only			
. Г	I authorize to enter or generate my PIN		as my	
	ERO firm name Ente		digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizin if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO below.			
Spous	se's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8  Don't enter	r all ze	1 9 8 9 ros	
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.				
ERO's	s signature ► Date ►			
	ERO Must Retain This Form — See Instructions			
Don't Submit This Form to the IRS Unless Requested To Do So				