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	on Number (SID)		-			
Taxpayer's name			ty numb	er		
YASHOVARDHAN DUBEY			764-15-0774			
Spouse's name			Spouse's social security number			
RASHMI MISHRA			765-27-7202			
Part I Tax Return Information — Tax Year Ending December 31, (Enter		(Enter year you a	r year you are authorizing.)			
Enter whole dollars only	on lines 1 through 5.					
Note: Form 1040-SS file	ers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
, ,	ncome		1	66,943		
2 Total tax			2	4,160		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	5,338		
4 Amount you want refunded to you			4	1,178		
5 Amount you owe	Declaration and Signature Authorization (Be sure you ge		5	OTER ROTTED		
	I declare that I have examined a copy of the income tax return (original or a					
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		5	0 7			
X I authorize G	ERO firm name			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 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. Your signature Date Date						
Spouse's PIN: check o		<u> </u>				
=	9	enerate my PIN 7	7 2	2 0 2 as m		
A rauthorize G	ERO firm name			2 0 2 as m digits, but		
signature on th	ne income tax return (original or amended) I am now authorizing.			r all zeros		
I will enter my if you are enter below.	PIN as my signature on the income tax return (original or amended ring your own PIN and your return is filed using the Practitioner P	IN method. The ER	O must	teck this box on to complete Part		
Spouse's signature						
Practitioner PIN Method Returns Only—continue below						
Part III Certificat	ion 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 Don't ent	8 6 er all ze	1 9 8 9 eros		
authorized to file for tax y	meric entry is my PIN, which is my signature for the electronic individual i ear indicated above for the taxpayer(s) indicated above. I confirm that I a ioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provi	am submitting this ret	urn in a	ccordance with the		
ERO's signature ▶	D	ate ▶				
<u> </u>	ERO Must Retain This Form — See Instruct					
Don't Submit This Form to the IRS Unless Requested To Do So						