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

	1.01.01.00					
Submi	ssion Identification Number (SID)					
Taxpayer's name			ty numl	per		
RUSHIKESH CHIKKA			891-76-8750			
Spouse's name		Spouse's soo	Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, (Ent	er year you a	re au	thorizing	1.)	
	whole dollars only on lines 1 through 5.	o. you. you a			1-7	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	76	5,292.	
2	Total tax		2	9	9,843.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1.	L,446.	
4	Amount you want refunded to you		4	3	3,273.	
	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende					
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formation of the financial institution account in the financial 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 terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	emitter, or electro- ejection of the to U.S. Treasury andicated in the to- tion to debit the atte the authorizate the authorizate must be the processing of a payment. I fur	onic refansmis and its of ax prepentry entry ent	turn originassion, (b) to designated paration so this according to this according to the thin according to the thin according to the thin according personal designation of the thin according to the	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the	
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
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	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	aomy	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only				1	
	I authorize to enter or generat	e mv PIN			as my	
	ERO firm name	En		digits, but	, as,	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.		_		_	
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
Part I	Certification 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		8 9	
		Don't ent	or all Zt	55		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers or	mitting this retu	ırn in a	accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				