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.

Submission Identification Number (SID)

Тахрау	ver's name	Social secu	rity numb	er						
CHA	ARAN PRATHIPATI	823-5	0-8688	3						
Spous	ouse's name Spouse's			pouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	er year you	are aut	horizing.)						
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	65,372.						
2	Total tax		2	7,445.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,516.						
4	Amount you want refunded to you		4	1,071.						
5	Amount you owe		5							
Par				our return)						

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of 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	
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X I authorize GLOBAL TAXES LLC to enter or generate my PIN

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	er fiv n't en	aomy			

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 brathipaticharan below.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

02/15/2021

Date

		as my
	digits, b r all zer	

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.

Spouse's signature >		ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a		9	8	9	

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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	signature Date Date					
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For Denominarily Deduction Act Nation and	un tex veture instructions		Earm 8879 (Bay, 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO