IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number RAJESH SINGH 768-72-2574 Spouse's name Spouse's social security number 764-19-4161 KANCHANA KUMARI Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.) Part I 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. Adjusted gross income 133,363. 1 1 2 2 11,461. 3 3 12,106. 4 4 Amount you want refunded to you 645. 5 Amount you owe 5 .

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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.

Тахрау	er's PIN: ch	eck one	box only									2	-				
X	I authorize <u>GLOBAL TAXES LLC</u> to enter or generate my PI ERO firm name signature on the income tax return (original or amended) I am now authorizing.				IN	2 2 5 7 4 Enter five digits, but don't enter all zeros											
	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 II below. 2/23/2021								-								
Your sig	nature ►	Rajesh	Singh				Date 🕨	•			,	-,					
Spouse	signature c I will enter	GLOB on the inc my PIN	AL TAXES come tax retu as my signatu	ERO firm name rn (original or ame ire on the income	ended) I am now e tax return (origir is filed using the	nal or amende	ed) I ar	n no	ow a	uth	do orizi	on't e ing.	nter Che	ăll z eck	s, but eros	box	
Spouse	's signature	► Kan	chana Kuma	ri			Date 🕨	•	2/	23	/20	21					
Practitioner PIN Method Returns Only—continue below																	
Part II	Certifi	cation	and Authen	tication – Prac	ctitioner PIN M	lethod Only											
ERO's I	EFIN/PIN. E	nter you	r six-digit EFII	N followed by you	ur five-digit self-se	elected PIN.	5	8	7	2 Don'		8 ter al	6 I zer	1 os	9 8	3 9	
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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 >		Date 🕨					
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
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