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

100000000000000000000000000000000000000		
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
SUDHEER GARIKAPATI	132-04-	4320
Spouse's name	Spouse's socia	al security number
PRIYANKA ALAPATI	955-96-	4229
Part I Tax Return Information — Tax Year Ending December 31, (Ent	er year you ar	e authorizing.)
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
1 Adjusted gross income	+	1 81,848
2 Total tax		2 4,448
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	+	3 9,963
4 Amount you want refunded to you	+	4 7,215
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	ejection of the tra U.S. Treasury an idicated in the ta- tion to debit the atte the authorizat quests must be the processing of payment. I furth	ansmission, (b) the reast disserting the reast disserting to the reast account. The received no later than the electronic payment acknowledge that the reast acknowledge that the disserting the received no later than the electronic payment acknowledge that the reast acknowledge that the disserting the reast acknowledge that the reast acknowledge the reast acknowledge that the reast acknowledge the reast acknowl
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or generate	e mv PIN	4 3 2 0 as m
ERO firm name	Ente	er five digits, but 't enter all zeros
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 if you are entering your own PIN and your return is filed using the Practitioner PIN merbelow.		
Your signature ► Date ►		
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or generate		4 2 2 9 as m
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter 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 merbelow.		
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only—continue belo	w	
Part III 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 8 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retur	n in accordance with t
ERO's signature ▶ Date ▶		
ERO Must Retain This Form — See Instructions		

Don't Submit This Form to the IRS Unless Requested To Do So