(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

Submiss	sion Identification Number (SID)	
Taxpayer's name		Social security number
SAKETH GUMMADAVELLI		708-93-8561 Spouse's social security number
Spouse's r		Spouse's social security ridings.
Dort I	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you are authorizing.)
Part I	nole dollars only on lines 1 through 5.	
Note: Fo	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1 1 50 050
1 A	diusted gross income	1 69,958.
2 T	otal tax	2 8,457.
3 F	ederal income tax withheld from Form(s) W-2 and Form(s) 1099	<u>3</u> <u>7,588.</u>
4 A	mount you want refunded to you	4 331.
5 A	mount you owe	
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and knalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	Less new outhorizing, and to the best of
for any de Agent to in payment of authorizati payment, business of taxes to re	ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, training return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction may reder at taxes owed on this return and/or a payment of estimated tax, and the financial institution ion 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 requitable prior to the payment (settlement) date. I also authorize the financial institutions involved in the eccive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are	cated in the tax preparation software fo n to debit the entry to this account. This the authorization. To revoke (cancel) a tests must be received no later than of processing of the electronic payment of
	Funds Withdrawal Consent.	3 8 5 6 1
Taxpaye	r's PIN: check one box only to enter or generate r	ny PIN as my
	I authorize GLOBAL TAXES LLC to enter or generate resignature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	will enter my PIN as my signature on the income tax return (original or amended) I am not fixed using the Practitioner PIN methodelow.	
Spouso's	PIN: check one box only	
The second second	authorize to enter or generate r	Enter five digits, but
5	ignature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
	will enter my PIN as my signature on the income tax return (original or amended) I am no your are entering your own PIN and your return is filed using the Practitioner PIN methology.	od. The ERO must complete Part
'navas's	Date ►	
pouse s	Practitioner PIN Method Returns Only—continue below	
Part III	Certification and Authentication — Practitioner PIN Method Only	
	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8 6 1 9 8 9 Don't enter all zeros
certify that uthorized t equirement	t the above numeric entry is my PIN, which is my signature for the electronic individual income ta to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	x return (original or amended) I am nov itting this return in accordance with th dividual Income Tax Returns.
.DO: :	Date▶	*
RO's sign	nature >	
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To D	o So
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