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

Submission Identification Number (SID)			
Taxpayer's name	Social s	Social security number	
SHAILENDRA BANDARI	715-	715-81-0769	
Spouse's name	Spouse'	's social security number	
ANJANI YENNAMANENI		158-27-9560	
Part I Tax Return Information — Tax Year Ending December 1	nber 31, (Enter year year year year year year year ye	ou are 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 bla		1 4 1 015 000	
1 Adjusted gross income			
Total tax			
4 Amount you want refunded to you		- 7	
5 Amount you owe			
Part II Taxpayer Declaration and Signature Authorization	n (Be sure you get and keep a	copy of your return)	
Under penalties of perjury, I declare that I have examined a copy of the income my knowledge and belief, it is true, correct, and complete. I further declare the treturn (original or amended) I am now authorizing. I consent to allow my intermed to send my return to the IRS and to receive from the IRS (a) an acknowledgem for any delay in processing the return or refund, and (c) the date of any refund. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the fayment of my federal taxes owed on this return and/or a payment of estimated authorization is to remain in full force and effect until I notify the U.S. Treasur payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-45 business days prior to the payment (settlement) date. I also authorize the finant taxes to receive confidential information necessary to answer inquiries and repersonal identification number (PIN) below is my signature for the income tax of Electronic Funds Withdrawal Consent.	nat the amounts in Part I above are the ediate service provider, transmitter, or e ent of receipt or reason for rejection of If applicable, I authorize the U.S. Treas inancial institution account indicated in d tax, and the financial institution to debry Financial Agent to terminate the auth 37. Payment cancellation requests mucial institutions involved in the processi esolve issues related to the payment.	e amounts from the income tax electronic return originator (ERO) the transmission, (b) the reason ury and its designated Financial the tax preparation software for it the entry to this account. This horization. To revoke (cancel) a st be received no later than 2 ing of the electronic payment of I further acknowledge that the	
Taxpayer's PIN: check one box only			
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN	1 0 7 6 9 as my	
signature on the income tax return (original or amended) I am		Enter five digits, but don't enter all zeros	
I will enter my PIN as my signature on the income tax return (if you are entering your own PIN and your return is filed usin below.			
Your signature ▶	Date ▶		
Spouse's PIN: check one box only			
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN	7 9 5 6 0 as my	
ERO firm name	to ontol of generate my i m	Enter five digits, but	
signature on the income tax return (original or amended) I am	now authorizing.	don't enter all zeros	
I will enter my PIN as my signature on the income tax return (if you are entering your own PIN and your return is filed usin below.			
Spouse's signature ►	Date ►		
Practitioner PIN Method Return	-		
Part III Certification and Authentication — Practitioner P	N Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s		7 8 6 1 9 8 9 ''t enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the authorized to file for tax year indicated above for the taxpayer(s) indicated ab requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized to the Practitioner PIN method and Pub. 1345 , Handbook for Authorized to the Practitioner PIN method and Pub. 1345 , Handbook for Authorized to the Practitioner PIN method and Pub. 1345 , Handbook for Authorized to the Practitioner PIN method and Pub. 1345, Handbook for Authorized to the Practitioner PIN method and Pub. 1345, Handbook for Authorized to the Practitioner PIN method and Pub. 1345, Handbook for Authorized to the Practitioner PIN method and Pub. 1345, Handbook for Authorized to the Practitioner PIN method and Pub. 1345, Handbook for Authorized to the Practitioner PIN method and Pub. 1345, Handbook for Authorized to the Pincertification to the Pince	ove. I confirm that I am submitting this	s return in accordance with the	
ERO's signature ▶	Date ▶		
ERO Must Retain This Form			
Don't Submit This Form to the IRS	Unless Requested To Do So		