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 security number
SAMPATH KUMAR SATTARA VASUDEVAN	143-65-8861
Spouse's name	Spouse's social security number
DEEPALAKSHMI GANESAN	952-95-1753
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you 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 blank.	
1 Adjusted gross income	1 97,313.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice 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 terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipments 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 are	itter, or electronic return originator (ERO) ection of the transmission, (b) the reason is. Treasury and its designated Financial cated in the tax preparation software for it of debit the entry to this account. This is the authorization. To revoke (cancel) a juests must be received no later than 2 processing of the electronic payment of layment. I further acknowledge that the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter or generate in the state of the state	my PIN 5 8 8 6 1 as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	
I will enter my PfN as my signature on the income tax return (original or amended) I am notify you are entering your own PfN and your return is filed using the Practitioner PfN methodelow.	od. The ERO must complete Part III
Your signature ► _ S · V · Ca Date ►	04/20/2021
Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate it	
ERO firm name 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 metholeow.	
Spouse's signature ▶ G Date ▶	04/20/2021
Practitioner PIN Method Returns Only—continue below	
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 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	litting this return in accordance with the
ERO's signature ▶ Date ▶	
ERO Must Retain This Form — See Instructions	
Don't Submit This Form to the IRS Unless Requested To Do So	