## 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

	1.01.01.00					
Submi	ssion Identification Number (SID)					
Taxpayer's name			ty numl	per		
RAMAKRISHNAREDDY GOULLA			370-91-5238			
Spouse's name			Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, (Enter	year you a	re au	thorizing	1)	
	whole dollars only on lines 1 through 5.	ycai you a	ic au	1101121116	)•/	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	7	7,319.	
2	Total tax		2		0,074.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,274.	
4	Amount you want refunded to you		4		3,768.	
5	Amount you owe		5		3,,000	
Part		еер а сор	y of y	our reti	urn)	
my known return (to send for any Agent t paymer authoriz paymer busines taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) whedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmally my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the processor of the payment (PIN) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (origina	e are the ametter, or electro- action of the tree of t	ounts for the counts of the co	rom the inturn origination (b) the designated paration so to this according to revoke ved no late ectronic perhamments.	ncome tax ator (ERO the reason d Financia oftware for count. This (cancel) a ter than 2 ayment o e that the	
	yer's PIN: check one box only				l	
X		my DINI 1	5 2	2 3 8	as my	
	Signature on the income tax return (original or amended) I am now authorizing.	En		digits, but er all zeros	as my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your s	ignature ▶ Date ▶					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generate	my DINI			as my	
	ERO firm name		ter five	digits, but	asiliy	
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.		_		-	
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't ent	8 6		8 9	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	x return (origi itting this retu	nal or ırn in a	amended) accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				