(Rev. January 2021)

Department of the Treasury

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

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|--|--|---|--|--|---|--|--|--|
| Submi | ssion Identification Number (SID) | | | | | | | |
| Taxpayer's name | | | | Social security number | | | | |
| SAIPRASANNAREDDY BOGGULA | | | 060-19-1466 | | | | | |
| Spouse's name | | | Spouse's social security number | | | | | |
| | | | | | | | | |
| Part | | year you | are au | thoriz | ing.) | | | |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| Note: | Adjusted gross income | | 1 1 | | 67 | 281. | | |
| 2 | Total tax | | 2 | | | 863. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | | 593. | | |
| 4 | Amount you want refunded to you | | 4 | | | 730. | | |
| 5 | Amount you owe | | 5 | | | 730. | | |
| Part | | еер а со | | our r | eturr | n) | | |
| my know return (to send for any Agent t payment authori payment business taxes t person | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by 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, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation 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 requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle funds Withdrawal Consent. | e are the ar tter, or elec- ction of the S. Treasury cated in the n to debit the the authori- lests must processing ayment. I fu | mounts tronic retransminand its and its and its prepare entry zation. The election the election and the election the election and the election | from the turn oring ssion, () designation to this To revolved no lectronic sknowles. | ne inco iginato (b) the ated Fi n softw accou oke (ca o later ic payr edge t | ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the | | |
| | | | | | _ | | | |
| - | lyer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate i | my DIN | 9 1 6 | 4 6 | 6 | | | |
| × | I authorize GLOBAL TAXES LLC to enter or generate I | · E | nter five | | but | as my | | |
| | signature on the income tax return (original or amended) I am now authorizing. | C | lon't ente | er all zei | ros | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow. | | | | | | | |
| Your s | signature ▶ Date ▶ | | | | | | | |
| Snous | se's PIN: check one box only | _ | | | | | | |
| Ороца | I authorize to enter or generate | my DINI | | | | as my | | |
| _ | ERO firm name | | nter five | digits. | | as my | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | lon't ente | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am noif you are entering your own PIN and your return is filed using the Practitioner PIN methology. | | _ | | | _ | | |
| Spous | e's signature ▶ Date ▶ | | | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | | | |
| Part | 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 8 | 9 | | |
| | | Don't e | nter all z | eros | | | | |
| authori | that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | itting this re | turn in a | accorda | anće v | | | |
| 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 | | | | | | |