(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					cial security number				
RAJESH THANNIKUNNATHPANCHU 6					650-56-8342				
Spouse's name Spouse's					ocial security number				
RAJANI MELATRA 653-5					5-1425				
Part I Tax Return Information — Tax Year Ending December 31, (Enter year you a					are authorizing.)				
Enter whole dollars only of	on lines 1 through 5.								
Note: Form 1040-SS filer	's use line 4 only. Leave	e lines 1, 2, 3, and 5 bl	ank.			ı			
1 Adjusted gross income					1			302.	
2 Total tax					3			642.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099							24,	<u>477.</u>	
4 Amount you want refunded to you						4			
5 Amount you owe					_	5 6,219.			
Under penalties of perjury, I			· · · · · · · · · · · · · · · · · · ·						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.									
Taxpayer's PIN: check of									
	OBAL TAXES LLC		to enter or genera	ate mv PIN	8 3	3 4 2	2	as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five of don't enter							ut	,	
			(original or amended) I an ng the Practitioner PIN m						
Your signature ► Date ►				·					
On any all DIN also de au									
Spouse's PIN: check on	-			. 5111					
				1 1	1 4 2 5 as my				
signature on the	income tax return (orig		now authorizing.			r all zero			
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 method. The ERO must complete Part III below.									
Spouse's signature ►			Date ▶	•					
			rns Only—continue belo	ow					
Part III Certification	on and Authentication	on – Practitioner P	IN Method Only						
ERO's EFIN/PIN. Enter y	our six-digit EFIN follo	wed by your five-digit :	self-selected PIN. 5	8 7 2 7 Don't ente	8 6 er all ze	1 9 eros	8	9	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.									
ERO's signature ▶			Date ▶	<u>- </u>					
	EDO M	ust Potain This For	m — See Instructions						

Don't Submit This Form to the IRS Unless Requested To Do So