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

Subm	ission Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numl	oer		
SHYAM SUNDER REDDY KALLEM			787-32-2829			
Spouse's name			Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, (Enter	 ryear you a	ro ou	thorizin	a /	
	whole dollars only on lines 1 through 5.	year you a	ire au	unonzin	y.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	10	0.1	67.
2	Total tax		2			$\frac{37.}{46.}$
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			49.
4	Amount you want refunded to you		4			03.
5	Amount you owe		5			•••
Part		кеер а сор	y of y	our ret	urn)	
my know return of to send for any Agent of payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge 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, transmus my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in 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 independent 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 the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particle and identification number (PIN) below is my signature for the income tax return (original or amended) I a nic Funds Withdrawal Consent.	e are the am itter, or electro- ection of the t S. Treasury a ccated in the t on to debit the the authoriz uests must be processing o ayment. I fur	ounts for the counts of the co	rom the iturn origingsion, (b) designate paration sto this across ved no later thronic personal controlic pe	inconnator the red Fin oftwa count (can ater to baym ge tha	ne tax (ERO) eason ancial are for t. This acel) a han 2 ent of at the
	nic Funds Withdrawai Consent. Nyer's PIN: check one box only				٦	
X		my PINI 2	2 8	3 2 9		s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros		3 iiiy
	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 and your return is filed using the Practitioner PIN meth below.					
Yours	signature ▶ Date ▶					
Snous	se's PIN: check one box only				_	
Г	I authorize to enter or generate	my PIN			2	s my
	ERO firm name		ter five	digits, but		O IIIy
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	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 and your return is filed using the Practitioner PIN meth below.		_			-
Spous	e's signature ▶ Date ▶					
	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 Don't ent	8 6		8 9	9
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 In	ax return (orig litting this ret	inal or urn in a	amended accordanc		
ERO's	s signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	Do So				