8879 **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

internal nevenue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
BHAGYASREE ANDALVRI	039-02-9682
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year En	ding 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	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and	.,
5 Amount you owe	
	uthorization (Be sure you get and keep a copy of your return) of the income tax return (original or amended) I am now authorizing, and to the best of
return (original or amended) I am now authorizing. I consent to all to send my return to the IRS and to receive from the IRS (a) and for any delay in processing the return or refund, and (c) the date Agent to initiate an ACH electronic funds withdrawal (direct debit payment of my federal taxes owed on this return and/or a payme authorization is to remain in full force and effect until I notify the payment, I must contact the U.S. Treasury Financial Agent at business days prior to the payment (settlement) date. I also auth taxes to receive confidential information necessary to answer in	rther declare that the amounts in Part I above are the amounts from the income tallow my intermediate service provider, transmitter, or electronic return originator (ERC acknowledgement of receipt or reason for rejection of the transmission, (b) the reaso of any refund. If applicable, I authorize the U.S. Treasury and its designated Financia; entry to the financial institution account indicated in the tax preparation software fount of estimated tax, and the financial institution to debit the entry to this account. This is u.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) 1-888-353-4537. Payment cancellation requests must be received no later than provide the financial institutions involved in the processing of the electronic payment of inquiries and resolve issues related to the payment. I further acknowledge that the income tax return (original or amended) I am now authorizing and, if applicable, more than the payment of the payment
Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC	to enter or generate my PIN 2 9 6 8 2 as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or am	nended) I am now authorizing.
	e tax return (original or amended) I am now authorizing. Check this box onl is filed using the Practitioner PIN method. The ERO must complete Part I
Your signature ▶	Date ▶
Sneura's DIN sheek one havenhy	
Spouse's PIN: check one box only	As and a second and DIN
I authorize ERO firm name	to enter or generate my PIN Finter five digits, but
signature on the income tax return (original or am	
I will enter my PIN as my signature on the incom-	e tax return (original or amended) I am now authorizing. Check this box onl is filed using the Practitioner PIN method. The ERO must complete Part I
Spouse's signature ▶	Date ▶
<u>. </u>	ethod Returns Only—continue below
Part III Certification and Authentication — Pra	<u> </u>
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9
	Don't enter all zeros
authorized to file for tax year indicated above for the taxpayer(s	gnature for the electronic individual income tax return (original or amended) I am not s) indicated above. I confirm that I am submitting this return in accordance with the dbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶	Date ▶
· · · · · · · · · · · · · · · · · · ·	in This Form — See Instructions

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