## 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

Internal Herende Control	-					
Submission Identification Number (SID)						
Taxpayer's name			Social security number			
SATISH KAPALAVAYI			482-63-2769			
Spouse's name			Spouse's social security number			
	n — Tax Year Ending Decemb	er 31, (Enter	year you a	re autr	norizing.	)
Enter whole dollars only on lines 1 through	_					
Note: Form 1040-SS filers use line 4 on				4	0.0	707
1 Adjusted gross income 2 Total tax				2		<u>,727.</u> ,038.
	Form(s) W-2 and Form(s) 1099 .			3		
4 Amount you want refunded to yo				4		<u>,226.</u>
-				5	3	,188.
,	and Signature Authorization (I				our retu	rn)
Under penalties of perjury, I declare that I ha my knowledge and belief, it is true, correct return (original or amended) I am now author to send my return to the IRS and to receive for any delay in processing the return or refu. Agent to initiate an ACH electronic funds with payment of my federal taxes owed on this reauthorization is to remain in full force and epayment, I must contact the U.S. Treasury business days prior to the payment (settlem taxes to receive confidential information nepersonal identification number (PIN) below is Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  ignature on the income tax re	we examined a copy of the income tax, and complete. I further declare that rizing. I consent to allow my intermedia from the IRS (a) an acknowledgement and, and (c) the date of any refund. If a thdrawal (direct debit) entry to the finaturn and/or a payment of estimated ta effect until I notify the U.S. Treasury for Financial Agent at 1-888-353-4537. Item and the complete the financial ecessary to answer inquiries and rescent and resce	return (original or amended the amounts in Part I abovate service provider, transmored freceipt or reason for rejapplicable, I authorize the U nocial institution account indux, and the financial institution account indux, and the financial institution and the financial requirement cancellation requirement institutions involved in the place of the part (original or amended) I amount to enter or generate we authorizing.  I ginal or amended) I amon the Practitioner PIN method.	I am now autive are the amoitter, or electroscition of the tr. S. Treasury air cated in the authorizated in the ethe authorizated stands of the extra substants of the authorizated stands of the authorizated sta	norizing punts from the return to the electric tender and the electric tender	, and to the common the incommon the incommo	ne best of come tax tor (ERO) ne reason Financial ftware for cunt. This cancel) a er than 2 syment of a that the cable, my
Spouse's PIN: check one box only						
I authorize	ERO firm name	_ to enter or generate		ou fine d	igits, but	as my
signature on the income tax re	turn (original or amended) I am nov	w authorizing.			all zeros	
☐ I will enter my PIN as my signa	ature on the income tax return (original to the state of	ginal or amended) I am n				
Spouse's signature ▶		Date ►				
Pra	actitioner PIN Method Returns	Only—continue below				
Part III Certification and Author	entication — Practitioner PIN	Method Only				
ERO's EFIN/PIN. Enter your six-digit El	FIN followed by your five-digit self-	-selected PIN. 5 8	7 2 7 Don't ente	8 6 er all zer	1 9 8 os	9
I certify that the above numeric entry is my authorized to file for tax year indicated aborequirements of the Practitioner PIN method	ove for the taxpayer(s) indicated above	e. I confirm that I am subm	itting this retu	rn in ac	cordance	
ERO's signature ▶		Date <b>▶</b>				
	ERO Must Retain This Form -					
Don't Su	ubmit This Form to the IRS U	nless Requested To I	Oo So			