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

	515.185 55.115		_			
Submis	ssion Identification Number (SID)					
Taxpayer's name			Social security number			
SAI	HARADEEP VIDAVALURU	DEEP VIDAVALURU 018-99-0321				
Spouse's name			Spouse's social security number			
Dout	Toy Deturn Information Toy Voca Ending December 24 /Fator		KO 011	th a rizin a	\	
Part	Tax Return Information — Tax Year Ending December 31, (Enter /hole dollars only on lines 1 through 5.	year you a	re au	unonzing	<u>·) </u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1	75	5,616.	
	Total tax		2		7,700.	
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,059.	
	Amount you want refunded to you		4		2,359.	
	Amount you owe		5	-	.,	
Part I		еер а сор	y of y	our retu	ırn)	
my know return (of to send for any of Agent to payment authoriz payment business taxes to persona	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge 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, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected or processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.D. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are the surface Withdrawal Consent.	e are the am tter, or electr ction of the t S. Treasury a cated in the to n to debit the the authoriz tests must be processing o ayment. I fur	ounts front re- ransmind its of ax preparation. The receiff the elastic accordance of the elasti	from the inturn original ssion, (b) to designated paration so to this according to the control of the control o	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the	
	ic Funds Withdrawal Consent. /er's PIN: check one box only					
X	l authorize GLOBAL TAXES LLC to enter or generate	mv PIN	0 3	3 2 1	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my	
	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 si	gnature ▶ Date ▶					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generate	my DINI			as my	
	ERO firm name	_	ter five	digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	I 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		3 9	
		Don't ent	∵ı aıı Z€	03		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed 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 Inc.	itting this reti	urn in a	accordance		
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				