## 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

| Submission Identification Number (SID)  |   |   |
|---|---|---|
| Taxpayer's name   | Social security number  |   |
| SACHIN VASHISHTH  | 817-32-4909   |   |
| Spouse's name   | Spouse's social security number   |   |
| FNU HIMANI  | 955-96-3183   |   |
| Part I Tax Return Information — Tax Year Ending December 31, 2020 (I  | Enter year you ar   | e authorizing.)   |
| Enter whole dollars only on lines 1 through 5.  |   |   |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |   |
| 1 Adjusted gross income   |   | <b>1</b> 89,854.  |
| <b>2</b> Total tax  |   | 2 5,414.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |   | <b>3</b> 7,573.   |
| 4 Amount you want refunded to you   |   | 4 4,459.  |
| 5 Amount you owe  |   | 5   |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame   |   |   |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tr to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason from any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved it taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.   | ransmitter, or electro or rejection of the trathe U.S. Treasury are nt indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furth | nic return originator (ERO) ansmission, <b>(b)</b> the reason id its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the |
| Taxpayer's PIN: check one box only  |   |   |
| ▼ I authorize GLOBAL TAXES LLC to enter or general description of the content of the co | erate my PIN  | 4 9 0 9 as my   |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | Ento  | er five digits, but<br>'t enter all zeros   |
| I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.   |   |   |
| Your signature ▶ Haliuth Date   | e <b>&gt;</b>   |   |
| Spouse's PIN: check one box only  |   |   |
|   | erate mv PIN 6  | 3 1 8 3 as my   |
| ERO firm name   |   | er five digits, but   |
| signature on the income tax return (original or amended) I am now authorizing.  | don   | 't enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.   |   |   |
| Spouse's signature ▶ Jimavi Date  |   |   |
| Practitioner PIN Method Returns Only—continue be  | elow  |   |
| 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 8<br>Don't ente   | 3 6 1 9 8 9<br>r all zeros  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco<br>authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am<br>requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Provider   | submitting this retu  | rn in accordance with the   |
| ERO's signature ▶ Date  | •   |   |
| ERO Must Retain This Form — See Instructions  |   |   |

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