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

Submission Identification Number (SID)			
Taxpayer's name	Social security number		
SHANNUGAM PETHAPERUMAL	157-06-8323		
Spouse's name	Spouse's social security number		
POGRNEWADEVI MUTHAIAN	678-10-3962		
	er year you	are autho	orizing.)
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		1	51,965.
 Total tax		2	118.
4 Amount you want refunded to you		3	7,361.
5 Amount you owe		5	8,918.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a coi		ur return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende my knowledge and pelief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn loriginal or amended) I am now authorizing. I consent to allow my intermediate service provicer, transf to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the IA Agent to initiate an ACH electronic funds withdrawai idirect debit) entry to the financial institution account impayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution/authorization is to remain in full force and effect until I not fy the U.S. Treasury Financial Agent to termina payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reconsiness days prior to the payment (settlement, date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer incurries and resolve issues related to the derivative funds Withdrawai Consent. Taxpayer's PIN: check one box only X I authorize SICBAL TAXES LIX to enter or generate ERO firm name Signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below. Your signature	ove are the ammitter, or election of the Justin Treasury is dicated in the ion to debit the tente authorize payment. I fur am now authorize my PIN Er de mow authorize mow authorize mow authorize mow authorize mow authorize mow authorize move electric electric move authorize move electric electric move authorize move electric	nounts from ronic return transmiss coand its des tax prepara e entry to tation. To receive of the elect rither acknording and. The receive of the second rither acknording and.	m the income tax noriginator (ERO) on, (b) the reason signated Financial atton software for this account. This revoke (cancel) at a no later than 2 tronic payment of owledge that the fapolicable, my as my lizers.
Spouse's PIN: check one box only			
ERO firm name signature on the income tax return (original or amended. I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.	Er do now authoriz	nter five digion't enter all ing, Chec O must co	I zeros ik this box only
Spouse's signature ▶ Date ▶	21	1515	i
Practitioner PIN Method Returns Only—continue below	,	12-12	
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.		8 6 □2 ter all zeros	9 6 9
certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	aitting this rati		
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions	W		
Don't Submit This Form to the IRS Unless Requested To Do So			