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 securit	Social security number		
RAVI CHELLAMUTHU	828-82-	828-82-8414		
Spouse's name	Spouse's soc	Spouse's social security number		
KEERTHANA DHANDAPANI	APPLIE	APPLIED FOR		
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Ent	er year you a	r 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, 3, and 5 blank.				
1 Adjusted gross income		1	74,	,816.
2 Total tax		2	5,	,608.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,	,414.
4 Amount you want refunded to you		4	5,	,806.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of you	ur retur	rn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans 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 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment 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 notify 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 rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	smitter, or electro- ejection of the tr U.S. Treasury andicated in the ta- tion to debit the atte the authoriza- equests must be ne processing of payment. I furt	anic return ansmission and its des ax prepara entry to the tion. To a received the election	n originate on, (b) the signated I ation soft this accorrevoke (cd no late tronic payowledge	for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generat	e my PIN	8 4	1 4	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five dig n't enter a		as my
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 me below.				
Your signature ▶ Date ▶				
Spouse's PIN: check one box only				
· _	a may DINI			
X I authorize GLOBAL TAXES LLC to enter or generat	_	er five dia	uite but	as my
signature on the income tax return (original or amended) I am now authorizing.		i't enter a		
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 me below.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue belo	w			
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 Don't ente	8 6 1 er all zeros	. 9 8 s	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in acc	ordance	
EDO's signature				
ERO's signature ► Date ► FRO Must Retain This Form — See Instructions				

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