

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>URJA PATEL</b>	Social security number <b>393-33-1834</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter 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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	<b>8,148.</b>
<b>2</b> Total tax . . . . .	<b>2</b>	<b>0.</b>
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	<b>589.</b>
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	<b>2,389.</b>
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	1	8	3	4
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 as my 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 now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 03/15/2021

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my 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 now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### 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	6	1	9	8	9
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: URJA
Last name: PATEL
Your social security number: 393-33-1834
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 1601 N15 ST
Apt. no. 912D
City, town, or post office. If you have a foreign address, also complete spaces below. PHILADELPHIA
State PA
ZIP code 19121
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	589.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	589.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	2,389.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,389.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,389.
b	Routing number 0 5 3 9 0 2 1 9 7		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 3 7 4 6 5 2 8 5 2		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/15/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 11/16/20) 3299

Personal information section including names (URJA PATEL), social security numbers (393-33-1834), home address (1601 N15 ST APT 912D PHILADELPHIA PA 19121), and tax year (2020).

Table with 8 rows and 3 columns showing tax return information: 1. Federal taxable income, 2. Net SC tax, 3. Use Tax, 4. Total Tax, 5. SC Income Tax Withheld, 6. Tuition Tax Credit, 7. Refund, 8. Amount you owe.

Part II Direct Deposit of Refund or EFW Payment of Tax Due. Includes routing transit number (RTN) 053902197 and bank account number (BAN) 4374652852.

Part III Declaration of Taxpayer. Includes consent checkboxes for direct deposit and authorization of the South Carolina Department of Revenue.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return.

Sign Here section with lines for taxpayer and spouse signatures and dates.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.) I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge.

ERO's Use Only section with fields for signature, date (03-15-2021), firm name (GLOBAL TAXES LLC), and address (2530 Pebble Creek Ln, Cumming, GA).

Paid Preparer's Use Only section with fields for signature, date (03-15-2021), firm name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address (2530 Pebble Creek Ln Cumming GA).



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2020 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number 393 33 1834 Check if deceased Spouse's Social Security Number Check if deceased



For the year January 1 - December 31, 2020, or fiscal tax year beginning \_\_\_\_\_, 2020 and ending \_\_\_\_\_, 2021

First name and middle initial URJA Last name PATEL Suffix Spouse's first name, if married filing jointly Last name Suffix Mailing address (number and street, PO Box) 1601 N15 ST 912D County code 12 City PHILADELPHIA State PA ZIP 19121 Daytime phone number with area code (262) 455-2062

- Amended Return: Check if this is an Amended Return. (Attach Schedule AMD)
Check this box if you are a part-year or nonresident filing an SC Schedule NR
Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
Check this box if you have filed a federal or state extension.
Check this box if you served in a military combat zone during the filing period. Name of the combat zone:

CHECK YOUR FEDERAL FILING STATUS (1) [X] Single (2) [ ] Married filing jointly (3) [ ] Married filing separately - enter spouse's SSN: (4) [ ] Head of household (5) [ ] Qualifying widow(er)

Number of dependents claimed on your 2020 federal return 0
Number of dependents claimed that were under the age of 6 years as of December 31, 2020
Number of taxpayers age 65 or older as of December 31, 2020

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 393-33-1834

2020

<b>1</b> Enter <b>federal taxable income</b> from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	<b>1</b>	<b>Dollars</b>	<b>0</b>	<b>00</b>
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ADDITIONS TO FEDERAL TAXABLE INCOME

<b>a</b> State tax addback, if itemizing on federal return (see instructions)	<b>a</b>	<b>00</b>		
<b>b</b> Out-of-state losses Type: _____	<b>b</b>	<b>00</b>		
<b>c</b> Expenses related to National Guard and Military Reserve Income	<b>c</b>	<b>00</b>		
<b>d</b> Interest income on obligations of states and political subdivisions other than South Carolina	<b>d</b>	<b>00</b>		
<b>e</b> Other additions to income. (attach explanation - see instructions)	<b>e</b>	<b>00</b>		
<b>2 Total additions</b> (add line a through line e)	<b>2</b>			<b>00</b>
<b>3</b> Add line 1 and line 2 and enter the total here	<b>3</b>			<b>0 00</b>

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

<b>f</b> State tax refund, if included on your federal return	<b>f</b>	<b>00</b>		
<b>g</b> Total and permanent disability retirement income, if taxed on your federal return	<b>g</b>	<b>00</b>		
<b>h</b> Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	<b>h</b>	<b>00</b>		
<b>i</b> 44% of net capital gains held for more than one year	<b>i</b>	<b>00</b>		
<b>j</b> Volunteer deductions (see instructions) Type: _____	<b>j</b>	<b>00</b>		
<b>k</b> Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	<b>k</b>	<b>00</b>		
<b>l</b> Active Trade or Business Income deduction (see instructions)	<b>l</b>	<b>00</b>		
<b>m</b> Interest income from obligations of the US government	<b>m</b>	<b>00</b>		
<b>n</b> Certain nontaxable National Guard or Reserve pay	<b>n</b>	<b>00</b>		
<b>o</b> Social Security and/or railroad retirement, if taxed on your federal return	<b>o</b>	<b>00</b>		
<b>p</b> Retirement Deduction (see instructions)				
<b>p-1</b> Taxpayer (date of birth: _____)	<b>p-1</b>	<b>00</b>		
<b>p-2</b> Spouse (date of birth: _____)	<b>p-2</b>	<b>00</b>		
<b>p-3</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-3</b>	<b>00</b>		
<b>p-4</b> Taxpayer (date of birth: _____)	<b>p-4</b>	<b>00</b>		
<b>p-5</b> Spouse (date of birth: _____)	<b>p-5</b>	<b>00</b>		
<b>p-6</b> Surviving spouse (date of birth of deceased spouse: _____)	<b>p-6</b>	<b>00</b>		
<b>q</b> Age 65 and older deduction (see instructions)				
<b>q-1</b> Taxpayer (date of birth: _____)	<b>q-1</b>	<b>00</b>		
<b>q-2</b> Spouse (date of birth: _____)	<b>q-2</b>	<b>00</b>		
<b>r</b> Negative amount of federal taxable income	<b>r</b>	<b>4,252</b>	<b>00</b>	
<b>s</b> Subsistence allowance (multiply _____ days by \$8)	<b>s</b>	<b>00</b>		
<b>t</b> Dependents under the age of 6 years on December 31 of the tax year	<b>t</b>	<b>00</b>		
<b>u</b> Consumer Protection Services	<b>u</b>	<b>00</b>		
<b>v</b> Other subtractions (see instructions)	<b>v</b>	<b>00</b>		
<b>w</b> South Carolina Dependent Exemption (see instructions)	<b>w</b>	<b>0</b>	<b>00</b>	
<b>4 Total subtractions</b> (add line f through line w)	<b>4</b>	<b>&lt;</b>	<b>4,252</b>	<b>00 &gt;</b>
<b>5</b> Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your <b>SOUTH CAROLINA INCOME SUBJECT TO TAX</b>	<b>5</b>			<b>0 00</b>
<b>6</b> TAX on your South Carolina Income Subject to Tax (see SC1040TT)	<b>6</b>	<b>0</b>	<b>00</b>	
<b>7</b> TAX on Lump Sum Distribution (attach SC4972)	<b>7</b>	<b>00</b>		
<b>8</b> TAX on Active Trade or Business Income (attach I-335)	<b>8</b>	<b>00</b>		
<b>9</b> TAX on excess withdrawals from Catastrophe Savings Accounts	<b>9</b>	<b>00</b>		
<b>10</b> Add line 6 through line 9 and enter the total here. This is your <b>TOTAL SOUTH CAROLINA TAX</b>	<b>10</b>			<b>0 00</b>





NON-REFUNDABLE CREDITS

Table with 5 rows for non-refundable credits: 11 Child and Dependent Care, 12 Two Wage Earner Credit, 13 Other nonrefundable credits, 14 Total nonrefundable credits, 15 Subtract line 14 from line 10.

PAYMENTS AND REFUNDABLE CREDITS

Table with 11 rows for payments and refundable credits: 16 SC income tax withheld, 17 2020 Estimated Tax payments, 18 Amount paid with extension, 19 Nonresident sale of real estate, 20 Other SC withholding, 21 Tuition tax credit, 22 Other refundable credits (22a-22e), 22 Total refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 rows for amended return: 23 Add line 16 through line 22, 24 If line 23 is larger than line 15, 25 If line 15 is larger than line 23.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 5 rows: 26 USE TAX due on online, mail-order, or out-of-state purchases, 27 Amount of line 24 to be credited to your 2021 Estimated Tax, 28 Total Contributions for Check-offs, 29 Add line 26 through line 28, 30 If line 29 is larger than line 24, go to line 31.

REFUND OPTIONS (subject to program limitations)

Form for refund options: 30a Mark one refund choice: [X] Direct Deposit, [ ] Debit Card, [ ] Paper Check; 30b Direct Deposit (for US accounts only) Type: [X] Checking, [ ] Savings; Routing Number (RTN) 053902197; Bank Account Number (BAN) 4374652852.

Table with 4 rows: 31 Add line 25 and line 29, 32 Late filing and/or late payment: Penalties, Interest, 33 Penalty for Underpayment of Estimated Tax, 34 Add line 31 through line 33.

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature and preparer information section: Your signature, Date, Spouse's signature, I authorize the Director of the SCDOR, Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 03-15-2021, Check if self-employed, PTIN P02082703, Firm name GLOBAL TAXES LLC, address 2530 Pebble Creek Ln Cumming GA 30041, FEIN 30-1017196, Phone (678)965-9522.

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100; BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105