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

| Subm | ission Identification Number (SID) | | | | | |
|--|--|--|---|---|--|---|
| Taxpay | er's name | Social secur | ity num | per | | |
| GAUTAM BHAGHAVATULA | | | 312-65-8363 | | | |
| Spouse's name | | | Spouse's social security number | | | |
| Par | Tax Return Information — Tax Year Ending December 31, 2020 (Enter | vear vou : | are all | thorizi | na) | |
| | whole dollars only on lines 1 through 5. | year year | arc au | 11101121 | 119.) | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | | 1 1 | 1 | 59, | 817. |
| 2 | Total tax | | 2 | | | 454. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | | 136. |
| 4 | Amount you want refunded to you | | 4 | | | 682. |
| 5 | Amount you owe | | 5 | | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and k | еер а сор | y of y | our re | eturr | 1) |
| return to send for any Agent payme author payme busine taxes persor | owledge 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, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indificitly for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particular and identification number (PIN) below is my signature for the income tax return (original or amended) I are | tter, or electrication of the first S. Treasury a cated in the first to debit the authorizates must be processing cayment. I fur | ronic re transmit and its tax preperently cation. The receipt the electron | turn orig ssion, (I) designa paration to this a Fo revoluded ved no ectronic knowle | ginator b) the ted Fire software (care later capany and the telephone capany c | r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the |
| | onic Funds Withdrawal Consent. | | | | _ | |
| | ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate to | 5 | 8 3 | 3 6 | 3 | |
| <u>></u> | I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing. | ř Ei | | digits, ber all zer | ut | as my |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | od. The ER | O mus | t comp | | |
| Your | signature ▶ Date ▶ | Ma | rch 21 | ,2021 | | |
| Spou | se's PIN: check one box only | | | | _ | |
| • г | I authorize to enter or generate | nv PIN | | | | as my |
| _ | ERO firm name | Eı | | digits, b | ut | , |
| | signature on the income tax return (original or amended) I am now authorizing. | do | on't ente | er all zer | os | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Spous | se's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | | | |
| ERO's | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 | 7 2 7 Don't en | 8 6 ter all ze | 1 9 eros | 8 | 9 |
| author | y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | itting this ret | urn in a | accorda | ınće w | |
| ERO's | s signature ▶ Date ▶ | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | 10 S0 | | | | |