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	nission Identification Number (SID)				
Taxpayer's name			Social security number		
RAKESH GARIMELLA			007-25-9718		
Spouse's name		Spouse's social security number			
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Ent		er 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		670.
2	Total tax		2		831.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>442.</u>
4	Amount you want refunded to you		4	4,4	<u>411.</u>
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
return to sen 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, transm'd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejay 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 independ on the form of the form of the form of the financial institution account independent of the form of the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request 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 of the financial information in the fi	itter, or electro- ection of the trans. Treasury are icated in the taton to debit the et the authorization such uests must be processing of payment. I furt	nic return ansmissio nd its desi ax prepara entry to thation. To r received the electroner acknown	originator on, (b) the ignated Fir ation softw his accour revoke (ca no later ronic payn owledge th	r (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the
	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 5	9 7	1 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digi n't enter all	ts, but	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	I authorize to enter or generate	my DINI			ac my
L	ERO firm name	_	er five digi		as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter all		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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		8 6 1 er all zeros	9 8	9
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to fized 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 In	nitting this retu	rn in acco	ordanće w	
FR∩'	s signature ▶ Date ▶				
LNU	ERO Must Retain This Form — See Instructions				
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Don't Submit This Form to the IRS Unless Requested To Do So