## 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.

Submission Identification Number (SID)

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Taxpay	er's name	Social security number				
RAG	HU SEKHAR VANGALLU	731-78-4491				
Spouse	's name	Spouse's social security number				
Par	Tax Return Information – Tax Year Ending December 31, (Enter	year you are authorizing.)				
	whole dollars only on lines 1 through 5.	<i>j j</i>				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	68,460.		
2	Total tax		2	8,118.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,195.		
4	Amount you want refunded to you		4	4,877.		
5			5	<u>.</u>		

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

Under penalties of periury. 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 Pli	I: check one b	ox only						8	4	4 9	11			
X I autho	rize GLOBAI	L TAXES	LLC		to enter or generate my PIN			_		_	<u> </u>	as my		
	ERO firm name								Enter five digits, but don't enter all zeros					
signat	ure on the inco	ne tax ret	urn (original or amendec	d) I am now	authorizing.			uon			0.00			
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if you	are entering yo	ur own Pl	N <b>and</b> your return is file	ed using the	Practitioner	PIN metho	d. The E	ERO	mu	ist cor	nplet	e Part III		
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Spouse's PIN:	check one box	c only							,					
I autho	rize				to enter or	generate m	ny PIN					as my		
			ERO firm name		•					e digits				
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below														
Spouse's signa	ture 🕨					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.

8 Don't enter all zeros

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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 🕨	
	etain This Form — Se orm to the IRS Unless	e Instructions Requested To Do So	
For Paperwork Reduction Act Notice, see your tax return	instructions. PAA	REV 03/01/21 PRO	Form 8879 (Rev. 01-2021)