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

- Internal ne	evelue service					
Submis	sion Identification Number (SID)					
Taxpayer's name			y number			
PRAVEEN KUMAR PEDDAPURAM			811-93-4673			
Spouse's name			Spouse's social security number			
Part I		ter year you a	re autho	rizing.)		
	whole dollars only on lines 1 through 5.					
	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		4	25	E 2 0	
	Adjusted gross income		2		528. 578.	
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		044.	
	Amount you want refunded to you		4		266.	
			$\overline{}$			
Part I	Amount you owe	d keep a cop	y of you	ır retur	n)	
my know return (o to send for any o Agent to payment authoriza payment business taxes to personal	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amendal wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for idelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account it of 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 terminal, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residency prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lidentification number (PIN) below is my signature for the income tax return (original or amended) ic Funds Withdrawal Consent.	pove are the amount of the training of the processing of the training of training of the training of	ounts from onic return ansmission and its des ax prepara entry to to tition. To received the elect her acknown	n the inc originate on, (b) the ignated F ation soft his accourevoke (c I no later ronic pay	ome tax or (ERO) e reason financial ware for unt. This ancel) a than 2 ment of that the	
Taxpay	ver's PIN: check one box only					
X	l authorize GLOBAL TAXES LLC to enter or general	te my PIN	4 6	7 3	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 al		,	
	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 sig	gnature ▶ Date ▶					
Spouse	e's PIN: check one box only					
	I authorize to enter or general	te mv PIN			as my	
	ERO firm name	-	er five dig	its, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter al	l zeros		
	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 II	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 ent	8 6 1 er all zeros	9 8	9	
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	bmitting this retu	rn in acc	ordance		
ERO's	signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				