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

Submi	ission Identification Number (SID)			•		
Taxpayer's name			Social securit	y numbe	er	
SAI CHARAN OBULADINNE			686-71-	686-71-2966		
Spouse's name Spous			Spouse's soci	e's social security number		
SESHALEKHYA JANGA 175-4				-8710		
Part	Tax Return Information — Tax Year Ending De	ecember 31, 2020 (Ent	er year you a	re auth	norizing.))
Enter	whole dollars only on lines 1 through 5.	,			<u> </u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and	5 blank.				
1	Adjusted gross income			1	73	,895.
2	Total tax			2		,494.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1			3		,519.
4	Amount you want refunded to you			4		,125.
5	Amount you owe			5		,
Part				y of yo	our retur	n)
return (to send for any Agent t paymen authori paymen busines taxes t person	owledge and belief, it is true, correct, and complete. I further declar original or amended) I am now authorizing. I consent to allow my in a my return to the IRS and to receive from the IRS (a) an acknowled delay in processing the return or refund, and (c) the date of any refunction initiate an ACH electronic funds withdrawal (direct debit) entry to not of my federal taxes owed on this return and/or a payment of esting zation is to remain in full force and effect until I notify the U.S. Truet, I must contact the U.S. Treasury Financial Agent at 1-888-35 as days prior to the payment (settlement) date. I also authorize the or receive confidential information necessary to answer inquiries a lidentification number (PIN) below is my signature for the income nic Funds Withdrawal Consent.	termediate service provider, trans dgement of receipt or reason for refund. If applicable, I authorize the the financial institution account ir mated tax, and the financial institute easury Financial Agent to termina 3-4537. Payment cancellation refinancial institutions involved in the financial institutions involved in the financial institutions involved to the	mitter, or electro- ejection of the tra U.S. Treasury ar idicated in the ta tion to debit the atte the authoriza quests must be the processing of payment. I furt	enic returansmiss and its de ax preparentry to attion. To the electric receive the electric receive attion acknowledge acknowl	arn originatesion, (b) the esignated for a fation soft or this according to the fation in the fation	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the
	yer's PIN: check one box only					
X		to enter or generate	a my PIN	2 9	6 6	as my
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	I will enter my PIN as my signature on the income tax retrifiyou are entering your own PIN and your return is filed below.	urn (original or amended) I am				
Your s	signature ▶	Date ▶				
C	sala DINI, ahaali aha hay ahiy					
	se's PIN: check one box only		DIN E		1 0	
×	I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I I will enter my PIN as my signature on the income tax return	_	Ent dor	er five di n't enter	1 0 igits, but all zeros	as my
	if you are entering your own PIN and your return is filed below.					
Spous	e's signature ▶	Date ►				
	Practitioner PIN Method Re		w			
Part	Certification and Authentication — Practitione	er PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-di	igit self-selected PIN. 5	8 7 2 7 8 Don't ente	- -	1 9 8 os	9
authori	that the above numeric entry is my PIN, which is my signature for ted to file for tax year indicated above for the taxpayer(s) indicated ments of the Practitioner PIN method and Pub. 1345 , Handbook for	ed above. I confirm that I am sub	mitting this retu	rn in ac	cordance	
ERO's	signature ►	Date ►				
	-	Form - See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So