(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

Submis	sion Identification Number (SID)				
Taxpayer's name			y numbe	r	
RAMESH SOMAIYA			707-71-6383		
Spouse's name			Spouse's social security number		
SOWMIYA MUTHURAMALINGAM		957-96-5776			
Part I	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	e auth	orizing.)	
Enter w	hole dollars only on lines 1 through 5.				
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1		,876.
	Fotal tax		2		,316.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		427.
	Amount you want refunded to you		4	4,	,311.
5 A	Amount you owe		5 s	ur rotur	rn)
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
Agent to payment authoriza payment business taxes to personal	lelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indi 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 terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment cancellation required along 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 payment (PIN) below is my signature for the income tax return (original or amended) I are funded Withdrawal Canapate.	cated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	x prepa entry to tion. To receive the elect her acki	ration soft this accordance revoke (conducted no late extronic pay nowledge	tware for unt. This cancel) a r than 2 yment of that the
	c Funds Withdrawal Consent.				
	er's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate I	m, DIN 1	6 3	8 3	00 001
×	ERO firm name	Ent	er five di n't enter a		as my
	signature on the income tax return (original or amended) I am now authorizing.		o Oba	ما منطقيام	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Your sig	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
-	I authorize GLOBAL TAXES LLC to enter or generate in	nv PIN 6	5 7	7 6	as my
	ERO firm name	Ent	er five di		,
	signature on the income tax return (original or amended) I am now authorizing.	dor	i't enter a	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methodolow.				
Spouse	's signature ▶ Date ▶				
<u> </u>	Practitioner PIN Method Returns Only—continue below				
Part II	Certification and Authentication — Practitioner PIN Method Only				
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8 Don't ente		1 9 8 os	9
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this retu	rn in ac	cordance	

ERO's signature ▶ Date ▶

ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So