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

	1					
Submi	ssion Identification Number (SID)					
Taxpayer's name			ity numl	per		
PRANEETH PALADUGULA			359-45-5980			
Spouse's name			Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Ent	 er year you a	are au	thorizina	1	
	whole dollars only on lines 1 through 5.	ei yeai you a	ale au	unonzing	·)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	90	,571.	
2	Total tax		2		,989.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,317.	
4	Amount you want refunded to you		4		,328.	
5	Amount you owe		5			
Part		l keep a cop	y of y	our retu	ırn)	
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended by by by an acknowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab original or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the original force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the ammitter, or electrejection of the tu.S. Treasury addicated in the tition to debit the attentie authorizate the authorizates must be processing of payment. I fur	ounts fronic refransmistand its of ax preparation. The electrical the electrical the electrical transmission are certain acceptance of the electrical transmission	rom the in turn origina ssion, (b) the designated paration so to this accor fo revoke (ved no late ectronic parakenowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the	
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	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r Er		digits, but er all zeros	as my	
	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 s	ignature ▶ Date ▶					
Spous	se's PIN: check one box only	_				
Г	I authorize to enter or generat	e my PIN			as my	
	ERO firm name	_	iter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all 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.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
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 7 2 7	8 6	1 9 8	9	
		Don't en	cer all Ze	105		
authoriz	with the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this ret	urn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				