

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>SUNEELA YARKAREDDY</b> | Social security number<br><b>896-49-3904</b> |
| Spouse's name                                | Spouse's social security number              |

## Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 66,615. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 7,720.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 8,828.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 2,908.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

Under penalties of perjury, 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 PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 3 | 9 | 0 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ 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. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

**Don't enter all zeros**

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 ▶ \_\_\_\_\_

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

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|   |                         |  |
|---|-------------------------|--|
| Your first name and middle initial<br>SUNEELA           | Last name<br>YARKAREDDY | Your social security number<br>896-49-3904 |
| If joint return, spouse's first name and middle initial | Last name               | Spouse's social security number            |

|   |                               |                     |  |
|---|-------------------------------|---------------------|--|
| Home address (number and street). If you have a P.O. box, see instructions.<br>WILLEDROB              |                               | Apt. no.<br>122     | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>BLOOMINGTON | State<br>IL                   | ZIP code<br>61701   |  |
| Foreign country name  | Foreign province/state/county | Foreign postal code |  |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         |  | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |   |            |                                       |           |         |
|--|--|---|------------|---------------------------------------|-----------|---------|
| Attach Sch. B if required.<br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$12,400<br>• Married filing jointly or Qualifying widow(er), \$24,800<br>• Head of household, \$18,650<br>• If you checked any box under <i>Standard Deduction</i> , see instructions. | <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |            | <b>1</b>                              | 66,865.   |         |
|  | <b>2a</b>  | Tax-exempt interest . . . . .   | <b>2a</b>  | <b>b</b> Taxable interest . . . . .   | <b>2b</b> |         |
|  | <b>3a</b>  | Qualified dividends . . . . .   | <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b> |         |
|  | <b>4a</b>  | IRA distributions . . . . .   | <b>4a</b>  | <b>b</b> Taxable amount . . . . .     | <b>4b</b> |         |
|  | <b>5a</b>  | Pensions and annuities . . . . .  | <b>5a</b>  | <b>b</b> Taxable amount . . . . .     | <b>5b</b> |         |
|  | <b>6a</b>  | Social security benefits . . . . .  | <b>6a</b>  | <b>b</b> Taxable amount . . . . .     | <b>6b</b> |         |
|  | <b>7</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |            |                                       | <b>7</b>  |         |
|  | <b>8</b>   | Other income from Schedule 1, line 9 . . . . .  |            |                                       | <b>8</b>  |         |
|  | <b>9</b>   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |            |                                       | <b>9</b>  | 66,865. |
|  | <b>10</b>  | Adjustments to income:  |            |                                       |           |         |
|  | <b>a</b>   | From Schedule 1, line 22 . . . . .  | <b>10a</b> |                                       |           |         |
|  | <b>b</b>   | Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> | 250.                                  |           |         |
|  | <b>c</b>   | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    | <b>10c</b> | 250.                                  |           |         |
|  | <b>11</b>  | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                    | <b>11</b>  | 66,615.                               |           |         |
|  | <b>12</b>  | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .  | <b>12</b>  | 12,400.                               |           |         |
| <b>13</b>  | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .             | <b>13</b>   |            |                                       |           |         |
| <b>14</b>  | Add lines 12 and 13 . . . . .  | <b>14</b>   | 12,400.    |                                       |           |         |
| <b>15</b>  | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . . | <b>15</b>   | 54,215.    |                                       |           |         |

