8879 Form

(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

IIIlemai nei	reliue Selvice					_
Submiss	ion Identification Number (SID)					
Taxpayer's name 5			rity numb	er		_
NAVEEN TAKKALA 6			683-63-9414			
			ial security number			
Part I	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	Vear vou	are aut	horizin	a)	_
	nole dollars only on lines 1 through 5.	year you	are au	ιποπειπί	9.)	_
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	djusted gross income		1	8	7,494	
	otal tax		2		2,307	_
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,014	
	mount you want refunded to you		4		2,011	•
	mount you owe		5	1	0,293	_
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а со		our ret	urn)	Ť
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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury 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 ERO firm name 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 Pr						
. 04. 0.9						_
Spouse'	s PIN: check one box only				٦	
☐ I authorize to enter or generate my PIN as						ıy
ERO firm name Enter five digits, but don't enter all zeros						
	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN methology.	ow authoriz	zing. Ch	eck this	box or	
Spouse's	s signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part III	Certification and Authentication — Practitioner PIN Method Only					
ERO's E	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't er	8 6 nter all ze		8 9	
authorize	nat the above numeric entry is my PIN, which is my signature for the electronic individual income ta d 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 In	itting this re	turn in a	accordance	l) I am no ce with t	w he
ERO's si	ignature ► Date ►					_
	FRO Must Ratain This Form — See Instructions					_

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