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

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	Social security number	
PRAVEENKUMAR PANNEER SELVAM	698-14-	698-14-0282	
Spouse's name	Spouse's soci	al security number	
GAYATHRI SADASIVAM	956-91-	-5198	
Part I Tax Return Information — Tax Year Ending December 31, 2020 (E	nter year you ar	e 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.			
1 Adjusted gross income		1 100,	827.
2 Total tax		2 8,	174.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 18,	710.
4 Amount you want refunded to you		4 11,	736.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	of your return	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for orany delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro r rejection of the tra he U.S. Treasury ar t indicated in the ta titution to debit the iniate the authoriza requests must be n the processing of the payment. I furth	nic return originator ansmission, (b) the dist designated F x preparation softwentry to this accountion. To revoke (careceived no later the electronic payner acknowledge to an answer acknowledge to an analysis and analysis and an analysis and an analysis and an analysis and an a	or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN $\frac{4}{2}$	0 2 8 2	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.			
Your signature ► Date	>		
Spouse's PIN: check one box only			
	rate my PIN 1	5 1 9 8	00 m)/
X I authorize GLOBAL TAXES LLC to enter or gener		er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.			
Spouse's signature ▶ Date	•		
Practitioner PIN Method Returns Only—continue be	low		
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 Don't enter		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	n in accordance v	
ERO's signature ▶ Date	•		
FRO Must Retain This Form — See Instruction			

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