

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name HARSHITHA JAYARAMAREDDY PUTTALAKSHMAMMA	Social security number 313-55-5642
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.

1 Adjusted gross income	1	17,157.
2 Total tax	2	478.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,094.
4 Amount you want refunded to you	4	1,616.
5 Amount you owe	5	

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

5	5	6	4	2
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 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

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 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
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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 separately (MFS) (formerly Married) Qualifying widow(er) (QW)

Check only one box.

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial HARSHITHA		Last name JAYARAMAREDDY PUTTALAKSHMAMMA	Your identifying number (see instructions) 313-55-5642
Home address (number and street or rural route). If you have a P.O. box, see instructions. 8 MILTON COURT,			Apt. no. Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate or Trust
City, town, or post office. If you have a foreign address, also complete spaces below. PRINCETON JUNCTION NJ 08550		State	ZIP code
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

Dependents (see instructions):	(1) First name	Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instr.):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a Wages, salaries, tips, etc. Attach Form(s) W-2		1a	17,157.
	b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions		1b	
	c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)	1c		
	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a	3b	
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	
	6 Reserved for future use		6	
	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>		7	
	8 Other income from Schedule 1 (Form 1040), line 9		8	
	9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income ▶		9	17,157.
	10 Adjustments to income:			
	a From Schedule 1 (Form 1040), line 22	10a		
	b Charitable contributions for certain residents of India. See instructions	10b		
	c Scholarship and fellowship grants excluded	10c		
	d Add lines 10a through 10c. These are your total adjustments to income ▶		10d	
	11 Subtract line 10d from line 9. This is your adjusted gross income ▶		11	17,157.
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions Std Dedn US/India Treaty		12	12,400.
	13a Qualified business income deduction. Attach Form 8995 or Form 8995-A	13a		
	b Exemptions for estates and trusts only. See instructions	13b		
	c Add lines 13a and 13b		13c	
	14 Add lines 12 and 13c		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	4,757.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		16	478.
17	Amount from Schedule 2 (Form 1040), line 3		17	0.
18	Add lines 16 and 17		18	478.
19	Child tax credit or credit for other dependents		19	
20	Amount from Schedule 3 (Form 1040), line 7		20	
21	Add lines 19 and 20		21	
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	478.
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a		
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	23b		
c	Transportation tax (see instructions)	23c		
d	Add lines 23a through 23c		23d	
24	Add lines 22 and 23d. This is your total tax		24	478.
25	Federal income tax withheld from:			
a	Form(s) W-2	25a	2,094.	
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c		25d	2,094.
e	Form(s) 8805	25e		
f	Form(s) 8288-A	25f		
g	Form(s) 1042-S	25g		
26	2020 estimated tax payments and amount applied from 2019 return	26		
27	Reserved for future use	27		
28	Additional child tax credit. Attach Schedule 8812 (Form 1040)	28		
29	Credit for amount paid with Form 1040-C	29		
30	Reserved for future use	30		
31	Amount from Schedule 3 (Form 1040), line 13	31		
32	Add lines 28 through 31. These are your total other payments and refundable credits		32	
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments		33	2,094.
Refund				
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	1,616.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		35a	1,616.
Direct deposit? See instructions.	▶ b Routing number [X X X X X X X X X X] ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	▶ d Account number [X X X X X X X X X X X X X X X X X X X X]			
	▶ e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.			
36	Amount of line 34 you want applied to your 2021 estimated tax	36		
Amount You Owe				
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions		37	
38	Estimated tax penalty (see instructions)	38		
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="checked" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			SOFTWARE ENGINEER	[] []
	Phone no.	Email address		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/15/2021	P02082703
	Firm's name	Phone no.		Check if: <input type="checkbox"/> Self-employed
	GLOBAL TAXES LLC	(678) 965-9522		
	Firm's address	Firm's EIN		
	2530 Pebble Creek Ln Cumming GA 30041	30-1017196		