## 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

	1.01.01.00					
Submi	ssion Identification Number (SID)					
Taxpayer's name			ty numl	per		
SRIKANTH ADHULAPURAM			881-46-3452			
Spouse's name			Spouse's social security number			
Dout	Toy Detrive Information Toy Very Ending December 21 (Enter		KO 011	th origin	٠~ ١	
Part		year you a	re au	tnorizir	ıg.)	
	whole dollars only on lines 1 through 5.					
1	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income		1	1 10	7/ 5	67.
2	Total tax		2			202.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			85.
4	Amount you want refunded to you		4	-		83.
5	Amount you owe		5		3,5	103.
Part	·	eep a cop		our re	turn	)
Under I my knoreturn (to send for any Agent t paymer authoriz paymer busines taxes t persona Electron Taxpa	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended evoledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent of the processing and the financial institution account in the financial tax, and the financial institution at the financial institution and the financial institution are not required to the remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the contact the unit of the payment (settlement) date. I also authorize the financial institutions involved in the contact the unit of the payment (settlement) date. I also authorize the financial institutions involved in the contact the unit of the payment (settlement) date. I also authorize the financial institutions involved in the contact and resolve issues related to the payment of the	I am now autre are the ameriter, or electroction of the tree. Treasury a cated in the tent to debit the extremental the extremental between the authorization of the extremental the extrement	horizing authorizing at the entry at tenter five en	g, and to from the turn original sistent, (b) designate or aration sto this across to this across to the cetronic chowled and, if apply the control of the cetronic change of the cetro	the bincorinator the red First software (carl later to paym) light software to be	poest of me tax (ERO) reason nancial are for t. This ncel) a than 2 nent of lat the le, my
Tour 5	ignature ► Date ► _					
Spous	e's PIN: check one box only				$\neg$	
	I authorize to enter or generate	my PIN			a	ıs my
	ERO firm name			digits, bu		
	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 n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.		_			_
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9	8	9
_110 3	The later your six-digit of its followed by your live-digit self-selected File.	Don't ent		-		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to 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 <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this retu	ırn in a	accordan	iće w	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	Oo So				