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

Subm	nission Identification Number (SID)				
Taxpayer's name			Social security number		
PRASANNAKUMAR ANNAVARAPU			389-49-4494		
Spouse's name		Spouse's social security number			
Par	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	re auth	orizing.)	
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	-4,	117.
2	Total tax		2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
4	Amount you want refunded to you		4		600.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сор	y of yo	ur retur	<u>n) </u>
return to sen for an Agent payme author payme busine taxes persor	nowledge 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, transmood my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the phalical information necessary to answer inquiries and resolve issues related to the phalical consent.	itter, or electro ection of the tr S. Treasury a cated in the tr and to debit the the authoriza- uests must be processing of ayment. I furt	onic return ansmission and its des ax prepar entry to ation. To e received the elec- ther ackn	n originate on, (b) the signated I signated I ation soft this accorrevoke (cd no late tronic paylowledge	or (ERO) e reason inancial ware for unt. This cancel) a r than 2 yment of that the
	ayer's PIN: check one box only				
	▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN	4 4	9 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž En	ter five dig n't enter a		ac,
	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 and your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	nas'a DINI, ahaak ana hay aniy				
Spou	Ise's PIN: check one box only	mı DINI			00 001
L	I authorize to enter or generate	,	er five dic	nite hut	as my
	signature on the income tax return (original or amended) I am now authorizing.		n't enter a		
	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 and your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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 Don't ent	8 6 1 er all zero		9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income to rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this retu	ırn in acc	cordance	
EDO'	s signature ▶ Date ▶				
LNU	s signature ► Date ► ERO Must Retain This Form — See Instructions				
	End wust netall this form — See instructions				

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