## 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 Id	lentification Number (SID)			
Taxpayer's name Social			cial security number	
REDDY SREE CHARAN THOTA 834-39			2746	
Spouse's name Spouse's soc			al security number	
PALLETI SRINIDHI 971-98		971-98-	-4019	
Part I T	ax Return Information - Tax Year Ending December 31, 2020 (Enter	year you ar	e authorizing.)	
Enter whole de	ollars only on lines 1 through 5.			
Note: Form 10	040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
<ol> <li>Adjuste</li> </ol>	ed gross income		1 101,3	
	ax		2 8,7	794.
	l income tax withheld from Form(s) W-2 and Form(s) 1099		3 17,9	<u> 325.</u>
	it you want refunded to you		4 9,6	<u> 691.</u>
	nt you owe		5	
Part II T	axpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	of your return	)
return (original of to send my return for any delay in Agent to initiate payment of my authorization is payment, I mus business days processed taxes to receive personal identification send to send the send of t	and belief, it is true, correct, and complete. I further declare that the amounts in Part I above or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit into the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate st contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I am s Withdrawal Consent.	ter, or electro stion of the tra 5. Treasury ar ated in the ta in to debit the the authoriza ests must be processing of syment. I furth	nic return originator ansmission, (b) the rad its designated Fir x preparation softwater to this accountion. To revoke (car received no later to the electronic paymer acknowledge the	r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
	IN: check one box only			
	norize GLOBAL TAXES LLC to enter or generate n	W DINI 9	2 7 4 6	ne mv
A l'auti	ERO firm name	Ento	er five digits, but 't enter all zeros	as my
signa	ature on the income tax return (original or amended) I am now authorizing.	don	t enter all zeros	
	enter my PIN as my signature on the income tax return (original or amended) I am no u are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methow.			
Your signature	Date ▶			
Spouse's PIN	: check one box only			
I auth	norize GLOBAL TAXES LLC to enter or generate n			as my
oiana	ERO firm name		er five digits, but 't enter all zeros	
	ature on the income tax return (original or amended) I am now authorizing.			
	enter my PIN as my signature on the income tax return (original or amended) I am no u are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methow.			
Spouse's sign	nature ▶ Date ▶			
9	Practitioner PIN Method Returns Only—continue below			
Part III C	Pertification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 8  Don't ente		9
authorized to fil	e above numeric entry is my PIN, which is my signature for the electronic individual income tax le for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Individual income tax providers of Individual income tax providers are the providers a	ting this retu	n in accordance w	
ERO's signatu	ure ▶ Date ▶			
LITO 3 SIGNATU	ERO Must Retain This Form — See Instructions			
	LITO MUSI HEIGHT THIS FORM — SEE HISHUCHORS			

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