Form <b>8879</b>
(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.

Submission Identification	Number (	SID	)
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Taxpaver's	name	

Taxpay	er's name	Social security	numbe	er
HAR	I KRISHNA KOPURI	030-29-9	9132	
Spouse	's name	Spouse's social	l secu	rity number
Part	Tax Return Information – Tax Year Ending December 31, 2020 (Enter	year you are	e aut	horizing.)
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	47,637.
2	Total tax		2	2,530.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,797.
4	Amount you want refunded to you		4	2,267.
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 periury. 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.

Taxpaye	er's PIN: che	ck one box only				9	9	1 1 .	3 2	
X	I authorize	GLOBAL TAXES	LLC	to enter or generate	to enter or generate my PIN				-	」 as my
	signature on	the income tax retu	ERO firm name rn (original or amended) I ar	n now authorizing.	-			/e digit nter all	ts, but zeros	-
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Your sig	nature 🕨	Hari Erisluna	₽ ₽	Date 🕨	5/5/2	.021				
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Spouse	's PIN: checl	c one box only					<u> </u>		_	1
	I authorize			to enter or generate	my PIN					as my
			ERO firm name		-				ts, but	
	signature on	the income tax retu	rn (original or amended) I ar	n now authorizing.		don	ı't en	nter all	zeros	
				(original or amended) I am r ing the Practitioner PIN meth			-			-
Spouse'	s signature			Date 🕨						

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	Practitioner PIN Method Returns Only—continue	e bel	ow										
Part III	Certification and Authentication – Practitioner PIN Method Only												
ERO's EF	IN/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	
Dor					Don	't er	nter a	all ze	ros				

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 Th Don't Submit This Form to t							
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 04/16/21 PRO	Form <b>8879</b> (Rev. 01-2021)				