## Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	er's name	Social secur	ty numb	er
SRI	LATHA VEMURY	184-97	-2535	5
Spouse	's name	Spouse's so	cial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	r year you a	are 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	26,500.
2	Total tax		2	1,498.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2,395.
4	Amount you want refunded to you		4	897.
5	Amount you owe		5	

## Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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.

Taxpayer's	PIN:	check	one	box	only
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X l authorize GLOBAL TAXES LLC to enter or generate my PIN

7	2	5	3	5	00 m)/
			gits, all ze		as my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

Srilatha Venury

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

Spouse's PIN: check one box only

I authorize

						1
C	enter	or	generate	mv	PIN	

Date

as mv Enter five digits, but

don't enter all zeros

3/19/2021

ERO firm name 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 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.

to

Spouse's signature ►	Date ►
Practitioner PIN Metho	od Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

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 🕨	
	et Retain This Form — See s Form to the IRS Unless		
Fax Denember / Deduction Act Nation and Vous tov ve	ture instructions	DEV/ 02/01/21 DDO	Earm 8870 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA



1BBD7	Status: Completed
Signatures: 1	Envelope Originator:
Initials: 0	Srilatha Vemury
	srilathavemury20@gmail.com
	IP Address: 64.207.219.72
ada)	
Holder: Srilatha Vemury	Location: DocuSign
srilathavemury20@gmail.com	-
	Timostomn
Signature	Timestamp Sent: 3/19/2021 8:40:02 AM
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	Signatures: 1 Initials: 0 Ada Holder: Srilatha Vemury srilathavemury20@gmail.com Signature Srilatha Vemury Signature Srilatha Vemury Signature Signature Srilatha Vemury Signature Signature Signature Status Status Status Status Status Status Status Status Status Status Status