(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

Internal rievende convice						
Submission Identification Number (SID)						
Taxpayer's name			Social securit	y numb	er	
CHETHAN KANTH JALLI			748-67-0023			
Spouse's name			Spouse's social security number			
Part I Tax Return Information	n — Tax Year Ending Decem	lber 31, 2020 (Enter	Vear Voll a	re aut	horizina	1
Enter whole dollars only on lines 1 through		Del 31, ZUZU (LIILEI	year you a	e aut	nonzing.	<u> </u>
Note: Form 1040-SS filers use line 4 or	_	ık				
				1 1	95	,223.
2 Total tax				2		,012.
	n Form(s) W-2 and Form(s) 1099			3		,359.
4 Amount you want refunded to yo	. ,			4		,347.
				5		7027
Part II Taxpayer Declaration a	and Signature Authorization	(Be sure you get and k	eep a cop	y of y	our retu	rn)
Under penalties of perjury, I declare that I hamy knowledge and belief, it is true, correct return (original or amended) I am now authot o send my return to the IRS and to receive for any delay in processing the return or refunded to initiate an ACH electronic funds with payment of my federal taxes owed on this reauthorization is to remain in full force and payment, I must contact the U.S. Treasure business days prior to the payment (settlem taxes to receive confidential information not personal identification number (PIN) below in Electronic Funds Withdrawal Consent.	t, and complete. I further declare the prizing. I consent to allow my intermed from the IRS (a) an acknowledgeme und, and (c) the date of any refund. I ithdrawal (direct debit) entry to the fir eturn and/or a payment of estimated effect until I notify the U.S. Treasury y Financial Agent at 1-888-353-453 nent) date. I also authorize the finance ecessary to answer inquiries and re	at the amounts in Part I above diate service provider, transmint of receipt or reason for rejet applicable, I authorize the Unancial institution account indicate, and the financial institution in Financial Agent to terminate 7. Payment cancellation requial institutions involved in the solve issues related to the p	e are the amounter, or electro- ction of the tr S. Treasury are cated in the ta in to debit the the authoriza- lests must be processing of ayment. I furt	ounts from the counts of the c	om the incurn original sion, (b) the lesignated aration sofo this according to the lesignate of the lesignat	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check one box only						
X I authorize GLOBAL TAXES	S T.T.C	to enter or generate i	my PINI 7	0 0	2 3	as my
	ERO firm name eturn (original or amended) I am n		[*] Ent		digits, but r all zeros	asiny
	ature on the income tax return (oPIN and your return is filed using	the Practitioner PIN method) must		
Charles and barrens have annually						
Spouse's PIN: check one box only			nav DINI			
I authorize to enter or generate m				er five	digits, but	as my
signature on the income tax re	eturn (original or amended) I am n	ow authorizing.			r all zeros	
I will enter my PIN as my signa	ature on the income tax return (o PIN and your return is filed using	riginal or amended) I am ne				
Spouse's signature ▶		Date ▶				
	actitioner PIN Method Return	s Only—continue below				
Part III Certification and Author	entication — Practitioner PIN	N Method Only				
ERO's EFIN/PIN. Enter your six-digit E	FIN followed by your five-digit se	If-selected PIN. 5 8	7 2 7	8 6	1 9 8	9
I certify that the above numeric entry is my authorized to file for tax year indicated above requirements of the Practitioner PIN method	ove for the taxpayer(s) indicated abo	ve. I confirm that I am subm	x return (origi	nal or a rn in a	amended) I ccordance	
ERO's signature ▶		Date ►				
	ERO Must Retain This Form					
	ubmit This Form to the IRS U		o So			