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 Identification Number (SID)		-		
Taxpayer's name	Social security	Social security number		
JEWEL ELIAS CRASTA	396-83-	396-83-4925		
Spouse's name	Spouse's soci	Spouse's social security number		
KENRICK REUBEN MASCARENHAS	720-35-	720-35-5144		
Part I Tax Return Information — Tax Year Ending December 31, 2020 (E	nter 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		<u>,741.</u>
2 Total tax		2	5	,258.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>,069.</u>
4 Amount you want refunded to you		4	7	,311.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or american)				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ins authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	or rejection of the tra- the U.S. Treasury are the transport of the tra- titution to debit the ninate the authoriza or requests must be on the processing of the payment. I furti	ansmissind its deax preparentry to attion. To the election and the election are acknown and the election acknown ackno	on, (b) the signated ration sof this according revoke (doing in the tronic particular tronic particu	re reason Financial tware for bunt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or gene	rate my PIN	4 9	2 5	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five dig n't enter a		,
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.				
Your signature ▶ Date				
Spouse's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or gene	rate mv PIN 5	5 1	4 4	as my
ERO firm name	,	er five dig		asiny
signature on the income tax return (original or amended) I am now authorizing.		i't enter a		
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.				
Spouse's signature ▶ Date	>			
Practitioner PIN Method Returns Only—continue be	elow			
Part III 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 8 Don't ente	8 6 1 er all zero	L 9 8 s	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in acc	cordance	
ERO's signature ▶ Date				
FRO Must Retain This Form — See Instruction				

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