

(Rev. January 2021)

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number							
ASHOK KUMAR GUPTA	851-65-2248							
Spouse's name	Spouse's social security number							
ARCHANA GUPTA	698-61-3576							
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)								
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	1 200,069.							
2 Total tax	. 2 24,957.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 29,328.							
4 Amount you want refunded to you	4,371.							
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 perjury, 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.

Taxpay	er's PIN: che	ck one bo	x only					5	2	2 4	8	
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN			_			-	as my
ERO firm name						Enter five digits, but don't enter all zeros						
	signature or	n the income	e tax retu	urn (original or amended) I am now a	uthorizing.							
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I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only												
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Practitioner PIN Method Returns Only—continue below												
Part II	Certific	ation and	Auther	ntication – Practitioner PIN Me	ethod Only	V						
ERO's I	EFIN/PIN. En	ter your six-	-digit EFI	IN followed by your five-digit self-sel	lected PIN.	5 8	3 7 2	7 8	3 6	5 1	9 8	3 9
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				IN, which is my signature for the electron e for the taxpaver(s) indicated above								

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 This Form — See Instructions	
	Don't Submit This Form to the IRS Unless Requested To Do So	0070