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

Subm	nission Identification Number (SID)				
Taxpayer's name			Social security number		
APPPALA SESHAGIRI PRAGADA		103-	103-96-5492		
Spouse's name Spouse		Spouse's	ouse's social security number		
		-92-4797			
Par	t I Tax Return Information — Tax Year Ending December 31,	Enter year yo	u are au	uthorizing.)	
	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	1	
1	Adjusted gross income		. 1	41,	,011.
2	Total tax				0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			2,	705.
4	Amount you want refunded to you		—	4,	<u>,782.</u>
5	Amount you owe				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a	copy of	your retur	n)
for any Agent payme author payme busine taxes persor	and my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accountered for y federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terionent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellationess days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to nal identification number (PIN) below is my signature for the income tax return (original or amende onic Funds Withdrawal Consent.	the U.S. Treasunt indicated in tastitution to debiminate the author requests musin the processir the payment. I	ry and its he tax pre the entry orization. It be receipt of the entry further a	designated la paration soft to this according to the total according	Financial ware for unt. This cancel) a r than 2 yment of that the
Тахра	ayer's PIN: check one box only				
_	▼ I authorize GLOBAL TAXES LLC to enter or gene	erate mv PIN	6 5	4 9 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			e digits, but ter all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Your	signature ► P.A. Seshagiri Date	e ►04/29/2	021		
	ise's PIN: check one box only				
•	X I authorize GLOBAL TAXES LLC to enter or general content of the content of	arate my PIN	2 4	7 9 7	as my
_	ERO firm name	erate my r mv		e digits, but	asiny
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
0	n e e e C Doui	N 04/00/00	24		
Spou		e ► 04/29/202	21		
Dout	Practitioner PIN Method Returns Only—continue b	elow			
Part ERO		5 8 7 2 Don '	7 8 6		9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual incorrized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and Pub 1345. Handbook for Authorized IRS a-file Provider	submitting this	return in	accordance	

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions