## 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	ission Identification Number (SID)						
Taxpay	er's name	Social securi	Social security number				
AVINASH REDDY GOPU			278-31-4878				
Spouse's name			Spouse's social security number				
Part		er year you a	re au	thorizii	ng.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		١.		1.0		
1	Adjusted gross income		1			505.	
2 3	Total tax		2			545.	
4			3			005.	
4 5	Amount you want refunded to you		5		3,	460.	
Part	,	keen a con	1 -	OUR re	aturr	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende						
return to send for any Agent payme authori payme busine taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transful my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for revided in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the lot of initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial 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 terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed gays prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the valid dentification number (PIN) below is my signature for the income tax return (original or amended) I solve Funds Withdrawal Consent.	nitter, or electricities of the tall. S. Treasury a dicated in the tall to the tall to the authorizate the authorizate processing of payment. I fur	onic reransmind its of ax prepartion. The receiff the elange of the action.	turn orig ssion, (b designat paration to this a To revol- ved no lectronic cknowled	ginato  b) the ted Fi softwaccoulous (care in the care) see the care in the ca	r (ERO) reason nancial vare for nt. This incel) a than 2 ment of hat the	
					_		
-	ayer's PIN: check one box only	1 DIN	4   8	8   7   8	8		
×	I authorize GLOBAL TAXES LLC to enter or generate Signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, be	ut	as my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.	hod. The ERO	) mus		lete		
Tours	signature ► <u>G7</u> . GM/IM// Date ►			,	•		
Spous	se's PIN: check one box only				_		
☐ I authorize to enter or generate my			ny PIN as my				
	ERO firm name			digits, ber			
_	signature on the income tax return (original or amended) I am now authorizing.						
L	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belov	V					
Part	III Certification and Authentication — Practitioner PIN Method Only						
FRO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	7 2 7	8 6	1 9	8	9	
ENU:	S EFIN/FIN. Effice your six-digit Effin followed by your live-digit self-selected Fin.	Don't ent			1 0 1	9	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this reti	urn in a	accorda	nće v		
ERO's	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	Do So					