orm 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.

Submission Identification Number (SID)

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Taxpayer's nan	e	Social security number							
KARTHIK	DEVARAJA	339-08-5362							
Spouse's name		Spouse's social security number							
AISHWAR	YA R SREENIVASAN	047-73-8930							
Part I	Tax Return Information — Tax Year Ending December 31, (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 Adju	sted gross income		1	126,575.					
2 Tota	tax		2	13,971.					
3 Fede	ral income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,613.					
4 Amo	unt you want refunded to you		4						
	unt you owe		5	3,358.					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)									

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	eck one box only					8 5 3 6 2			
X	I authorize	GLOBAL TAXES	LLC	to enter or	generate r	ny PIN		as my		
			ERO firm name				Enter five digits, but don't enter all zeros			
	signature or	the income tax retu	Irn (original or amended) I	am now authorizing.						
			ure on the income tax retune N and your return is filed u							
Your sig	nature 🕨	Kaxtma			Date►	02	26/202	-		
Spouse's PIN: check one box only										
X	I authorize	GLOBAL TAXES	LLC	to enter or	generate r	ny PIN	3 8 9 3 0	as my		
			ERO firm name		-		Enter five digits, but			
	signature or	the income tax retu	Irn (original or amended) I	am now authorizing.			don't enter all zeros			
			ure on the income tax retu N and your return is filed u							
Spouse'	s signature 🕨	Stil			Date Þ	02	26/202			
		Prac	ctitioner PIN Method Re	turns Only—continu	ue below					
Part III	Certific	ation and Authen	tication – Practitione	r PIN Method Only	1	2				
ERO's E	FIN/PIN. En	ter your six-digit EFI	N followed by your five-di	git self-selected PIN.	58	7 2	7 8 6 1 9	3 9		
						Don't	enter all zeros			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the 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