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

| 1 | | |
|---|---|--|
| Submission Identification Number (SID) | | |
| Taxpayer's name | Social security number | |
| NAVEEN KUMAR KATI | 772-04-8441 | |
| Spouse's name | Spouse's soci | al security number |
| | | |
| , , , | nter year you ar | re 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 85,062. |
| 2 Total tax | | 2 11,779. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | <u>3</u> 12,986. |
| 4 Amount you want refunded to you | | <u>4</u> 1,207. |
| 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 amer | | |
| 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 the 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 institution 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 the 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 he U.S. Treasury an it indicated in the ta titution to debit the ninate the authoriza requests must be in the processing of the payment. I furth | ansmission, (b) the reason of its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the received get that the |
| Taxpayer's PIN: check one box only | | |
| X I authorize GLOBAL TAXES LLC to enter or general to the state of th | roto my DINI | 8 4 4 1 |
| ERO firm name | ř Ent | er five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | dor | 't enter all zeros |
| 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 | ▶ 03/21/2021 | |
| | | |
| Spouse's PIN: check one box only | | |
| ☐ I authorize to enter or gener | rate my PIN | as my |
| ERO firm name | | er five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | | 't enter all zeros |
| 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 below | | |
| 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. | 8 7 2 7 8 Don't ente | 3 6 1 9 8 9 er 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 <i>e-file</i> Providers of Individual Income Tax Returns. | | |
| EDO's signature | | |
| ERO's signature ► Date ERO Must Retain This Form — See Instruction | | |
| ENG MASE DEGINERAL TIMS FORM — SEE MISUACION | J | |

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