## 8879 **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

Submission Identification Number (SID)			
Taxpayer's name	Social securit	Social security number	
MAHESHBABU DHANEKULA	865-46-	865-46-7882	
Spouse's name	Spouse's soc	ial security number	
·	020 (Enter year you a	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 1	
1 Adjusted gross income		<b>1</b> 114,067.	
2 Total tax		2 18,475.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 20,585.	
4 Amount you want refunded to you		4 2,110.	
5 Amount you owe		5	
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			
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.			
Taxpayer's PIN: check one box only			
<u></u>	or generate my PIN	7 8 8 2 as my	
ERO firm name	Ent	ter five digits, but	
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 am now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your signature ►	Date ▶4	/7/2021	
Spouse's PIN: check one box only			
I authorize to enter	or generate my PIN	as my	
signature on the income tax return (original or amended) I am now authorizing.  Enter five digits, but don't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Spouse's signature ▶	Date ▶		
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Or	nly		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		8 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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> 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