## 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

Submi	ission Identification Number (SID)					
Taxpayer's name			ty numi	per		
BHAVIK MAKWANA			001-15-1287			
Spouse's name			Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, 2020 (	 Enter year you a	ro all	thorizing	7.)	
	whole dollars only on lines 1 through 5.	Liller year you a	i e au	11101121110	g. <i>)</i>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	23	2,490.	
2	Total tax		2		1,827.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,012.	
4	Amount you want refunded to you		4		1,185.	
5	Amount you owe		5		_,,	
Part		and keep a cop	y of y	our ret	urn)	
my known return ( to send for any Agent t  payment authorize  payment  business  taxes t  personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to draw return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for 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 account 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 terint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations a 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 all identification number (PIN) below is my signature for the income tax return (original or amended).	I above are the ameransmitter, or electron or rejection of the to the U.S. Treasury and indicated in the total to debit the minate the authorizan requests must be in the processing of the payment. I fur	ounts from the counts of the c	from the inturn origing ssion, (b) designated paration so to this accross revoke ved no la ectronic peknowledge	ncome ta lator (ERC the reaso d Financia oftware fo count. Thi (cancel) ter than payment of the that the	
	onic Funds Withdrawal Consent.  Ayer's PIN: check one box only				1	
X		arate my PIN	1   1	2   8   7	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as m	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.					
Your s	signature ► bhavik makwana Date	e►04/13/	2021	1		
Snous	se's PIN: check one box only				_	
Ороца	I authorize to enter or gene	vrate my DIN			as my	
	ERO firm name	-	ter five	digits, but		
	signature on the income tax return (original or amended) I am now authorizing.			er 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 <b>and</b> your return is filed using the Practitioner PIN below.					
Spous	se's signature ▶ Date	•				
	Practitioner PIN Method Returns Only—continue b	elow				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7 Don't ent	8 6 er all ze		8 9	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incoized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amoments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provider	submitting this retu	ırn in a	accordanc		
ERO's	s signature ► Date	•				
	ERO Must Retain This Form — See Instruction	าร				
	Don't Submit This Form to the IRS Unless Requested					