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

Submission Identification Number (SID)			
Taxpayer's name	Social securi	Social security number	
BHAVIK MAKWANA	001-15	001-15-1287	
Spouse's name		Spouse's social security number	
Part I Tay Poturn Information Tay Year Ending Docum	hor 21	are authorizing \	
Part I Tax Return Information — Tax Year Ending Decement Enter whole dollars only on lines 1 through 5.	ber 31, 2020 (Enter year you a	ire authorizing.)	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blan	k		
1 Adjusted gross income		1 232,490.	
2 Total tax		2 51,827.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 53,012.	
		4 1,185.	
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization	(Be sure you get and keep a cop	y of your return)	
Under penalties of perjury, I declare that I have examined a copy of the income tamy knowledge and belief, it is true, correct, and complete. I further declare the return (original or amended) I am now authorizing. I consent to allow my intermed to send my return to the IRS and to receive from the IRS (a) an acknowledgement for any delay in processing the return or refund, and (c) the date of any refund. If Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the fin payment of my federal taxes owed on this return and/or a payment of estimated authorization is to remain in full force and effect until I notify the U.S. Treasury payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 business days prior to the payment (settlement) date. I also authorize the financi taxes to receive confidential information necessary to answer inquiries and respersonal identification number (PIN) below is my signature for the income tax ref Electronic Funds Withdrawal Consent.	at the amounts in Part I above are the ambiate service provider, transmitter, or electron of receipt or reason for rejection of the trapplicable, I authorize the U.S. Treasury and ancial institution account indicated in the tax, and the financial institution to debit the Financial Agent to terminate the authoriz Payment cancellation requests must be all institutions involved in the processing of solve issues related to the payment. I fur	ounts from the income tax onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) a e received no later than 2 f the electronic payment of ther acknowledge that the	
Taxpayer's PIN: check one box only			
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN	1 2 8 7 as my	
ERO firm name signature on the income tax return (original or amended) I am no	— En	nter five digits, but on't enter all zeros	
I will enter my PIN as my signature on the income tax return (or if you are entering your own PIN and your return is filed using below.			
Your signature ▶	Date ▶		
Spouse's PIN: check one box only			
I authorize	to enter or generate my PIN	as my	
ERO firm name		iter five digits, but	
signature on the income tax return (original or amended) I am no	ow authorizing.	n't enter all zeros	
I will enter my PIN as my signature on the income tax return (or if you are entering your own PIN and your return is filed using 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 se		8 6 1 9 8 9 ter all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the e authorized to file for tax year indicated above for the taxpayer(s) indicated above requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized Pub. 1345,	ve. I confirm that I am submitting this ret	urn in accordance with the	
ERO's signature ▶	Date ►		
ERO Must Retain This Form			
Don't Submit This Form to the IRS U	Inless Requested To Do So		