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

Subm	sission Identification Number (SID)				
Taxpayer's name			Social security number		
RAM CHARAN RAMISETTY			843-71-4532		
Spouse's name		Spouse's social security number			
Par	Tax Return Information — Tax Year Ending December 31, (Enter	year you a	re autho	orizing.)	
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	127,005	
2	Total tax		2	21,581	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	24,740	
4	Amount you want refunded to you		4	3,159	
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of you	ır return)	
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejety delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are acted in the tan to debit the the authorizatests must be processing of ayment. I furt	nic returnansmission its des ix prepara entry to to tition. To it received the elect her acknown.	n originator (EF on, (b) the reas ignated Finandation software this account. Tevoke (cance d no later thar ronic payment owledge that	
	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate r	ny DINI 1	4 5	3 2 as n	
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five dig n't enter al	its, but	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	od. The ERC	must co	omplete Part	
Your	signature ▶ Date ▶	02/2	20120)21 	
Spou	se's PIN: check one box only	_			
. г	I authorize to enter or generate r	nv PIN		as n	
	ERO firm name		er five dig		
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter al	Izeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Spous	se'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. 5 8		8 6 1 er all zeros		
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in acc	ordance with	
EDO:	n eignature N				
EKO.	S signature ► Date ► ERO Must Retain This Form — See Instructions				
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Don't Submit This Form to the IRS Unless Requested To Do So