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

internal nevenue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
SRIHARI SWARNA	865-69-4024
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending De	cember 31, (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	(E
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5	b blank.
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1	099
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization	tion (Be sure you get and keep a copy of your return)
return (original or amended) I am now authorizing. I consent to allow my into send my return to the IRS and to receive from the IRS (a) an acknowled for any delay in processing the return or refund, and (c) the date of any ref Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of estin authorization is to remain in full force and effect until I notify the U.S. Tre payment, I must contact the U.S. Treasury Financial Agent at 1-888-35 business days prior to the payment (settlement) date. I also authorize the taxes to receive confidential information necessary to answer inquiries a	are that the amounts in Part I above are the amounts from the income tax termediate service provider, transmitter, or electronic return originator (ERO) gement of receipt or reason for rejection of the transmission, (b) the reason und. If applicable, I authorize the U.S. Treasury and its designated Financial the financial institution account indicated in the tax preparation software for nated tax, and the financial institution to debit the entry to this account. This easury Financial Agent to terminate the authorization. To revoke (cancel) a 3-4537. Payment cancellation requests must be received no later than 2 financial institutions involved in the processing of the electronic payment of and resolve issues related to the payment. I further acknowledge that the tax return (original or amended) I am now authorizing and, if applicable, my
Taxpayer's PIN: check one box only	
X Lauthorize GLOBAL TAXES LLC	to enter or generate my PIN 9 4 0 2 4 as my
ERO firm name signature on the income tax return (original or amended) I	Enter five digits, but don't enter all zeros
	urn (original or amended) I am now authorizing. Check this box only using the Practitioner PIN method. The ERO must complete Part III
Your signature ► Solvi	Date ▶ 03/08/2021
Spouse's PIN: check one box only	
☐ I authorize	to enter or generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I	<u> </u>
	urn (original or amended) I am now authorizing. Check this box only using the Practitioner PIN method. The ERO must complete Part III
Spouse's signature ▶	Date ▶
Practitioner PIN Method Re	eturns Only—continue below
Part III Certification and Authentication — Practitione	r PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-di	git self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9
Ello o El IIVI IIV Elitor your olk digit El IIV lollowod by your live di	Don't enter all zeros
	the electronic individual income tax return (original or amended) I am now d above. I confirm that I am submitting this return in accordance with the Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶	Date ▶
	Form - See Instructions
	RS Unless Requested To Do So