## Department of the Treasury Internal Revenue Service

## **IRS** *e-file* Signature Authorization

OMB No. 1545-0074

Social accurity number

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

r's name	Social security number						
NTH REDDY REDDY	679-27-0924						
s name	Spouse's social security number						
A KASARIYA	APPLIED FOR						
Tax Return Information – Tax Year Ending December 31, 2020 (Ente	r year you are authorizing.)						
vhole dollars only on lines 1 through 5.							
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
Adjusted gross income	<b>1</b> 88,140.						
Total tax	<b>2</b> 7,204.						
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 13,456.						
Amount you want refunded to you	<b>4</b> 8,052.						
Amount you owe	5						
//	ANTH REDDY REDDY s name A KASARIYA  Tax Return Information — Tax Year Ending December 31, 2020 (Enter whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income						

## 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 my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax 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.

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	signature or	ו the incom	ne tax retu	urn (original or amended) I an	n now authorizing.				d	on't ente	er all	zeros		
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Your sig	nature 🕨		km	T		Date 🕨	0	3/15/	20	21				
Spouse	's PIN: chec	k one box	only						_					
	I authorize	GLOBAL	TAXES	LLC	to enter or g	enera	ate n	ny PIN					as m	y
				ERO firm name				-		nter five				-
	signature or	1 the incom	ne tax retu	urn (original or amended) I an	n now authorizing.				d	on't ente	er all	zeros		
				ure on the income tax return N <b>and</b> your return is filed usi										
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Spouse	's signature	•	٢	ων γ	Γ	Date 🕨	•	03/	15	/2021				
			Prac	ctitioner PIN Method Retu	rns Only—continu	e bel	ow							
Part II	Certific	ation and	d Authen	ntication – Practitioner	PIN Method Only									
ERO's I	EFIN/PIN. En	ter your six	k-digit EFI	IN followed by your five-digit	self-selected PIN.	5	8	7 2	7	86	1	98	9	
								Do	n't ei	nter all z	eros		_	
L cortify t	bat the above	numeric en	tru is my P	PIN which is my signature for th	e electronic individual	incom	o ta	v roturn	(ori	ainal or	amo	nded)	am no	

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 **Pub. 1345**, Handbook for Authorized IRS *e-file* 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