## 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 security number	
RAJESH KUMAR KUMAR	019-85-8242	
Spouse's name	Spouse's soci	al security number
NEETU KUMARI	940-91-	-4510
Part I Tax Return Information — Tax Year Ending December 31, 2020 (E	nter year you ar	e authorizing.)
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		<b>1</b> 116,998.
<b>2</b> Total tax		<b>2</b> 9,361.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10,710.
4 Amount you want refunded to you		4 3,049.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or american)		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for orany delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the trather U.S. Treasury and tindicated in the tatitution to debit the ininate the authorization requests must be in the processing of the payment. I furtil	nic return originator (ERC ansmission, (b) the reasond its designated Financia x preparation software for entry to this account. This tion. To revoke (cancel) received no later than the electronic payment of the acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gene	rate my PIN	8 2 4 2 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.		
Your signature ▶ Date	<b></b>	
Chausala DINI, ahaali ahaahaa hay anki		
Spouse's PIN: check one box only	t DIN 1	4 5 1 0
▼ I authorize		$4 \mid 5 \mid 1 \mid 0$ as my er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.		
Spouse's signature ▶ Date	<b>•</b>	
Practitioner PIN Method Returns Only—continue be	elow	
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 7 2 7 8 Don't ente	3 6 1 9 8 9 or all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommutation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers	submitting this retu	rn in accordance with th
ERO's signature ▶ Date	<b>&gt;</b>	
ERO Must Retain This Form — See Instruction		

Don't Submit This Form to the IRS Unless Requested To Do So