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

	1					
Submi	ssion Identification Number (SID)					
Taxpayer's name			Social security number			
PRAHARSH BOYAPALLY			125-37-5574			
Spouse's name Spouse's name			Spouse's social security number			
Dort	Tax Return Information — Tax Year Ending December 31, (Enter		ro out	horizina	<u>, </u>	
Part	whole dollars only on lines 1 through 5.	er year you a	re au	nonzing.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1	112	,085.	
2	Total tax		2		,002.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,316.	
4	Amount you want refunded to you		4	4	,314.	
	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende					
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording a mended) I am now authorizing. I consent to allow my intermediate service provider, transform return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the original and ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the original taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	mitter, or electro- ejection of the tr U.S. Treasury and dicated in the training to to to debit the te the authorizanguests must be e processing of payment. I furt	onic retransmise and its cax preparentry to attion. The receivent the electric the acceptance of the a	urn origina ssion, (b) the designated paration soft to this acco to revoke (of yed no late ectronic pathonyledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the	
	nic Funds Withdrawal Consent.					
	yer's PIN: check one box only	7	5 5	7 4		
X	I authorize GLOBAL TAXES LLC to enter or generate	ř Ent		digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	doi	n't ente	r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Your s	ignature ▶	02	/24/202	21		
Cnauc	v = v					
Spous	e's PIN: check one box only I authorize to enter or generate	my DINI			00 mv	
			as my			
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.		_		-	
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	V				
Part I	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	3 7 2 7 Don't ente	8 6 er all ze	1 9 8 ros	9	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	ccordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				