## 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	Social security number	
HARISH ANNE	169-13-9219		
Spouse's name	Spouse's social security number		
Part I Tax Return Information — Tax Year Ending December 31, 2020	 (Enter year you aı	re 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> 54,875.	
2 Total tax		<b>2</b> 3,135.	
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 5,134.	
4 Amount you want refunded to you		4 2,599.	
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am		· · · · · · · · · · · · · · · · · · ·	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ir authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatic business days prior to the payment (settlement) date. I also authorize the financial institutions involved 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 amend Electronic Funds Withdrawal Consent.	transmitter, or electro for rejection of the transmitter, at the U.S. Treasury are unt indicated in the tall astitution to debit the runinate the authorization requests must be in the processing of the payment. I furtil	anic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at received no later than 2 the electronic payment of her acknowledge that the	
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or gen	erate my PIN	9 2 1 9 as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but o't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.			
Your signature ▶ Dat	e►		
Spouse's PIN: check one box only			
I authorize to enter or gen	erate my DIN	as my	
ERO firm name	_	er five digits, but	
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.			
Spouse's signature ▶ Dat	e <b>▶</b>		
Practitioner PIN Method Returns Only—continue k	pelow		
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.		8 6 1 9 8 9 er all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc 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 Provide	submitting this retu	rn in accordance with the	
ERO's signature ▶ Dat	e <b>▶</b>		
ERO Must Retain This Form — See Instruction			

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