## 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		
VENKATA HANUMATH PRA VELAVARTHIPATI	773-83-9044		
Spouse's name	Spouse's social security number		
MOUNIKA TURLAPATI	973-95-3333		
	r 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.		4   54	610
1 Adjusted gross income			,617.
<ul> <li>Total tax</li></ul>			,584.
4 Amount you want refunded to you		,	<u>,674.</u> ,190.
5 Amount you owe		5	,190.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I		-	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  Date Potential information pate to a control or amended of the practitioner PIN methodow.	we are the amounter, or electron of the trans. S. Treasury are icated in the tabout to debit the entered trans. The substantial of the authorization of the entered trans. I furtly manow authorization of the entered trans.	unts from the incinic return original ansmission, (b) the dist designated x preparation softentry to this account on the electronic particle and the electronic particle and the electronic particle and, if applicity and the electronic particle and the ele	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the table, my as my
Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC  ERO firm name  signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.	Ent don ow authorizir		
Spouse's signature Date Date Date Date Date Date Date Dat	2/23/202	21	
Practitioner PIN Method Returns Only—continue below 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		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	nitting this retu	rn in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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