## 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		
VIDYADHAR REDDY LEKKALA	777-15-8682		
Spouse's name	Spouse's social security number		
RAJASRI PINGILI	348-06-2707		
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you ar	e authorizing.)	
Enter whole dollars only on lines 1 through 5.	, ,	3.7	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income	1	1 98,	306.
2 Total tax			428.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			481.
4 Amount you want refunded to you			153.
5 Amount you owe	[	5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	еер а сору	of your retur	n)
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.			
Taxpayer's PIN: check one box only	r <del>1</del>		, ,
VI	5	8 6 8 2	
X I authorize GLOBAL TAXES LLC to enter or generate r	Ente	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.	don	t enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your signature ►	03	15 202	
Spouse's PIN: check one box only			ž.
Ed I II I Gronz France	DIN	2 7 0 7	
X I authorize GLOBAL TAXES LLC to enter or generate r	,	2 7 0 7	as my
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 am no	w authorizin	g. Check this bo	ox only
if you are entering your own PIN and your return is filed using the Practitioner PIN methologies.	od. The ERO	must complete	Part III
2			
Spouse's signature Notal	27/1	5/0001	
Date	03/1.	1/2021	
Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only			
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 enter		9
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.			
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IPS Unless Requested To Do So			

REV 03/06/21 PRO