Form <b>8879</b>
(Rev. August 2020)

Departn	nent	of the	e Treasu	r
Internal	Reve	enue	Service	

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

\_ \_ \_

	ERO must obtain and	retain complet	ted Form 8879.
►	Go to www.irs.gov/Form	n8879 for the la	test information.

Submission Identification Number (SID)

Taxpayer's name RANJITHKUMAR BHEEMARAPU	Social security number 072-19-3657
Spouse's name	Spouse's social security number
RASHMITHA RECHARLA	963-98-9173
Part I Tax Return Information – Tax Year Ending December 31, (Enter y	/ear you are 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.	
<b>1</b> Adjusted gross income	<b>1</b> 79,217.
<b>2</b> Total tax	<b>2</b> 4,136.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,617.
4 Amount you want refunded to you	4 11,381.
5 Amount you owe	5

### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of 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

Taxpay	cr 3 r na one ok one box only		
×	I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amende	to enter or generate my PIN Enter five digits, but don't enter all zeros	my
		return (original or amended) I am now authorizing. Check this box of ed using the Practitioner PIN method. The ERO must complete Pa	
Your sig	gnature ►	Date ►	
Spouse	<b>s's PIN: check one box only</b> I authorize GLOBAL TAXES LLC	to enter or generate my PIN 8 9 1 7 3 as	my
	ERO firm name signature on the income tax return (original or amende	Enter five digits, but	,
		return (original or amended) I am now authorizing. Check this box or ed using the Practitioner PIN method. The ERO must complete Pa	-
Spouse	's signature 🕨	Date 🕨	
	Practitioner PIN Method	I Returns Only—continue below	
Part II	I Certification and Authentication – Practitie	oner PIN Method Only	
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five		
		Don't enter all zeros	
authorize	ed to file for tax year indicated above for the taxpayer(s) indi	e for the electronic individual income tax return (original or amended) I am cated above. I confirm that I am submitting this return in accordance with a for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.	
ERO's s	signature 🕨	Date 🕨	
ERO's s	ERO Must Retain Th	Date ► is Form — See Instructions he IRS Unless Requested To Do So	

TAXABLE YEAR	FORM
2020 California e-file Signature Authorization	or Individuals 8879
Your name	Your SSN or ITIN
RANJITHKUMAR BHEEMARAPU	072-19-3657
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
RASHMITHA RECHARLA	963-98-9173
Part I Tax Return Information (whole dollars only)	
<ol> <li>California Adjusted Gross Income (AGI). See instructions</li> <li>Amount You Owe. See instructions</li> </ol>	
3         Refund or No Amount Due. See instructions	<b>3</b> 3,435.
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of you	
to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, tax identification number) and the amounts shown in Part I above agree with the information and amounts income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicabl agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrev agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or inter return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize t provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am fil does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applica read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic incom number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds	shown on the corresponding lines of my electronic ne estimated tax payments as shown on my return e, I declare that direct deposit refund amount on line 3 pocable appointment of the other spouse/RDP as an rmediate service provider to transmit my complete <b>the FTB to disclose to my ERO, intermediate service</b> ng a balance due return, I understand that if the FTB ble interest and penalties. I acknowledge that I have e tax return. I have selected a personal identification
Taxpayer's PIN: check one box only	
I authorize GLOBAL TAXES LLC	to enter my PIN 9 3 6 5 7
ERO firm name	Do not enter all zeros
as my signature on my 2020 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check return is filed using the Practitioner PIN method. The ERO must complete Part III below.	his box <b>only</b> if you are entering your own PIN and you
Your signature  Date	·
Spouse's/RDP's PIN: check one box only	
I authorize GLOBAL TAXES LLC	to enter my PIN 8 9 1 7 3
ERO firm name as my signature on my 2020 e-filed California individual income tax return.	Do not enter all zeros
I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. I and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	heck this box <b>only</b> if you are entering your own PII
Spouse's/RDP's signature	Date  🕨
Practitioner PIN Method Returns Only continue bel	W
Part III Certification and Authentication — Practitioner PIN Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7	2 7 8 6 1 9 8 9 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN methe-file Providers.	
ERO's signature Date	01/26/2021

DO NOT MAIL THIS FORM TO THE FTB



## ERO MUST RETAIN THIS FORM. **DO NOT SUBMIT THIS FORM** TO GEORGIA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.



**GA-8453** 2020

## **IRS DCN OR SUBMISSION ID**

# **GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING** \_\_SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

Amended Return					
First Name and Initial	Last Name		Social Securit	ty Number	
RANJITHKUMAR	BHEEMARAPU		072-	-19-3657	
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name		Spouse's Soc	ial Security Number	
RASHMITHA	RECHARLA		963-	963-98-9173	
Home Address (number and street)		Apt Number	Daytime Tele	ephone Number	
271 PLEASANTVIEW			763-	-600-2517	
City, Town or Post Office		State	Zip Code		
PISCATAWAY		NJ	0885	54	
PART I		TAX RE	<b>FURN INF</b>	ORMATION	
1. Federal Adjusted Gross Income (Form 50	0 or Form 500X, Line 8; Form 5	00EZ, Line 1)	1.	79217	
2. Georgia Taxable Income (Form 500 or Fo	orm 500X, Line 15c; Form 500E	Z, Line 3)	. 2.	5678	
3. Net Georgia Tax (Form 500 or Form 500	X, Line 22; Form 500EZ, Line 6	)	3.	136	
4. Balance Due (Form 500, Line 41; Form 5	00X, Line 37; Form 500EZ, Line	20)	4.		
5. Refund (Form 500, Line 42; Form 500X,	Line 38; Form 500EZ, Line 21)		5.	227	
Part II		DECLARATIO	ON OF TAX	XPAYER(S)	

### **DECLARATION OF TAXPAYER(S)**

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2020 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

### SIGN

PART III

HERE TAXPAYER'S SIGNATURE Date SPOUSE'S SIGNATURE (if joint return, both must sign	n) Date
--	---------

RAN168600@GMAIL.COM

EMAIL ADDRESS

PRINT NAME

## DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

EDO	ERO's Signat	ure	Date 01/26/2021
ERO's Use	Firm's Name	GLOBAL TAXES LLC	Check also if paid preparer 🗙
Only	Address	2530 PEBBLE CREEK LN	FEIN/PTIN <u>30-1017196</u>
Olly	City, State, &	Zip Code CUMMING GA 30041	SSN/TIN

IF PREPARED BYANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

	Paid Prepare	's Signature	Date 01/	26/2021
Paid Dronovov's	Firm's Name	GLOBAL TAXES LLC         2530 PEBBLE CREEK LN	FID/TIN	30-1017196
Use Only	Address	2530 PEBBLE CREEK LN	SSN/TIN -	P02082703
ese emj	City, State, &	Zip Code CUMMING GA 30041		

GA-8453 (REV 01/05/21)

# **KEEP A COPY WITH YOUR RECORDS**

115 2020

01