(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

OMB No. 1545-0074

		1
Submission Identification Number (SID)		
Taxpayer's name		
SIVA KALI KRISHNA VARRAI	Social security number	
Spouse's name	673-31-2382 Spouse's social security number	
RAMYA SUNKARA	974-91-	AN ARTHUR STATE OF THE STATE OF
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter		e authorizing.)
Enter whole dollars only on lines 1 through 5.	year you ar	e authorizing.)
Note: Form 1040-SS filers use line 4 only, Leave lines 1, 2, 3, and 5 blank		
Adjusted gross income	1	1 76,011.
2 Total tax		2 3,752.
rederal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 476.
Amount you want refunded to you		4
The state of the s		5 976.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k 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 each solution.	eep a copy	of your return)
my knowledge and belief, it is true, correct, and complete. If 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, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject for any delay in processing the return or refund, and (c) the date of any refund, if applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial stitution account indic 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 reque business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment conceive confidential information necessary to answer inquiries and resolve issues related to the pa personal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ter, or electron ction of the trans. Treasury and ated in the tax to debit the e the authorizati ests must be in processing of the	nic return originator (ERO nismission, (b) the reasor of its designated Financia preparation software for intry to this account. This on. To revoke (cancel) a received no later than 2 he electronic payment of
Taxpayer's PIN: check one box only		
I authorize GLOBAL TAXES LLC to enter or generate m	1 :	2 3 8 2
ERO firm name	Enter	five digits, but
signature on the income tax return (original or amended) I am now authorizing.		enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below. Your signature ▶ Date ▶	w authorizing d. The ERO r	nust complete Part III
Spouse's PIN: check one box only	(1
C	DIN 1	
Tauthorize GLOBAL TAXES LLC to enter or generate m	,	$9 \mid 9 \mid 7 \mid 4$ as my five digits, but
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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	w authorizing d. The ERO n	. Check this box only nust complete Part III
Spouse's signature ► S. Ramyer Date ►	27-A	1PR-2021
Practitioner PIN Method Returns Only—continue below		
Part III Certification and Authentication — Practitioner PIN Method Only		
	7 2 7 8 Don't enter	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitt requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indi		
ERO's signature ▶ Date ▶		
ERO Must Retain This Form — See Instructions		
oce maductions		

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