## 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

Spouse's name
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year 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.  1 Adjusted gross income
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
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 1 95, 332. 2 Total tax 2 14, 033. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 395. 4 Amount you want refunded to you 4 1, 362. 5 Amount you want refunded to you 5 Amount you owe 5 Amount you owe 5 Total tax 1 tax examined a copy of the income tax return (original or amended) I am now authorizing, and to the best 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 tereturn (original or amended) I am now authorizing, and to the best or send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmistor, (b) the reason of the value of the transmistor in the transmistor, or by the transmistor in the transmistor, or payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation osftware 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. That 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) payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the proveous growing of the electronic payment traxes 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. Check this box on if you are entering your own PIN and your return is filed using the Practitioner
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Amount you want refunded to you  5 Amount you owe  1 J, 362.  5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perjuny, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best 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 terturn (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERf 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 debt) either that the transmission 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 and the company of the date of any refund. If applicable, I authorize the U.S. Treasury reparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions to terminate the authorization. To revoke (cancel) payment of the financial institutions to terminate the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) payment at axes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the axes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the payment (selfement) and the payment (selfement) and
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if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part
Spouse's signature ▶ Date ▶
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 6 1 9 8 9
Don't enter all zeros
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 no 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 e-file Providers of Individual Income Tax Returns.
ERO's signature ▶ Date ▶
ERO Must Retain This Form — See Instructions  Don't Submit This Form to the IRS Unless Requested To Do So