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	
NFN MIRZA NAZIMULLA BAIG	708-82-3728	
Spouse's name	Spouse's soci	ial security number
Part I Tax Return Information — Tax Year Ending December 31, (E	nter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.	into your you u	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 74,464.
2 Total tax		2 9,447.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 11,676.
4 Amount you want refunded to you		4 2,829.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 Electronic Funds Withdrawal Consent.	ansmitter, or electron rejection of the transfer to U.S. Treasury are tindicated in the table titution to debit the property may be a the processing of the payment. I furtile to the processing of the payment. I furtile the rejection of the payment.	anic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This tion. To revoke (cancel) at received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		2 7 2 0
X I authorize GLOBAL TAXES LLC to enter or gener FRO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	as my er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN needs. Your signature Date	nethod. The ERC	
Spouse's PIN: check one box only		
☐ I authorize to enter or gener	rate mv PIN	as my
ERO firm name	Ent	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.		
Spouse's signature ▶ Date	>	
Practitioner PIN Method Returns Only—continue be	low	
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.		8 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instructions		

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