## 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

Part I	Subm	ission Identification Number (SID)						
Spouse's social security number	Taxpayer's name			Social security number				
Part II Tax Return Information — Tax Year Ending December 31, (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	RAVIKUMAR GURUNG			790-06-2692				
Enter whole dollars only on lines 1 through 5.  Note: Form 10:40:SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1	Spouse	's name		Spouse's	s social	secu	rity numb	er
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Part	Tax Return Information — Tax Year Ending December 31,	(Enter	year yo	ou are	autl	norizin	g.)
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you want refunded to you 4 6, 0.62. 5 Amount you want refunded to you 4 6, 0.62. 5 Amount you want refunded to you 5 Samount refunded to you 6 Amount you want refunded to you 7 Samount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Samount you want refunded to you 9 Samount you want want you get and keep a copy of your return) 1 Control or permy. I declare that I have seamined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the least of my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission (b) the reason or any deskip in processing the return or refund, and (c) the date of any return or refund, and (c) the date of any return or refund and (c) the date of any return or refund and (c) the date of any return of 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 or any deskip in processing the return or refund, and (c) the date of any return of region for reason for rejection of the transmission (b) the reason or any deskip in processing the return or refund, and (c) the date of any return of my federal taxes oved on this either and or a payment of estimated tax, and the financial institution to debit the entiry to this account. This payment of my federal taxes oved on this either as a latence of the processing the remains and the financial institutions involved in the processing or to the payment federal resonance of the financial residue and the financial institutions involved in the processing or to the payment federal resonance in the financial remains the authorization. To revoke (cannel) a payment of taxes to rec			,					<u> </u>
2 3, 2.44.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
Amount you want refunded to you  Amount you  Amount you want refunded to you  Amount  Am	1	Adjusted gross income			. L	1		
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perlipy, 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 whowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are mounts 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 (e) an acknowledgement of receipt or reason for rejection of the transmission, by the reason of the provider of the transmission of the transmission of the transmission of the return originator (ERO) to send my return to the IRS and to receive the new through the reason of the provider than the provider of the transmission of the transmission of the return originator (ERO) to send my return to the IRS and to receive the new through the provider than the provider of the transmission of the transmission of the transmission of the provider of the provider of the purple of the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial adjust to the financial institution account interest to the payment of 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 anyment, must contact the U.S. Treasury Financial Agent at 1 research Payment Cancellation requests must be received no later than 2 business days prior to the payment of the received no later than 2 business days prior to the payment of the received no later than 2 business days prior to the payment of the received in the transmission of the rece	2				_	2		3,244.
Fart III 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, 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, and to the best of my knowledgement of receipt or reason for rejection of the transmission, (i) the reason for an feeling in processing the return or returns and or a park of the processing the returns or the income tax return (original transmission). (ii) the reason for an feeling in processing the return or returns and or a payment of residual tax, and the financial institutions 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 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 provoke (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 provoke (cancel apayment) date. I also authorize the financial institutions involved in the provoke (cancel apayment) date in the payment of the second or taxes to receive confidential information necessary to answer inquires and resolve insures returns (original or amended) in a mowauthorizing.  I will enter my PINs a my signature for the income tax return (original or	3				-			
Under penalties of perjury, I declare that I have examined acopy of the income tax return (original or amended) I am now authorizing, and to the beat of your processing the return or refund, 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, and to the beat of considerable and the processing the return or refund, and (c) the date of any refund. I respictively in the processing the return or refund, and (c) the date of any refund. I respictively, a turn or 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. I respictively, a turn or 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. I respictively, a turn or receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund. Agent to turn and the propertion of the reason for any delay in processing the return or refund and the propertion of the return or refund and the propertion of the reason for any delay in the propertion of the reason for the date of the payment of the payment of the responsibility of the U.S. Treasury Financial Agent at 1 separation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1 separation and the refundation and the refundation and the responsibility of the payment of the payment of the transmission and the responsibility of the payment of the electronic payment of the transmission and the personal identification and the processing of the electronic payment of the personal identification number (PIN) below is my signature for 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					_	-		6,062.
Under penalties of perjun; 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 bellet, it is true, correct, and complete. I clitther declare that the amounts in RP1 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, (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 clidred teldpid entry to the financial institution account indication oscilation or payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 in the tex preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the text preparation software for payment of the payment and the control 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. 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.  Spouse's pin: check one box only I authorize PIN Method Returns Only—continue below  Practitioner PIN Me								
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 original or fire?  I provide the provided of the								
Taxpayer's PIN: check one box only	to send for any Agent payme authori payme busine taxes t person	d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial inization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to real identification number (PIN) below is my signature for the income tax return (original or amend	for rejected the U.S. unt indicenstitution requestion requestion the part of t	ction of the stident	the trand the tax it the election orization of the result of the trand the t	nsmiss I its d prepa ntry to on. To eceiv he ele er ack	sion, (b) esignate aration s this act revoke ed no la ctronic p	the reason d Financial oftware for count. This e (cancel) a ater than 2 payment of ge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name signature on the income tax return (original or amended) I am now authorizing.  ☐ 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.  Spouse's PIN: check one box only ☐ I authorize								٦
ERO firm name signature on the income tax return (original or amended) I am now authorizing.    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 ▶ Date ▶  Spouse's PIN: check one box only   I authorize   to enter or generate my PIN   I authorize   as my signature on the income tax return (original or amended) I am now authorizing. 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.  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 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions				DINI	6	2 6	9 2	
isignature on the income tax return (original or amended) I am now authorizing.  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 ▶	×		ierate m	ny PIN				:
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   Date					don't	enter	all zeros	
Spouse's PIN: check one box only		if you are entering your own PIN and your return is filed using the Practitioner PIN						
Lauthorize	Yours	signature ▶ Dat	te ▶					
Lauthorize	Spous	se's PIN: check one box only						_
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  ☐ 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.  Spouse's signature   ☐ 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.  ☐ On't enter all zeros  ☐ 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature  ☐ Date ☐ ERO Must Retain This Form — See Instructions		_	erate m	ny PIN				as my
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.  Spouse's signature ▶  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.  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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions	<u> </u>				Enter	five c	ligits, but	_ ,
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  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 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶		signature on the income tax return (original or amended) I am now authorizing.			don't	enter	all zeros	
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.    S   8   7   2   7   8   6   1   9   8   9		if you are entering your own PIN and your return is filed using the Practitioner PIN						
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.  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 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions	Spous	se's signature ▶ Dat	te 🕨					
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 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature   Date   ERO Must Retain This Form — See Instructions		<u> </u>	below					
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 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions	Part	III Certification and Authentication — Practitioner PIN Method Only						
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	ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8			1 1		8 9
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				יסטי	ı enter	an Zel	US	
ERO Must Retain This Form — See Instructions	authori	ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an	n submit	tting this	return	in a	ccordan	
	ERO's	s signature ► Dat	te 🕨					
				_				