## 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

	1.07.01.00					
Submi	ssion Identification Number (SID)					
Taxpayer's name			Social security number			
VENU MADHAV REDDY MADA			671-75-7482			
Spouse's name			Spouse's social security number			
Dort	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	voor vou o	ro ou	thorizina	`	
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter whole dollars only on lines 1 through 5.	year you a	re au	unonzing	.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	100	2,034.	
2	Total tax		2		5,590.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		7,726.	
4	Amount you want refunded to you		4		2,136.	
5	Amount you owe		5		1,100.	
Part		еер а сор	y of y	our retu	ırn)	
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I are	e are the ametter, or electro- ction of the treatment of the authorization of the treatment	ounts for the counts of the counts of the country for the coun	rom the intern original sion, (b) to designated paration so to this according to late ectronic personned to the control of the	ncome tax hator (ERO) he reason I Financial oftware for ount. This (cancel) a her than 2 ayment of e that the	
	nic Funds Withdrawal Consent.  yer's PIN: check one box only					
X		ny PINI 5	7 4	4 8 2	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	as my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.					
		0	4/01	/2021		
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only					
• г	I authorize to enter or generate r	ny PIN			as my	
	ERO firm name	En		digits, but	,	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r 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 <b>and</b> your return is filed using the Practitioner PIN methology.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>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	3 9	
		Don't ent	er all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	ırn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				