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 se			curity number		
BHASKER RAO JAKKULA 075-5		075-51-	1-7952		
Spouse's name Spouse's soc		cial security number			
SATYA VANI CHINNAMANENI 826-25-			-4430		
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are				orizing	.)
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 Adjus	sted gross income		1	91	,968.
2 Total tax			2	3	,976.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	6	,033.
4 Amount you want refunded to you			4	3	,157.
	unt you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of yo	ur retu	ırn)
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 originator (ERO) 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 debit) entry to the financial institution account indicated 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 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 to terminate the authorization. To revoke (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 processing of the electronic payment of 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 and, if applicable, my Electronic Funds Withdrawal Consent.					
	PIN: check one box only				
	Ithorize GLOBAL TAXES LLC to enter or generate r	ny PIN 1	7 9	5 2	as my
ERO firm name CHOCKET IT ALLO THE CONTROL OF THE C					
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 signatu	re ► <u>Bhasker Rao Jakkula</u> Date ►	03/20/20	21		
Spouse's P	IN: check one box only				
	thorize GLOBAL TAXES LLC to enter or generate representation to enter or generate representative on the income tax return (original or amended) I am now authorizing. Il enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.	Ent	n't enter		as my
•	ou are entering your own PIN and your return is filed using the Practitioner PIN methods.	od. The ERC) must	complet	e Part III
Spouse's signature ► Satya Vani Chinnamaneni Date ► 03/20/2021					
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					

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