## 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   |
| BHARATH K MARTHA  | 282-55-4608  |
| Spouse's name   | Spouse's social security number  |
| SMITHA VANGA  | 691-63-1922  |
| Part I Tax Return Information — Tax Year Ending December 3  | 1, (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 1  |
| 1 Adjusted gross income   |  |
| 2 Total tax   |  |
| <ul><li>3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099</li><li>4 Amount you want refunded to you</li></ul>   |  |
| <ul><li>4 Amount you want refunded to you</li><li>5 Amount you owe</li><li></li></ul>   |  |
| Part II Taxpayer Declaration and Signature Authorization (Be s  |  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return  |  |
| return (original or amended) I am now authorizing. I consent to allow my intermediate set to send my return to the IRS and to receive from the IRS (a) an acknowledgement of refor any delay in processing the return or refund, and (c) the date of any refund. If applic Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial payment of my federal taxes owed on this return and/or a payment of estimated tax, an authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payr business days prior to the payment (settlement) date. I also authorize the financial institaxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (or Electronic Funds Withdrawal Consent. | ceipt or reason for rejection of the transmission, (b) the reason able, I authorize the U.S. Treasury and its designated Financial institution account indicated in the tax preparation software for d the financial institution to debit the entry to this account. This cial Agent to terminate the authorization. To revoke (cancel) a ment cancellation requests must be received no later than 2 tutions involved in the processing of the electronic payment of ssues related to the payment. I further acknowledge that the |
| Taxpayer's PIN: check one box only  |  |
|   | o enter or generate my PIN 5 4 6 0 8 as my   |
| ERO firm name signature on the income tax return (original or amended) I am now aut   | enter five digits, but don't enter all zeros   |
| , ,   | 5  |
| I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN <b>and</b> your return is filed using the PI below.   |  |
| Your signature ▶  | Date ▶   |
|   |  |
| Spouse's PIN: check one box only  |  |
|   | o enter or generate my PIN 3 1 9 2 2 as my   |
| ERO firm name<br>signature on the income tax return (original or amended) I am now aut  | Enter five digits, but don't enter all zeros   |
| ☐ I will enter my PIN as my signature on the income tax return (original  | _  |
| if you are entering your own PIN <b>and</b> your return is filed using the Pi below.  |  |
| Spouse's signature ▶  | Date <b>▶</b>  |
| Practitioner PIN Method Returns Only  | —continue below  |
| Part III Certification and Authentication — Practitioner PIN Met  | hod Only   |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selection  | cted 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 <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 — Se  |  |
|   |  |

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