## 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

Subm	nission Identification Number (SID)				
Taxpayer's name			Social security number		
SAHITYA AMBATI			820-51-6811		
Spouse's name		Spouse's soc	Spouse's social security number		
Part I Tax Return Information — Tax Year Ending December 31, 2020 (En		er 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	Adjusted gross income		1		140.
2	Total tax		2	8,	490.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,	592.
4	Amount you want refunded to you		4	3,	902.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of you	ur returi	<u>n)                                    </u>
return to sen for any Agent payme author payme busine taxes persor	lowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans of my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for my delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) I ponic Funds Withdrawal Consent.	mitter, or electro- ejection of the tr U.S. Treasury andicated in the ta- tion to debit the ate the authoriza- equests must be e processing of payment. I furt	nic returnansmission its des ax prepara entry to to tition. To received the elect her acknown.	n originato on, (b) the signated F ation softwathis accourevoke (cade no later tronic paylowledge to	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generat	e mv PIN	6 8	1   1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five dig n't enter al	its, but	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	☐ I authorize to enter or generat	o my DINI			ac my
L	ERO firm name		er five dig		as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter al		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
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  Don't ente	8 6 1 er all zeros	$\bot$	9
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in acc	ordanće v	
FRO'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

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