## 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		
RAKESH UPPUGANDLA		856-72-3531			
Spouse's name		Spouse's social security number			
Part I Tax Return Information — Tax Year Ending December 31, (Ent		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	100,228.	
2	Total tax		2	15,158.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,984.	
4	Amount you want refunded to you		4	2,826.	
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and le penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		<u> </u>		
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejety delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authorize Unids Withdrawal Consent.	itter, or electro- ection of the tr S. Treasury ar cated in the ta in to debit the the authoriza- uests must be processing of ayment. I furt	nic return o ansmission, nd its design ax preparation entry to this tion. To reverse received in the electron her acknow	riginator (ERO) (b) the reason nated Financial on software for s account. This yoke (cancel) a no later than 2 nic payment of yledge that the	
	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 2	3 5 3	1 as my	
Ľ	Signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, i't enter all zo	, but	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	I authorize to enter or generate	my DINI		ac my	
L	ERO firm name	_	er five digits.	as my	
	signature on the income tax return (original or amended) I am now authorizing.		't enter all z		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spou	se'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		8 6 1 er all zeros	9 8 9	
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in accord	dance with the	
FR∩'	s signature ▶ Date ▶				
LNU	ERO Must Retain This Form — See Instructions				
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Don't Submit This Form to the IRS Unless Requested To Do So