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

Submi	ission Identification Number (SID)					
Taxpayer's name Social st				y numbe	r	
RENUKA PRASAD MUTHULURU				6-27-2943		
Spouse's name Spouse's so			cial security number			
ANUSHA GUTTA 976-95			976-95	5-3763		
Part Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you a				re auth	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	Adjusted gross income			1	31	,608.
2	Total tax			2		653.
4	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	4	,813.
5	Amount you want refunded to you			4	4	,160.
Part	Amount you owe	· · · ·		5		
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief it is true, correct and complete the true to the income tax return (original or amended) I am now authorizing, and to the best of						
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 1-88-353-4537. 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 electronic Funds Withdrawal Consent.						
Taxpayer's PIN: check one box only						
	I lauthain GLODAY MANING THE		7	2 9	4 3	
	ERO firm name	nerate my P	Ente	r five digi	ts, but	as my
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.						
Yours	signature ► Reruka Prasad, if Dal	te ▶/	20-03	-202	22	
Spous	se's PIN: check one box only					
	I authorize GLOBAL TAXES LLC to enter or gen	nerate my P	IN 5	3 7	6 3	
_	ERO firm name	iciate my r		five digit		as my
signature on the income tax return (original or amended) I am now authorizing. don't enter all zeros						
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.						
Spous		te 🕨				
Dout	Practitioner PIN Method Returns Only—continue to	below				
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		2 7 8 Don't enter	6 1 all zeros	9 8	9
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 <i>e-file</i> Providers of Individual Income Tax Returns.						
ERO's	signature ▶ Dat	e ►				
ERO Must Retain This Form — See Instructions						
Don't Submit This Form to the IRS Unless Requested To Do So						