(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

Submis	ssion Identificati	on Number (SID)	,									
Taxpayer's name							Social security number					
RAJU DASARI							043-29-0942					
						Spouse's social security number						
SASIKALA DASARI 00.							005	-97-9275				
						(Enter	er year you are authorizing.)					
		y on lines 1 through		<u> </u>	,		, ,				<u> </u>	
		lers use line 4 only.		. and 5 blank.								
		income		•				.	1	2	54,	805.
	, 0								2			116.
			orm(s) 1099					3 38,889.				
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	•	e						+	5		2.	057.
Part		r Declaration and							of v	our re	eturi	n)
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. 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.												
	er's PIN: chec										_	
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×	i authorize _	GLOBAL TAXES	ப்பட் ERO firm name		o enter or gen	erate n	ny Pin			digits, b	ut	as my
signature on the income tax return (original or amended) I am now authorizing.									US			
	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 PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.											
Your si	gnature ►	1797			Dat	:e ▶	03/12	2/2022				
		03/12/2022										
Spous	e's PIN: check	-								П		
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ERO firm name Enter five digits, but don't enter all zeros												
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Spouse	e's signature ▶	Sey				e ►		03/12	2/2022			
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Part I	Certifica	tion and Authent	ication – Pract	itioner PIN Metl	nod Only							
ERO's	EFIN/PIN. Ente	r your six-digit EFIN	I followed by your	five-digit self-seled	cted PIN.	5 8	7 2 Don	7 8		1 9 ros	8	9
authoriz	ed to file for tax	umeric entry is my PII year indicated above itioner PIN method an	for the taxpayer(s) in	ndicated above. I co	onfirm that I am	n submit	ting this	s retui	rn in a	ccorda	nce v	
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Don't Submit This Form to the IRS Unless Requested To Do So