## **IRS** e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

l axpayer's name	ayer's name Social security number					
NOMAN ALI	842-54-7402					
Spouse's name		Spouse's soo	cial secu	irity number		
Part I Tax Return Information – Tax Year Ending December 31,	(Enter	year you a	are aut	horizing.)		
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.						
<b>1</b> Adjusted gross income			1			
<b>2</b> Total tax			2	0.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	1		
4 Amount you want refunded to you			4	1		
<b>5</b> Amount you owe			5	0.		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	t and k	eep a cop	y of y	our return)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompany for any federal taxes owed on this return and/or a payment of estimated tax, and the financial	rt I abov , transmi n for reje ze the U. ount indi	e are the am tter, or electre ction of the t S. Treasury a cated in the t	ounts fi onic ret ransmis ind its c ax prep	rom the income tax surn originator (ERO) ssion, <b>(b)</b> the reason designated Financial paration software for		

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.

## Taxpayer's PIN: check one box only

		-		EBO firm name		Er
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	-
_			-			4

4	7	4	0	2	
Ent dor	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.

Your signature

Date

## Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as my Enter five digits, but don't enter all zeros

ERO firm name 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.

Spouse's signature >	Date I					 		
Practitioner PIN Method Returns Only—contin	ie be	low						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	9	89	)

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 e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	signature Date Date								
	Notice and complete actions in structures	DEV 00/07/01 DDO	Farm 8870 (Day, 01.0001)						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/07/21 PRO

E <b>104(</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		<sup>(99)</sup> 20	20	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	write or staple	in this space.			
Filing Statu Check only one box.	lf yc	Single  Married filing jointly Checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If y	• • •			· · ·		, 0	dow(er) (QW) he qualifying			
Your first name	e and m	iddle initial	Last na	me					Your so	ocial securi	ity number			
NOMAN			ALI						842-	842-54-7402				
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social se	curity number			
		er and street). If you have a P.O. box, see T STREET	instructio	ons.			A 3	Apt. no. 3	Check	here if you				
City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de			ntly, want \$3 Checking a			
MANCHES	TER				N	Н	031	.04		low will not	•			
Foreign countr	y name		F	oreign province/st	tate/coun	ity	Foreig	n postal code	-	x or refund	0			
										You	Spouse			
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acq	uire any	financial intere	est in a	ny virtual c	urrency?	Yes	X No			
Standard Deduction		eone can claim:	•			a dependent								
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befc	ore January	2, 1956	🗌 ls b	lind			
Dependent				(2) Social sec	curity	(3) Relationsh	air	(4) ✔ if o	qualifies fo	or (see instru	uctions):			
If more		irst name Last name		number	,	to you		Child tax of	•	1	ther dependents			
than four														
dependents,														
see instruction and check	IS —													
here 🕨 🗌														
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1					
Attach	2a		2a		ЬТ	axable interes	t.		. 2k	5				
Sch. B if	3a	Qualified dividends	3a		1	Ordinary divide			31	5				
required.	4a	IRA distributions	4a		1	axable amoun			. 4k	5				
	5a	Pensions and annuities	5a		і ьт	axable amoun	t		. 5k	<b>b</b>				
Standard	6a		6a		ЬТ	axable amoun	t		. 6k	5				
Deduction for -	7	Capital gain or (loss). Attach Sched	dule D if	required. If not	reauired	. check here		🕨						
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin			•				. 8					
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a							► <u>9</u>					
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:					• •							
jointly or	a	From Schedule 1, line 22												
Qualifying widow(er),	b	Charitable contributions if you take the standard deduction. See instructions <b>10b</b>							_					
\$24,800 • Head of	c	Add lines 10a and 10b. These are					-		▶ 10	c				
household,	11	Subtract line 10c from line 9. This	,						► 11					
\$18,650 If you checked	12	Standard deduction or itemized									12,400.			
any box under	13	Qualified business income deduction		(	,						12,100.			
Standard Deduction,	14	Add lines 12 and 13									12,400.			
see instructions.	15	Taxable income.         Subtract line 14									<u>12,400.</u> 0.			
	15	Taxable moorne. Subtract fille 14			Job, Crite				. 1		1040 (1993)			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020	D)								Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3		16	0.	
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	0.	
	19	Child tax credit or credit for	other dependen	ts				19		
	20	Amount from Schedule 3, lin	ne7					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	0.	
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d		
• If you have a	26	2020 estimated tax payment		• •				26		
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)			No .	27				
If you have	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refunda	able credits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			. 🕨	• 33		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34		
noruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	ck here		<b>35</b> a		
Direct deposit?	►b	Routing number X X X				Checking	Savings	s		
See instructions.	►d	Account number X X X	X X X X	X X X X	( X X X X	XX				
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now		. 🕨	37	0.	
You Owe		Note: Schedule H and Sch	r							
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
<b>Third Party</b>		you want to allow another								
Designee						. 🕨 🗌 Yes. C	•			
		signee's me ►		Phone no.			onal ider ber (PIN)	ntification		
0:000		der penalties of perjury, I declare t	hat I have examine					'	st of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		lf t	the IRS se	ent you an Identity	
		0							PIN, enter it here	
Joint return?					STUDENT			ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			ent your spouse an	
your records.	,							Identity Protection PIN, enter it (see inst.) ►		
	Ph	one no.		Email address			,			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		SSMANIKUMARAPPANA	RVSSMANIK		ТА	02/18/2021		90332	Self-employed	
Preparer		m's name  GLOBAL TAX		ONIMICAE E AL	AT 7	02/10/2021			(646)727-7157	
Use Only		m's address > 2530 Pebb		n Cummin	CA 20041			m's EIN		
0 - t									Form <b>1040</b> (2020)	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/07/21 PR0	)		Form <b>IU4U</b> (2020)	

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