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

Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
PRADEEP POINTI	083-88-8591		
Spouse's name	Spouse's social security number		
NAGAVEENA POINTI	116-88-7954		
Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you ar	e 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			,253.
2 Total tax			,388.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,563.
4 Amount you want refunded to you			,018.
5 Amount you owe		5	\
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ction of the tra S. Treasury and cated in the tain to debit the the authorizates must be processing of ayment. I furth	unsmission, (b) the dist designated is preparation sofentry to this accordance of the control of the distribution. To revoke (control of the distribution of the distr	ne reason Financial Tiware for bunt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate n	nv PIN 8	8 5 9 1	as my
ERO firm name	Ente	er five digits, but	a.cy
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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.			
Your signature ▶ Date ▶			
Spouse's PIN: check one box only	DIN O	7 0 5 4	
▼ I authorize GLOBAL TAXES LLC to enter or generate n ■ ERO firm name ■ ERO firm name ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES LLC ■ TAXES L	, —	7 9 5 4 er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
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 8 Don't ente		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indicated IRS e-file IRS e	tting this retur	n in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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