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

	1					
Submi	ssion Identification Number (SID)					
Taxpayer's name			ty numl	per		
BHANU KUMAR GUDURU			281-19-4515			
Spouse's name			Spouse's social security number			
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Ente	r vear vou a	ro au	thorizina	1	
	whole dollars only on lines 1 through 5.	i y c ai you a	ı e au	uionzing.	<u> </u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1	15	,040.	
2	Total tax		2		264.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	,543.	
4	Amount you want refunded to you		4		,079.	
5	Amount you owe		5			
Part		keep a cop	y of y	our retu	rn)	
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transminy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the pate of the III and the financial or amended) I as the Financial Mithdeavel O acceptance.	ve are the am itter, or electrection of the t. S. Treasury a icated in the t to to debit the ethe authorizuests must be processing opayment. I fur	ounts for the conic reference in the conic reference in the conic received in the conic	from the inc turn original ssion, (b) the designated paration soft to this accor- fo revoke (ved no late ectronic paratiches	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 syment of that the	
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
X	•	my PIN 9	4 5	5 1 5	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	ao my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Your s	gnature ▶ Date ▶ _					
Snous	e's PIN: check one box only					
Ороцо	I authorize to enter or generate	my PIN			as my	
	ERO firm name		ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	1				
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. 5 8	7 2 7	8 6	1 9 8	9	
		Don't ent	er all ze	#10S		
authoriz	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 subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	nitting this retu	urn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	Do So				