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

- Internal ne	vertue Service							
Submis	sion Identification Number (SID)							
Taxpayer's name				Social security number				
VIKRAM REDDY ADELLI			677-80-0507					
Spouse's name			Spouse's social security number					
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Part	·	year you a	are au	horiz	ing.)			
	hole dollars only on lines 1 through 5. orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income		1		32	109.		
	Fotal tax		2			$\frac{100.}{114.}$		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			747.		
	Amount you want refunded to you		4			033.		
	Amount you owe		5			033.		
Part I			y of y	our r	eturr	n)		
my know return (o to send for any o Agent to payment authoriza payment business taxes to personal	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) vledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectely 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 indicof my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation 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 requited agree of the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the production number (PIN) below is my signature for the income tax return (original or amended) I are Funds Withdrawal Consent.	e are the am tter, or electr ction of the t S. Treasury a cated in the t in to debit the the authoriz ests must b processing of ayment. I fur	ounts fonic reformansmission its control ax prepartion. The receive of the elements of the acceptance	rom the curn original content or the content or this content or the content or th	e inco ginato b) the ated Fin softwaccount oke (ca o later c payredge the	me tax r (ERO) reason nancial vare for nt. This ncel) a than 2 ment of hat the		
	er's PIN: check one box only				\neg			
X	I authorize GLOBAL TAXES LLC to enter or generate r	DINI 0	0 5	5 0	7	as my		
	Signature on the income tax return (original or amended) I am now authorizing.	ř Er	ter five n't ente		out	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.							
Your sig	gnature ▶ Date ▶							
Snouse	e's PIN: check one box only							
	I authorize to enter or generate r	ny PINI				as my		
	ERO firm name		ter five	digits, l		uo iiiy		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zei	os			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not 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 II	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 en						
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	ccorda	anće v			
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To D	o So						