## 8879 **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		
GOBENATH MUTHU SAMY RAJESWARI	382-33-4505		
Spouse's name	Spouse's social security number		
ROHINI GOPINATH	106-53-2846		
Part I Tax Return Information — Tax Year Ending December 31, 2021 (Ente	r 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.	3		
1 Adjusted gross income	1		374.
2 Total tax		3	,200.
4 Amount you want refunded to you		4	625.
5 Amount you owe	,	5	925.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and			ırn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication 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 at 1-888-353-4537. Payment cancellation requirements between the U.S. Treasury Financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.	re are the amo itter, or electro cetion of the tra- s. Treasury an icated in the ta- on to debit the e the authorizar uests must be processing of payment. I furth	unts from the in- nic return original ansmission, (b) to dist designated x preparation so entry to this acception. To revoke received no late the electronic paper acknowledge	acome tax ator (ERO) he reason I Financial ftware for ount. This (cancel) a er than 2 ayment of that the
personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	m now authoriz	ring and, if appli	cable, my
Taxpayer's PIN: check one box only	3	4 5 0 5	SECTION WATERCON
X I authorize GLOBAL TAXES LLC to enter or generate	Ente	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶ ○3 3 1 2022			
Spouse's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	Ente	2 8 4 6 er five digits, but 't enter all zeros	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 n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Spaulacia signatura Data	03-31-	2022	
Spouse's signature ► Practitioner PIN Method Returns Only—continue below			NATIONAL PROPERTY OF THE PROPE
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		3 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	ax return (origin litting this retur	al or amended) 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			