Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name Social security number YOGENDRAKUMAR B PATEL 153-91-3441 Spouse's name Spouse's social security number 339-47-4275 NIHARIKABEN PATEL Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. Adjusted gross income 1 142,968. 1 2 2 15,142. 3 3 15,316. 4 4 Amount you want refunded to you 174. 5 Amount you owe 5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This 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.

Taxpay	er's PIN: che	eck one box only					1 3		1 1	
\times	I authorize	GLOBAL TAXES LI	LC	to enter or g	enerate	e my PIN		4	4 1	as my
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	signature or	n the income tax return	(original or amended) I am now a	authorizing.						
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	below.	0.6/28								
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signature on the income tax return (original or amended) I am now authorizing.							don't	enter a	II zeros	
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Spouse'	s signature	Matto-		C	Date Þ	March 20tl	n, 2023			
		Practit	tioner PIN Method Returns O	nly—continue	e belov	N				
Part III	Certific	ation and Authentic	cation – Practitioner PIN M	ethod Only						
ERO's E	EFIN/PIN. En	ter your six-digit EFIN f	followed by your five-digit self-se	elected PIN.	2 2	2 2 4	96	6 1	. 9 8	8 9
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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 >	Date 🕨						
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Demonstrale Deduction Act Nation		DEV 00/00/00 DD0	Form 8870 (Day, 01.0001)				