## 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 (SIE	0)			
Taxpayer's name		Social security number		
PAVAN KUMAR DEVALAPALLY			044-13-5655	
Spouse's name			Spouse's social security number	
Part 1 Tax Return Informatio	n — Tax Year Ending Decembe			
Enter whole dollars only on lines 1 thro	m — Tax Year Ending Decembe	r 31, 2022 (Enter	year you are	authorizing.)
Note: Form 1040-SS filers use line 4 o	unly Leave lines 1 2 2 15 Lines			
1 Adjusted gross income	mily. Leave lines 1, 2, 3, and 5 blank.		1	
2 Total tax				1 82,467.
3 Federal income tax withheld fro	m Form(s) W-2 and Form(s) 1099 .			2 11,916.
4 Amount you want refunded to y	/OU			3 10,757.
4 Amount you want refunded to you 5 Amount you owe				
Part II Taxpayer Declaration	and Signature Authorization (B	e sure you get and ke	en a conv	5 1,159.
Under penalties of perjury, I declare that I h my knowledge and belief, it is true, correct return (original or amended) I am now authout o send my return to the IRS and to receive for any delay in processing the return or reagent to initiate an ACH electronic funds we payment of my federal taxes owed on this authorization is to remain in full force and payment. I must contact the U.S. Treasubusiness days prior to the payment (settler taxes to receive confidential information in personal identification number (PIN) below Electronic Funds Withdrawal Consent.	orizing. I consent to allow my intermediat to orizing. I consent to allow my intermediat e from the IRS (a) an acknowledgement of fund, and (c) the date of any refund. If apyrithdrawal (direct debit) entry to the financeturn and/or a payment of estimated tax effect until I notify the U.S. Treasury Firry Financial Agent at 1-888-353-4537. Iment) date. I also authorize the financial processary to answer incurrence and cook	he amounts in Part I above e service provider, transmit if receipt or reason for reject plicable, I authorize the U.S. cal institution account indic and the financial institution ancial Agent to terminate payment cancellation requensitutions involved in the pro-	ter, or electronication of the trans. Treasury and ated in the tax in to debit the enthe authorization of the correcessing of the trans.	nts from the income tax ic return originator (ERO) ismission. (b) the reason its designated Financial preparation software for ntry to this account. This on. To revoke (cancel) a eceived no later than 2 are electronic payment of
ciectionic runds withdrawai Consent.				
Taxpayer's PIN: check one box only			3 5	5 6 5 5
X lauthorize GLOBAL TAXE	ERO firm name	to enter or generate m	y PIN Enter	five digits, but as my
signature on the income tax r	eturn (original or amended) I am now	authorizing.	don't	enter all zeros
I will enter my PIN as my sign if you are entering your own below.	nature on the income tax return (origi PIN and your return is filed using the	nal or amended) I am no e Practitioner PIN metho	d. The ERO r	nust complete Part III
Your signature > Pav e	<b>土</b>	Date ▶	02/23/	2022
Spouse's PIN: check one box only				
authorize		to anter an acceptance	DIAL T	
	ERO firm name eturn (original or amended) I am now	to enter or generate m	Enter	five digits, but enter all zeros
I will enter my PIN as my sign	nature on the income tax return (original PIN and your return is filed using the	nal or amended) I am no	w authorizing d. The ERO r	. Check this box <b>only</b> nust complete Part III
Spouse's signature ►		Date ►		
Pr	ractitioner PIN Method Returns O	nly—continue below		
Part III Certification and Auth	entication — Practitioner PIN N	lethod Only		
ERO's EFIN/PIN. Enter your six-digit E	EFIN followed by your five-digit self-s	elected PIN. 2 2	2 4 9 6 Don't enter	6 1 9 8 9 all zeros
certify that the above numeric entry is my authorized to file for tax year indicated ab- equirements of the Practitioner PIN method	ove for the taxpayer(s) indicated above.	Confirm that I am submit	ting this return	in appardance with the
ERO's signature ►		Date ▶		
ERO Must Retain This Form — See Instructions				
Don't Submit This Form to the IRS Unless Requested To Do So				