

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.

Submission Identification Number (SID)

Taxpayer's na	ame	Social secur	Social security number									
SHARAT	H GOPALAKRISHNA	698-10-4424 Spouse's social security number										
Spouse's nam	16											
	I MURALIDHARA NAGA	935-96-7280										
Part I	Tax Return Information - Tax Year Ending December 31, 2022 (Enter	year you	are authorizing.)									
Enter whole	e dollars only on lines 1 through 5.											
Note: Form	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.											
1 Adju	usted gross income		1 25,269.									
2 Tota	al tax		2 0.									
3 Fed	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3 2,827.									
4 Amo	bunt you want refunded to you		4 4,327.									
	punt vou 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.

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Part II	Certific	ation and											Sec. 10							
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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 Paperwork Reduction Act Notice, see your tax return	instructions. BAA	REV 02/17/23 PRO	Form 8879 (Rev. 01-2021)					

BAA