## 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

THE PERSON	Ivenue Service		to to www.ma.gov.vo.moc.c.c.				
Submis	sion Identifica	tion Number (SID)					
Taxpayer's name					Social security number		
ABHISHEK SRIVASTAV					693-05-5861		
Spouse's name					Spouse's social security number		
PREE					641-84		
Part I	Tax Re	um Information —	Tax Year Ending December	er 31, 2022 (Enter	year you a	re authorizing	1.)
Enter w	hole dollars o	nly on lines 1 through	5.				
Note: F	orm 1040-SS	filers use line 4 only. I	eave lines 1, 2, 3, and 5 blank.				
							6,871.
2	Total tax .						9,762.
			rm(s) W-2 and Form(s) 1099 .				1,186.
						5	1,424.
	Amount you o	We	Signature Authorization (E	le cure you get and b	een a con		uml
Part II			xamined a copy of the income tax				
return (or to send r for any d Agent to payment authoriza payment, business taxes to personal	riginal or ameno my return to the elay in process initiate an ACI- of my federal to tion is to rema . I must contain days prior to to receive confid	led) I am now authorizing IRS and to receive from ing the return or refund, electronic funds withdre axes owed on this return in in full force and effect the U.S. Treasury Fin he payment (settlement) ential information necessi umber (PIN) below is my	d complete. I further declare that it g. I consent to allow my intermedia in the IRS (a) an acknowledgement and (c) the date of any refund. If a awal (direct debit) entry to the finant and/or a payment of estimated tax it until I notify the U.S. Treasury Flancial Agent at 1-888-353-4537. date. I also authorize the financial sary to answer inquiries and resolutions and resolutions and resolutions.	te service provider, transmon of receipt or reason for reje pplicable, I authorize the U. cial institution account indi c, and the financial institution inancial Agent to terminate Payment cancellation requirestrutions involved in the tye issues related to the D.	tter, or electro ction of the tr S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of avment. I furti	nic return origin ansmission, (b) that its designated ax preparation so entry to this accution. To revoke a received no late the electronic pher acknowledg	ator (EHO) the reason d Financial oftware for count. This (cancel) a ter than 2 asyment of the that the
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		E	RO firm name	_	Ent	er five digits, but n't enter all zeros	
			(original or amended) I am now				
	I will enter m if you are en below.	y PIN as my signature tering your own PIN a	on the income tax return (orig and your return is filed using the	e Practitioner PIN metho	d. The ERO	must comple	te Part III
Your sig	nature ►	Mr.		Date ▶	04/0	2/202	
	- DIM - L I	<i>y</i>					
•	I authorize		RO firm name	_ to enter or generate r	Ent	9 7 7 0 er five digits, but	as my
_			(original or amended) I am now on the income tax return (orig		w authorizin	og Chook this	hov only
П	if you are en below.	tering your own PIN a	and your return is filed using th	e Practitioner PIN metho	od. The ERO	must complet	te Part III
		- Just		2.1.5	24/	02/20	23
Spouse's	s signature >	Proofile	tioner PIN Method Returns (	Date Date	011	0 - 1 -	
Dont III	Contifica		cation — Practitioner PIN				
Part III							$\overline{}$
ERO's E	FIN/PIN. Ent	er your six-digit EFIN t	followed by your five-digit self-	selected PIN. 2 2	Don't ente	6 6 1 9 s	8 9
authorized	to file for tax	vear indicated above to	which is my signature for the elec- or the taxpayer(s) indicated above. <b>Pub. 1345,</b> Handbook for Authorize	I confirm that I am submi	tting this retu	rn in accordanc	I am now e with the
ERO's si	gnature ▶			Date ▶			
		ERC	Must Retain This Form -				
			it This Form to the IRS Un		o So		