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 (SID)				
Taxpayer's name	Social security number			
SUDHEER ADHA	210-82-6039			
Spouse's name	Spouse's social security number			
SUMAN RAVULAPELLI	182-84			
	er year you are	authorizi	ng.)	
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.		1 . 1		
1 Adjusted gross income			19	92,733
2 Total tax				26,948
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				13,067
4 Amount you want refunded to you				
5 Amount you owe		5		12,070
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend				
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the paypersonal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	ne U.S. Treasury a dicated in the tax p ion to debit the ent the authorization. uests must be rece e processing of the ment. I further ack	and its design preparation s ry to this acc To revoke (eived no late e electronic nowledge th	nated Fin software for count. This cancel) a er than 2 payment on the	ancial or s
Taxpayer's PIN: check one box only				
X I authorize SPLASHWISE GLOBAL SOLUTIONS LLC to enter or gener	rate my PIN	86479		as my
ERO firm name Enter			gits, but III zeros	,
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.		•		-
our signature ▶ Date ▶				
Spouse's PIN: check one box only				
X I authorize SPLASHWISE GLOBAL SOLUTIONS LLC to enter or gen ERO firm name	-	5026 Enter five dig		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 a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.		•		•
Spouse's signature ▶ Date	e ►			
Practitioner PIN Method Returns Only - continue be	elow			
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.	367279-65	780		
		enter all zer	os	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provider	ting this return in a	ccordance v	with the	
ERO's signature ► SAGAR SREERAMOJU Date	e ▶ 04-12	-2022		
ERO Must Retain This Form - See Instructions				
Don't Submit This Form to the IRS Unless Requested T	o Do So			