(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		
PRASHANTH KUMAR GANNARAPU	652-94-8576		
Spouse's name	Spouse's social security number		
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Ent	ter vear vou	are authori	zina.)
Enter whole dollars only on lines 1 through 5.	<u>, , , , , , , , , , , , , , , , , , , </u>		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1	32,924.
2 Total tax		2	2,192.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,731.
4 Amount you want refunded to you		4	2,539.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a co	py of your	return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for the return or return and (c) the date of any return. 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 instituauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-88-35-4537. Payment cancellation in business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds (Withdrawal Carport).	smitter, or electrejection of the U.S. Treasun ndicated in the ution to debit the authorequests must the processing payment. It	ctronic return ce transmission, y and its design e tax preparatifiche entry to this rization. To resibe received re of the electro further acknow	originator (ERO), (b) the reason nated Financial on software for s account. This woke (cancel) a no later than 2 nic payment of wledge that the
Electronic Funds Withdrawal Consent.		-1-1-1-	
Taxpayer's PIN: check one box only	L DINI	4 8 5 7	6
X lauthorize GLOBAL TAXES LLC to enter or general		Enter five digits	
signature on the income tax return (original or amended) I am now authorizing.		don't enter all z	eros
if you are entering your own PIN and your return is filed using the Practitioner PIN me below. Your signature ▶	ethod. The E	RO must con	nplete Part III
Your signature ▶ Date ▶	04	17)282	
Spouse's PIN: check one box only	_		
I authorize to enter or general 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 am		Enter five digits don't enter all z	eros
if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belo	W		
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.	2 2 4 9 Don't	6 6 1	9 8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	bmitting this r	etum in accor	dance with the
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions	D- C-	S. S. S. S. States	II IS NOT VALUE AND TO