(Rev. January 2021)

Department of the Treasury

## 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

| internal Revenue Service  |  |
|---|--|
| Submission Identification Number (SID)  |  |
| Taxpayer's name   | Social security number                     |
| NAVEEN KUMAR GONUGUNTLA   | 830-70-7613                                |
| Spouse's name   | Spouse's social security number            |
| RAMYA SURE  | 844-68-7627                                |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ex   | nter year you are authorizing.)            |
| 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 Adjusted gross income   |  |
| 2 Total tax   | <b>2</b> 19,146.                           |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099   | <b>3</b> 24,895.                           |
| 4 Amount you want refunded to you   | <b>4</b> 5,749.                            |
| 5 Amount you owe  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an  | nd keep a copy of your return)             |
| 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.  |  |
| Taxpayer's PIN: check one box only  | 0 7 6 1 3                                  |
| ▼ I authorize GLOBAL TAXES LLC to enter or general  To enter or gen | ate my PIN Enter five digits, but          |
| ERO firm name   | don't enter all zeros                      |
| 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 now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.   |  |
| Your signature ▶  | 02/06/2024                                 |
| Tour signatures   |  |
| Spouse's PIN: check one box only  |  |
| X   Lauthorize   GLOBAL TAXES   LLC   to enter or general   | ate my PIN   8   7   6   2   7   as my     |
| ERO firm name   | Enter five digits, but                     |
| signature on the income tax return (original or amended) I am now authorizing.  | don't enter all zeros                      |
| I will enter my PIN as my signature on the income tax return (original or amended) I ai if you are entering your own PIN and your return is filed using the Practitioner PIN m below.   |  |
| Spouse's signature ► 5. Ramya Date I  Practitioner PIN Method Returns Only—continue bel   | 02/06/2027                                 |
| Practitioner PIN Method Returns Only—continue below   |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.   | 2 2 4 9 6 0 8 2 7 1  Don't enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  |  |
| EDOIs signature b   | _  |
| ERO's signature ▶ Date I  |  |
| ERO Must Retain This Form — See Instructions  |  |