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

	1.07.01.00					
Submi	ssion Identification Number (SID)					
Taxpayer's name			Social security number			
SHIVA JYOTHI MIDUTHURI			678-97-1829			
Spouse's name			Spouse's social security number			
Dort	Toy Detuye Information Toy Very Ending December 21 0000 (Enter			thorizing	<u> </u>	
Part	, ,	year you a	ire au	tnorizing.)	
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	105	,364.	
2	Total tax		2		,443.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		, 870.	
4	Amount you want refunded to you		4		, 427.	
	Amount you owe		5		, 12 / •	
Part		eep a cop	y of y	our retu	rn)	
my knoreturn (eto send for any Agent to paymer authorize paymer business taxes to personal Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provides in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution tation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle of the payment (settlement) date. I also authorize the financial institutions involved in the particle of the payment (PIN) below is my signature for the income tax return (original or amended) I arnic Funds Withdrawal Consent. Set PIN: check one box only	e are the am tter, or electr ction of the t S. Treasury a cated in the t n to debit the the authoriz ests must b processing o ayment. I fur n now author	ounts for our ounts for our ounts for our our our our our our our our our o	from the inc turn origina ssion, (b) the designated paration sof to this acco To revoke (ved no late ectronic packnowledge and, if applice	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the	
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X	I authorize GLOBAL TAXES LLC to enter or generate r	ř Er		digits, but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only					
	I authorize to enter or generate r	ny PIN			as my	
	ERO firm name	_	ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 1 2	4 5 6	3 0	8 2 7	1	
		Don't en	er all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this ret	urn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				