

IRS e-file Signature Authorization

- ▶ ERO must update and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SIN) ▶

Taxpayer's name

RAJASRIHAN GOLLA

Social security number

618-83-2715

Spouse's name

GANDRAVESHA B GOLLA

Spouse's social security number

191-27-9852

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SG filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	26,1
2	Total tax	2	3,2
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you were refunded to you	4	
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the date of 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 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) payment, I must contact the U.S. Treasury Financial Agent at 1-888-333-4537. Payment cancellation requests must be received no later than 15 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments 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, Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 33715 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

02/14/2024

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 33652 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

02/14/2024

Practitioner PIN Method Returns Only—continue below

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.

3	2	2	4	0	6	0	8	2	7	1
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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 authorized to file for the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So