(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

IIILEIIIAI	nevertue Service							_	
Submi	ssion Identification Number (SID)								
Taxpayer's name Social secu				urity nun	rity number				
NIVEDAN SURESH 684-8			84-0541						
Spouse's name Spouse's so			ocial se	ocial security number					
			7-3005						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er yea	r you	are a	utho	rizing.	.)		
	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	Adjusted gross income						,942.	_	
2	Total tax			_			732.	_	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099						,612.		
4	Amount you want refunded to you				-	9	,880.	_	
5 Part	Amount you owe			5	<u> </u>	r rotu	ırn)	_	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende							_	
to send for any Agent to payment authori payment business taxes to person	original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the orinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) I nic Funds Withdrawal Consent.	ejection U.S. Tradicated tion to date the quests ne proce payme	of the easury I in the debit to author must essing ent. I f	e transmand its and its at any or and its at any or	designation design	n, <b>(b)</b> the gnated tion so his according to the late onic party when the late on the l	he reason Financia ftware for bunt. This (cancel) er than a ayment of that the	n al or a of e	
	yer's PIN: check one box only		Г						
X		a mv P	ını L	4 0	5 4	4   1	as my	,	
	ERO firm name	5 IIIy I		Enter fiv			asiny		
	signature on the income tax return (original or amended) I am now authorizing.		,	uon t en	ter an	26105			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.								
Your s	ignature ▶ Date ▶								
Spous	se's PIN: check one box only		_						
I authorize GLOBAL TAXES LLC to enter or generate my PIN 7					0 0	)   5	as my	,	
	ERO firm name	<b>,</b> .		Enter fiv		$\rightarrow$	,		
	signature on the income tax return (original or amended) I am now authorizing.		•	don't en	ter all	zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.								
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue belo	w						-	
Part	Certification and Authentication — Practitioner PIN Method Only								
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4	5 6	3 3	1	9 8	3 9		
LNO	ETHYPHY. Effet your six-digit of hy followed by your inve-digit sen-selected inv.			enter all			, , ,		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income 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 <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	mitting	this r	eturn in	acco	rdanće			
ERO's	signature ▶ Date ▶								
	FRO Must Retain This Form — See Instructions							-	

Don't Submit This Form to the IRS Unless Requested To Do So