## 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

| Submission Identification Number (SID)   |   | 1900  |  |   |
|--|---|---|--|---|
| Taxpayer's name  | Social security   | Social security number                            |  |   |
| RAMAKISHAN DARISI  | 688-27-   | 688-27-1326                                       |  |   |
| Spouse's name  | Spouse's soci   | Spouse's social security number                   |  |   |
| RAJITHA YALAVARTHI   | 377-37-7834   |   |  |   |
|  | er year you a   | re aut  | horizing.)   |   |
| 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  |   | 1   |  |   |
| 1 Adjusted gross income  |   | 1   | 173,   |   |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |   | 3   |  | 631.  |
| 4 Amount you want refunded to you  |   | 4   |  | 626.  |
| 5 Amount you owe   |   | 5   | 4,   | 995.  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and  | keep a copy   | v of v  | our return   | 1)  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab 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 no for any delay in processing the return or refund, and (c) the date of any refund. 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 institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the 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) I | ove are the amomitter, or electroniter, or electronication of the trace. Treasury ardicated in the tation to debit the authorizate the authorizate e processing of payment. I furtioned | ounts from an | om the inco um originator sion, (b) the lesignated Fi aration softw o this account o revoke (ca red no later ectronic paym expowledge ti | rne tax<br>r (ERO)<br>reason<br>nancial<br>vare for<br>nt. This<br>ncel) a<br>than 2<br>nent of |
| Electronic Funds Withdrawal Consent.   |   | •   |  | ,,  |
| Taxpayer's PIN: check one box only   | 7   | 1 3   | 26   |   |
| X I authorize GLOBAL TAXES LLC to enter or generate  | my PIN Ent  | or five   | figits, but  | as my   |
| 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.   | now authorizin  | na. Ch  | eck this bo  | x <b>only</b><br>Part III   |
| Your signature ► Kallis Lay 5  | 07/10   | 10.   | 24   |   |
| Spouse's PIN: check one box only   | _   |   |  |   |
| I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.   | Ent   |   | 3 4 a  | as my   |
| 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 and your return is filed using the Practitioner PIN met below.  | now authorizing thod. The ERO   | ng. Ch<br>must                                    | eck this bo<br>complete i  | x <b>only</b><br>Part III   |
| Spouse's signature ▶ Kacika Jalana His Date ▶  | 02/16   | 20  | 24   |   |
| Practitioner PIN Method Returns Only—continue below  | N   |   |  |   |
|  | ттт   | П   | ПП   | $\neg$  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2   | Don't ente  | 6 6 er all zer                                    | 1 9 8<br>ros   | 9   |
| I certify that the above numeric entry is rmy 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 sub requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of  | mitting this retu   | m in a  | ccordance w  | m now<br>ith the  |
| ERO's signature ▶ Date ▶   |   |   |  |   |
| ERO Must Retain This Form — See Instructions   |   |   |  |   |
| Don't Submit This Form to the IRS Unless Requested To Do So  |   |   |  |   |