Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)

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

2023

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Taxpayer's name	Social security number				
VENKATA HARI K GUNDA 394-87-0925		925			
Spouse's social security seems social security spouse seems seems social security spouse seems see		security numb	er		
VETHA PRIYA GUNDA 701-81-3829					
	ar you are a	uthorizing	g.)		
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 - 1			
1 Adjusted gross income		1	213,910		
2 Total tax		2	37,935		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	25,870		
5 Amount you owe		5	8,935		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keen a con		return)		
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 retum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) 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 Refund will be deposited to: RTN=021200339 R					
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 signature ►		nust comple	•		
Spouse's PIN: check one box only					
I authorize SNP Tax & Financials ERO firm name 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	Eni doi w authorizing		nis box only		
CVV Hari Kirbara	0-4-1	F 2024			
Spouse's signature P Date P	Oct-1	5-2024			
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.	6525–1234 Don't en	5 ter all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	s return in acco	ordance with	n the		
ERO's signature ▶ Date ▶	10-14-2	024			
ERO Must Retain This Form - See Instructions					
Don't Submit This Form to the IRS Unless Requested To Do So					

Account Transaction Summary Name(s) as shown on return VEERA VENKATA HARI K & SWETHA PRIYA GUNDA XXX-XX-0925

Account #1

Financial Institution BANK OF AMERICA

Routing Transit Number 021200339
Account Number 381034375530
Account Type checking

Federal Main Form Federal Deposit

8,935

Net Deposit 8,935

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize $SNP\ Tax\ \&\ Financials$ to use this account.

G.V.V.Hari Kishore	Oct-15-2024		
Your Signature	Date	Spouse's Signature (If Married Filing Jointly)	Date