

# IRS e-file Signature Authorization

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name

**ANUSHA KONCHADA**

Social security number

**181 31 8586**

Spouse's name

Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2020** (Enter year you are authorizing.)

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	104,711.
2	Total tax	2	16,238.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,251.
4	Amount you want refunded to you	4	13.
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 (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**

☒ I authorize **DELOITTE TAX SERVICES INDIA PVT. LT** to enter or generate my PIN **6 8 5 8 6** as my  
ERO firm name  
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 **only** 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 ► \_\_\_\_\_

**Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.  
**Enter five digits, but don't enter all zeros**

☐ will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** 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 ► \_\_\_\_\_

**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.

**9 8 0 8 6 9 5 7 8 7 7**

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

ERO's signature ► **MAHESH DALAVAI** Date ► **03/30/2021**

ERO MUST RETAIN THIS FORM.  
**DO NOT SUBMIT THIS FORM** TO  
GEORGIA DEPARTMENT OF REVENUE  
UNLESS REQUESTED TO DO SO.

IRS DCN OR SUBMISSION ID

[illegible]☐ Amended Return

First Name and Initial <b>ANUSHA</b>	Last Name <b>KONCHADA</b>	Social Security Number <b>181-31-8586</b>
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home Address (number and street) <b>9272 DEERCROSS PARKWAY</b>	Apt Number <b>2D</b>	Daytime Telephone Number
City, Town or Post Office <b>BLUEASH</b>	State <b>OH</b>	ZIP Code <b>45236</b>

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	104,711
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	6,520
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)	3.	208
4. Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 20)	4.	
5. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21)	5.	195

### DECLARATION OF TAXPAYER(S)

<p><b>SIGN HERE</b></p> <hr/> <p><b>TAXPAYER'S SIGNATURE</b></p> <p><u>ANUSHA KONCHADA</u></p> <p><b>PRINT NAME</b></p>	<p><b>SPOUSE'S SIGNATURE</b> (if joint return, both must sign)</p> <hr/> <p><b>EMAIL ADDRESS</b></p>
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## DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

ERO's Use Only	ERO's Signature <b>MAHESH DALAVAI</b>	Date <b>03/30/21</b>
	Firm's Name <b>DELOITTE TAX SERVICES INDIA PVT. LTD</b>	Check also if paid preparer <input checked="" type="checkbox"/>
	Address <b>DELOITTE TOWERS, SURVEY #41, GACHIBOWL</b>	FEIN/PTIN <b>98-0432569</b>
	City, State, & ZIP Code <b>HYDERABAD 500032 INDIA</b>	SSN/TIN <b>P01617877</b>

<b>Paid Preparer's Use Only</b>	<b>Paid Preparer's Signature</b> _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	City, State, & ZIP Code _____	

## KEEP A COPY WITH YOUR RECORDS