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)
Taxpayer's name Social security number
MANINDER SINGH 770-37-7756
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
2 Total tax
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099
4 Amount you want refunded to you
5 Amount you owe
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
refurn (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
Amount owed will be debited from: RTN:081904808 DAN:291021580965 X authorize SUPERIOR TAX Linear to enter or generate my PIN 17034 as my ERO firm name 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 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 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. 951470-91306 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 ► BALVINDER SINGH Date ► 03-23-2021
ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

	Illinois Department of Reven	ue							L						
	2020 IL-8453 Illinois Indiv	/idu:	al Incom	ne Tax	Flect	Submiss		a F)ocls	ratic	'n				
	(Do not mail Form IL-8453 to the Illin	nois D	epartment	of Reve	nue uni	ess it is r	reque	sted	for re	view \	/ 11				
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Step	1: Provide taxpayer information														
1	MANINDER SINGH							770-37-7756							
1 11111	rst name and middle initial Spouse's first name	-	Social Security number												
or type	062 PEACH TREE LANE														
N	ailing address							Spou	se's Socia	al Security	number	8			
<u> 7</u>	lgonquin, IL 60102							63	0-64	14-27	797				
	ty	State		ZII	9			Dayti	Daytime phone number						
	2: Complete information from tax re	turn											10		
•	income from Form IL-1040, Line 11								1_		2	0,7	18 00		
_	from Form IL-1040, Line 14								2			1,0	26 00		
	ois Income Tax withheld from Form IL-1040, Line 25	only (enter "0" if no	ne)					3_				0 00		
<u></u>	erpayment from Form IL-1040, Line 35								4_				00		
^	al amount due from Form IL-1040, Line 39								5_			1,0	26 00		
O FIIII	ng status: X Single Married filing jointly	y	_ Married filing	g separate	ly	Widowed		Head	l of hous	sehold					
Sten	3: Complete direct deposit of refund	loro	aatrania f	undo u	4b due		4! .	(0	4:						
does no	ate a payment or refund transaction, the informal support international ACH transactions. IDOR will describe the control of th	ation ir	tnis Step mi form direct tre	ust be incl	uded with	nin the elec	ctronic	trans	mission	ı. Illinois					
within th	e United States or those not funded by internation	of funds	iorm direct tra	nsactions (e.g., debit,	, aeposit) wi	ith finan	icial in:	stitutions	s located					
	iting no. (RN): 081904808	ai iuiius	. Liectronic p	ayments w	iii not be a	accepted an	ia retur	ias Wil	i be via	paper ci	песк.				
	ount no. (AN): 291021580965														
_	e of account: X Checking Savings														
	e the payment is to be electronically withdrawn:	04-	12-202	1											
	etronic funds withdrawal amount:		26 00												
12 Nar	ne on account: MANINDER SINGH														
					-										
Step	: Taxpayer declaration and signatu	re (Si	gn only af	ter com	pleting	Step 2 a	and, i	f app	plicab	le, Ste	р3.)			
	I consent that my refund may be directly deposite	d aa da	nimmate d in Ct	0 1											
Ш	I consent that my refund may be directly deposited correct. If I have filed a joint return, this is an irrev	ocable	appointment o	ep 3 and d of the other	eciare the spouse a	informations an agent	n on Lin to rece	ies / ti	hrough ! e refund	9 is					
	Lauthorize the Illinois Department of Revenue (ID)	OP) an	d ite decianate	d financia	agent to	initiata an A	CULT	-4:	- £						
X	withdrawal as designated in the electronic portion involved in the processing of an electronic overparate of the processing of the electronic overparate overparate of the electronic overparate ove	of my 2	020 Illinois In	dividual Ind	come Tax	return. I aut	thorize	the fin	ancial ir	nstitution	S				
	and resolve issues related to the payment.							to ans	swer inc	luiries					
	I do not want direct deposit of my refund, or an ele	ectronic	funds withdra	wal (direct	debit) of r	ny balance	due.								
originate	enalties of perjury, I declare the information on my r (ERO) are identical. To the best of my knowledge	electro	nic Form IL-1(040 and the	e informati	ion I provide	ed to m	y elec	tronic re	eturn Solorotia	_				
and acc	ompanying information may be sent to IDOR by my	y ERO.	I authorize ID	OR to info	m my ER	O and/or th	e trans	mitter	when m	ov return	has				
been ac	cepted or rejected. If rejected, I authorize IDOR to	identify	the reason(s)	so the ret	urn may b	e corrected	and re	transn	nitted if	possible					
Sign	\sim														
here	Your signature		Date		Convenie				Julia Japanes						
11010	J. Car. Olginaturo		Date		Spouse's s	signature (if joir	nt return,	potn mi	ust sign)			Date			
Step !	: Electronic return originator (ERO)	and	naid nren:	arer dec	laratio	n and cir	anatu	ıro							
	that I have examined this taxpayer's electronic Fo								مكسا بدنداد						
nave fol	owed all requirements of this program and declare	, under	penalties of p	erjury, that	to the be	st of my kno	owledae	mpany e the t	/ing into axpaver	rmation. 's return	i I				
and acc	ompanying information are true, correct, and comp	lete.				,									
				0	3-23-	2021	Che	ck if pa	aid prepar	er:	X	(See i	nstructions		
	ERO's signature			Date				•							
ERO	SUPERIOR TAX		, Selling and			40,000	PO	123	1935	6					
use	Firm's name or your name if self-employed						_	r PTIN							
only	7665 WINNETKA AVE														
,	Mailing address						Federal employer identification no. (FEIN)								
	Winnetka, CA 91306						81	8-7	701-	5196					
	City	State		ZIP			Day	time pho	one numbe	er					

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

<u>Do not mail</u> Form IL-8453 and these documents unless requested for review.