

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- Return completed Form 8879 to your ERO. (Don't send to the IRS.)
► Go to www.irs.gov/Form8879 for the latest information.

2018Submission Identification Number (SID) 

Taxpayer's name

MOHAMED IBRAHIM MOHAMED ABDUL KADAR

Social security number

795-39-0635

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	26,663
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	1,571
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	3,643
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,072
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

RTN=322271627 Acct=919923586

☒ I authorize ADVANTAGE ONE TAX CONSULTING to enter or generate my PIN 48256

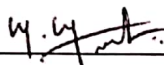
ERO firm name

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. 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 ► 04-07-2019

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____

ERO firm name

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. 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.

540893-36506

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return 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 ►

Date ► 04-07-2019**ERO Must Retain This Form - See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return Instructions.

Form 8879 (2018)

EEA

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 3/6/15)

3299

Please print or type.	Your first name and initial MOHAMED IBRAHIM MOHAMED ABDUL KADAR		Last name MOHAMED IBRAHIM MOHAMED ABDUL KADAR		Your social security number 795-39-0635	
	If joint return, spouse's first name and initial		Last name, if different		Spouse's social security number	
	Home address (number and street, apt. number or RR) 1409 ROPER MOUNTAIN ROAD APT 531		Daytime telephone # 864-345-9595		Tax Year 2018	
	City, town or post office, state and ZIP code GREENVILLE, SC 29615					

Part I	Tax Return Information (Whole dollars only)					
1. Federal taxable income (SC1040, line 1)	1	14,663	00	DO NOT MAIL		
2. Net SC tax (SC1040, line 15)	2	403	00			
3. Use Tax	3		00			
4. Total Tax	4	403	00			
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	1,495	00			
6. Tuition Tax Credit (SC1040, line 21)	6		00			
7. Refund (SC1040, line 30)	7	1,092	00			
8. Amount you owe (SC1040, line 34)	8		00			

Part II	Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)					
STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Routing transit number (RTN)		3 2 2 2 7 1 6 2 7		The first two numbers of the RTN must be 01 through 12 or 21 through 32.	
	10. Bank account number (BAN)		9 1 9 9 2 3 5 8 6			
	11. Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings					
	12. Withdrawal Date		Withdrawal Amount \$			

Part III	Declaration of Taxpayer (Sign only after Part I is completed.)					
13. <input checked="" type="checkbox"/> a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.						
<input type="checkbox"/> b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.						

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

Sign Here *[Signature]* 04-07-2019 _____
Your signature Date Spouse's signature (If joint, BOTH must sign) Date

Part IV	Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)					
I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.						

ERO's Use Only	ERO signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	PTIN
	Firm name (or yours if self-employed) and address	04-07-2019			P01699650
	ADVANTAGE ONE TAX CONSULTING INC				FEIN
	20610 QUARTERPATH TRACE CIRCLE				27-2340197
	STERLING VA				ZIP code
					20165

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm name (or yours if self-employed) and address			
	FEIN			
	ZIP code			