

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

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

Submission Identification Number (SID) ►

Taxpayer's name KEITH II M. BARFIELD	Social security number 419 37 6168
Spouse's name OLIVIA H. BARFIELD	Spouse's social security number 423 39 2591

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) ...	1	55,904.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	2,662.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	4,298.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,636.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; 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, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. 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

- ☒ I authorize **BARFIELD, MURPHY, SHANK, & SMITH, L** to enter or generate my PIN **8 6 1 6 8** as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name**
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 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 ► **03/28/2018**

Spouse's PIN: check one box only

- ☒ I authorize **BARFIELD, MURPHY, SHANK, & SMITH, L** to enter or generate my PIN **2 2 5 9 1** as my signature on my tax year 2017 electronically filed income tax return. **ERO firm name**
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 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 ► **03/28/2018**

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. **6 3 9 7 6 7 3 5 2 4 4**
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 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 ► *Keith Barfield CPA* Date ► _____

For the year January 1 - December 31, 2017

Your first name and initial KEITH II M. BARFIELD	Last name
If a joint return, spouse's first name and initial OLIVIA H. BARFIELD	Last name
Home address (number and street). If a P.O. Box, see instructions. 1852 VALGREEN LN	Apt. no.
City, town or post office, state, and ZIP code HOOVER, AL 35226	

Your social security number 419 37 6168
Spouse's soc. sec. no. if joint return 423 39 2591
Telephone number (optional) 205 871-7849

Part I Tax Return Information (Whole dollars only.)	1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1	35,051
	2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2	1,673
	3 Total payments (Form 40, line 27 or Form 40NR, line 27)	3	2,171
	4 Refund (Form 40, line 35 or Form 40NR, line 34)	4	498
	5 Amount you owe (Form 40, line 30 or Form 40NR, line 30)	5	

Part II Refund and Payment Information	1 Routing number:	0 6 2 0 0 0 1 9
	2 Account number:	0 1 0 6 7 4 6 1 6 0
	3 Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	4 Type of transaction:	<input checked="" type="checkbox"/> Direct Deposit <input type="checkbox"/> Direct Debit
	5 <input type="checkbox"/> Paper Check (Check this box to have your refund issued by a paper check.)	

Part III Declaration of Taxpayer (Sign only after Part I is completed.)	Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2017 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.	
	<input type="checkbox"/> I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.	
Sign Here	Your signature _____ Date _____	Spouse's signature, if a joint return, BOTH must sign. _____ Date _____

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)	I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2017), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		
	ERO's Use Only		
	ERO's signature 	Date	Preparer's PTIN
	Firm's name (or yours if self-employed) and address BARFIELD, MURPHY, SHANK, & SMITH, BIRMINGHAM, AL	E.I. No. 461498870	ZIP Code 35244

Paid Preparer's Use Only		
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.		
Preparer's signature	Date	Preparer's PTIN
Firm's name (or yours if self-employed) and address	E.I. No.	ZIP Code

Form AL8453 2017

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE