

# IRS e-file Signature Authorization

OMB No. 1545-0074

**2018**

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

Submission Identification Number (SID) ►

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br><b>CAMERON M. FARINA</b> | Social security number<br>015 78 4730 |
| 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 | 29,973. |  |
| 2  | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | 2 | 6,150.  |  |
| 3  | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 |         |  |
| 4  | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | 4 | 0.      |  |
| 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

- ☒ I authorize **WEISS, PAPSCOE & CO. CPA'S LLC** to enter or generate my PIN **19941** as my signature on my tax year 2018 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 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 ► **Cameron Farina** Date ► **04/07/2019**

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

- ☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my signature on my tax year 2018 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 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. **06248421501**  
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**

# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2018**  
**Massachusetts**  
**Department of**  
**Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2018.

|  |                            |   |
|--|----------------------------|---|
| Your first name and initial<br><b>CAMERON M</b>    | Last name<br><b>FARINA</b> | Your Social Security number<br><b>015 78 4730</b> |
| If a joint return, spouse's first name and initial | Last name                  | Spouse's Social Security number                   |

Present street address (and apartment number)

**5 CROWN DR APT NO 208**

|  |                    |                     |   |   |
|--|--------------------|---------------------|---|---|
| City/Town/Post Office<br><b>QUINCY</b> | State<br><b>MA</b> | ZIP<br><b>02169</b> | Filing status: <input checked="" type="checkbox"/> Single | <input type="checkbox"/> Married filing jointly |
|  |                    |                     | <input type="checkbox"/> Married filing separately        | <input type="checkbox"/> Head of household      |

## Part 1. Tax Return Information for Electronic Filing

|   |          |              |
|---|----------|--------------|
| <b>1</b> Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12)                 | <b>1</b> | <b>35078</b> |
| <b>2</b> Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)          | <b>2</b> | <b>1290</b>  |
| <b>3</b> Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)             | <b>3</b> |              |
| <b>4</b> Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) | <b>4</b> |              |
| <b>5</b> Refund amount (from Form 1, line 49, or Form 1-NR/PY, line 53)                     | <b>5</b> |              |
| <b>6</b> Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54)                           | <b>6</b> | <b>90</b>    |

## Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2018 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

|   |                       |   |      |
|---|-----------------------|---|------|
| Your signature<br><b>Cameron Farina</b> | Date<br><b>4/7/19</b> | Spouse's signature (if joint return, <b>both</b> must sign) | Date |
|---|-----------------------|---|------|

## Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

|  |                                   |                          |   |
|--|-----------------------------------|--------------------------|---|
| ERO's signature and SSN or PTIN<br><b>P00422981</b>  | Date<br><b>04 07 19</b>           | EIN<br><b>06 1577317</b> | <input checked="" type="checkbox"/> Check if self-employed      |
| Firm name (or yours, if self-employed) and address<br><b>WEISS, PAPSCOE &amp; CO. CPA'S LLC</b><br><b>2150 BLACK ROCK TPKE</b> | City/Town<br><b>FAIRFIELD, CT</b> | State<br><b>06825</b>    | ZIP<br><b>3239</b>  |
|  |                                   |                          | <input checked="" type="checkbox"/> Check if also paid preparer |

## Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

|  |           |       |   |
|--|-----------|-------|---|
| Paid preparer's signature and SSN or PTIN          | Date      | EIN   | <input type="checkbox"/> Check if self-employed |
| Firm name (or yours, if self-employed) and address | City/Town | State | ZIP   |