IRS e-file Signature Authorization

OMB No. 1545-0074

Form OC (Rev. January 2021) Department of the Treasury Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879. ➤ Go to www.irs.gov/Form8879 for the latest information.

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|--|---|--|--|--|
| Faxpayer's name JENS H. HOYT Spouse's name | | | Social security number 537 42 6182 Spouse's social security number 075 54 3775 | |
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| VANCY BOWERS-HOYT Part Tax Return Information - Tax | Year Ending December 31. | 2022 (Enter year you are | | 10 |
| | , rear Eliania December 6.1, | 2022 (Litter your you are | | |
| nter whole dollars only on lines 1 through 5. lote: Form 1040-SS filers use line 4 only. Leave line | on 1 2 2 and 5 blank | | | |
| 1 Adjusted gross income | | | 11 | 314,175 |
| | | ••••• | 2 | 50,692 |
| | and Form(s) 1099 | | 3 | 17,475 |
| Federal income tax withheld from Form(s) W-2Amount you want refunded to you | | | 4 | |
| 5 Amount you owe | | | 5 | 34,344 |
| 5 Amount you owe Part II Taxpayer Declaration and Si | gnature Authorization (Be si | ire you get and keep a c | opy of your | return) |
| a) an acknowledgement of receipt or reason for rejection fund. If applicable, I authorize the U.S. Treasury and its distitution account indicated in the tax preparation software stitution to debit the entry to this account. This authoriza uthorization. To revoke (cancel) a payment, I must contact the tax preparation account the payment (settlement) receive confidential information necessary to answer income tax return (original property). | designated Financial Agent to initiate an AC re for payment of my federal taxes owed on the tition is to remain in full force and effect un to the U.S. Treasury Financial Agent at 1-8 th) date. I also authorize the financial institutions and resolve issues related to the na | Helectronic funds withdrawal (dire in this return and/or a payment of es till notify the U.S. Treasury Financia 88-353-4537. Payment cancellation utions involved in the processing of twent. I further acknowledge that t | ct debit) entry to t timated tax, and th al Agent to termina requests must be the electronic pay he personal identi | ne financial ate the e received no ment of taxes fication number |
| PIN) below is my signature for the income tax return (original properties of the check one box only | Jinai or amended) i am now additionality at | iu, ii applicable, my Lieca offic i uno | 3 Willianawan Com | 001111 |
| X lauthorize DEREK J. DELEO | | to enter or generate my PIN | 6 6 1 8 | 2 as m |
| ERO firm nan signature on the income tax return (original or | ne | | Enter five digits don't enter all | |
| I will enter my PIN as my signature on the inceentering your own PIN and your return is filed four signature | d using the Practitioner PIN method. | The ERO must complete Part III | 03/15/2 | |
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| | | | | |
| Spouse's PIN: check one box only | | to enter or generate my PIN | 3 3 7 7 | 7 5 as m |
| Spouse's PIN: check one box only X authorize DEREK U | ne r amended) i am now authorizing. | _ to enter or generate my PIN | 3 3 7 7 Enter five digit don't enter all | s, but |
| Spouse's PIN: check one box only X I authorize DEREK U. DELEO ERO firm nar signature on the income tax return (original or | r amended) I am now authorizing. | | Enter five digit don't enter all | s, but zeros |
| Spouse's PIN: check one box only X authorize DEREK J. DELEO | r amended) I am now authorizing. ome tax return (original or amended) I | am now authorizing. Check this | Enter five digit don't enter all box only if yo | s, but zeros |
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| Spouse's PIN: check one box only X I authorize DEREK J. DELEO ERO firm nar signature on the income tax return (original or will enter my PIN as my signature on the income are entering your own PIN and your return is Spouse's signature Practition | r amended) I am now authorizing. ome tax return (original or amended) I filed using the Practitioner PIN method oner PIN Method Returns Onleation - Practitioner PIN Method d by your five-digit self-selected PIN. onich is my signature for the electronic te taxpayer(s) indicated above. I confide taxpayer(s) indicated above. I | am now authorizing. Check this od. The ERO must complete Pa Date y - continue below od Only 0 6 6 0 5 5 9 Don't enter all zer individual income tax return (or method) and the serile Providers of Individual and Individ | Enter five digit don't enter all in box only if your lill below. 03/15/2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | s, but zeros u 2023 |

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

Form 8879 (Rev. 01-2021)

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