## Form **8879**

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

2019

Submission Identification Number (SID)				
Taxpayer's name	Social so	Social security number		
Brian C Bollen	ollen 101-84-6246			
Spouse's name	Spouse's	s social security num	ber	
Part I Tax Return Information – Tax Year Ending December 31, 2019	(Whole dollars only	/)		
1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	` ,		28,550.	
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)		2	2,690.	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line		2		
line 62a)		3	2,106.	
<b>5</b> Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	,	5	584.	
Part II Taxpayer Declaration and Signature Authorization (Be sure yo				
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and a				
electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return or the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds wit indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receiver resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my Electronic Funds Withdrawal Consent.	in processing the return or refuldrawal (direct debit) entry to estimated tax, and the financial of terminate the authorization. The local terminate the authorization and later than 2 business days we confidential information necessity.	und, and (c) the date the financial institution institution to debit the o revoke (cancel) a prior to the payment essary to answer inqu	e of any refund. on account ne entry to payment, I (settlement) iries and	
Taxpayer's PIN: check one box only				
	er or generate my PIN	19416	as my	
ERO firm name	_	Enter five digits, l don't enter all zer		
signature on my tax year 2019 electronically filed income tax return.				
I will enter my PIN as my signature on my tax year 2019 electronically filed income tax own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must compare the properties of the propertie	return. Check this box on the plete Part III below.	<b>only</b> if you are en	ntering your	
Your signature	Date ▶	-		
Spouse's PIN: check one box only				
I authorize to ente	er or generate my PIN		as my	
ERO firm name	-	Enter five digits, I	but	
signature on my tax year 2019 electronically filed income tax return.		don't enter an zer	03	
I will enter my PIN as my signature on my tax year 2019 electronically filed income tax own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must con	return. Check this box on the place of the control	<b>only</b> if you are er	ntering your	
Spouse's signature ►	Date ►			
Practitioner PIN Method Returns Only — co	ontinue below			
Part III Certification and Authentication — Practitioner PIN Method On	nly			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.			8613501 nter all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the tax year 201 taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with t and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Return the confirmation of the	the requirements of the F	ome tax return fo Practitioner PIN r	or the nethod	
ERO's signature ► Lawrence Recor Jr	Date ►			
ERO Must Retain This Form — See Instru Don't Submit This Form to the IRS Unless Reque				
BAA For Paperwork Reduction Act Notice, see your tax return instructions.	.5.04 10 20 30	Form	<b>8879</b> (2019)	
		. 01111	()	

Arizona Form AZ-8879

## **E-file Signature Authorization**

**20**19

Do not mail this form to the Arizona Depart	ment of Revenue. Th	ne ERO must retain this documen	t a minimum	of four years.
Your First Name and Initial	Last Name			Your Social Security Number*
Brian C	Bollen		Enter	
Brian C Your Spouse's First Name and Initial (if filed joint)	Last Name		your	101-84-6246 Spouse's Social Security No.*
			SSN(s).	
PART 1 – PURPOSE				*Do Not Truncate
<ul> <li>To certify the truthfulness, correctness, and complet</li> </ul>	eness of the taxpaver's	s electronic income tax return.		
<ul> <li>To authorize the Electronic Return Originator (Ef taxpayer's federal individual income tax return as the</li> </ul>	RO) to affirm that the	e taxpayer wishes to use the taxpa	ayer's electro individual inco	nic signature to the ome tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INS	STITUTION	INFORMATION
1 Arizona Adjusted		Must be present when requesting		
20,330.		Foreign Account Deposit/Deposi	ebit: See inst	tructions below.
3 Arizona Income		TYPE OF ACCOUNT	R	OUTING NUMBER
Tax Withheld <b>3</b> 603.		X Checking Savings	<u>(</u>	021300077
Check box 4 or box 5:		ACCOUNT NUMBER		
4 X REFUND: Enter the amount of refund. 4	179.	325583006573	_	
5 AMOUNT YOU OWE: Enter the amount owed		DIRECT DEBIT REQUEST DATE	S S	T DEBIT PAYMENT AMOUNT
Box 4 Checkbox – Refund: You are due a refund bas	ed on the	-    Foreign Account Deposit/Debit (	т	neck the 'Foreign
information provided on your tax return. Your refund a	amount will be	Account Deposit/Debit' box if you	ır deposit will	be ultimately placed
deposited in the account listed in the Financial Institu Section (Part 3).	tion Information	in or come from a foreign account.  your account numbers. If this box	If you check to	his box, do not enter
Box 5 Checkbox – Amount You Owe: You owe taxes	based on the	deposit or debit your account. If	you are due	a refund, we will send
information provided on your tax return. You have ele debit for payment. The payment will be withdrawn fro	cted to direct	you a check instead. If you owe farizona Department of Revenue	tax, <b>you mus</b>	t mail a check to the
and on the date listed in the Financial Institution Infor	mation	85038-9085.	, 1 O DOX 230	oo, i noemx, A2,
Section (Part 3).				
PART 4 — DECLARATION AND SIGNATUR		ION (Sign only after comple	eting Part	2)
Under penalties of perjury, I declare that I have exam my electronic Arizona individual income tax return and ac	ined a copy of companying	I consent to my Electronic Return		
schedules and statements for the year ending Decem	ber 31, 2019,	Service Provider (OLSP) sending income tax return and accompan	j my electron Ivina schedul	ic Arizona individual es and statements to
and to the best of my knowledge and belief, it is true, complete. I further declare that the amounts of Arizor	correct, and a adjusted	ADOR, and I consent to my ERO	or OLSP ser	nding such information
gross income, total tax, Arizona income tax withheld,	and refund (or	to ADOR through a transmitter. I OLSP and/or transmitter an ackr	consent to A nowledgemen	t of receipt of
amount owed) listed above are the amounts shown on the electronic Arizona income tax return.	copy of my	transmission and an indication of	f whether or	not the transmission of
I consent that my refund be directly depo	sited as	my return is accepted and, if the the rejection. If the processing of	return is reje f my return o	r refund is delayed, I
designated in the electronic portion of my	/ 2019	authorize ADOR to disclose to m	y ERO, OLSF	and/or transmitter the
Arizona individual income tax return. If l' a joint return, this is an irrevocable appo		reason(s) for the delay, or when contacts my ERO for a copy of n	ny return, any	documents or
of the other spouse as an agent to receive	e the refund.	schedules to my return, and/or this ERO to release copies of the reg	authorization	form, I authorize my
6 b do not want direct deposit of my refund	or I am not	ERO to release copies of the req	uesteu uocui	Hents to ADOR.
receiving a refund.  Lauthorize the Arizona Department of Re	wanua (ADOD)			
and its designated Financial Agent to init	iate an ACH			
electronic funds withdrawal (direct debit) financial institution account indicated in t	entry to the	Lauthorize Recor Tax S		
preparation software for payment of my /	Arizona taxes	(ELECTRO	NIC RETURN OR	IGINATOR)
owed on this return. I also authorize the institutions involved in the processing of	financial			
payment of taxes to receive confidential		to make the election that I want		
necessary to answer inquiries and resolved related to the payment.	e issues	electronic federal individual incor signature to my electronic Arizon		
' '		for the year ending December 31	, 2019. I und	erstand that when my
If I have filed a balance due return, I understand that does not receive full and timely payment of my tax I		ERO makes the election that my individual income tax return will:		
15, 2020, I will remain liable for the tax liability and	all applicable	individual income tax return, I wi	II have signe	d my Arizona individual
interest and penalties. When electronically filing my state tax returns, I understand that if there is an error or		income tax return and declared updated of my knowledge and belief		
return, state return will also be rejected.	ing loadial	complete.	the retain is	true, correct and
P				
Ė.				
L E A S F YOUR PEN AND INK SIGNATURE				DATE
				DATE
S				
Ğ N ▶				
H SPOUSE'S PEN AND INK SIGNATURE				DATE
R R				

1032 ADOR 10549 (19) AZIA2501L 10/30/19