DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM** California e-file Signature Authorization for Individuals 2016 8879 Your name Your SSN or ITIN CHRISTIAN M. CARON 346-66-7932 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN MICHELLE K. CARON 553-77-9792 Tax Return Information (whole dollars only) California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) 1 2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121) ______ 2 _____ Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125) _______ **3** _____ Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Part II Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filling a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X | lauthorize PATRICK SCHEUFLER ACCTNCY CORP to enter my PIN 95003 ERO firm name as my signature on my 2016 e-filed California individual income tax return. I will enter my PIN as my signature on my 2016 e-filed California individual 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/RDP's PIN: check one box only X | authorize PATRICK SCHEUFLER ACCTNCY CORP **ERO firm name** as my signature on my 2016 e-filed California individual income tax return. I will enter my PIN as my signature on my 2016 e-filed California individual 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/RDP's signature ► MUICLEUL FUESC Date ► 03/28/2017 Practitioner PIN Method Returns Only - continue below Certification and Authentication - Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual 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 FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. ERO's signature

Form

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Don't send to the IRS. This isn't a tax return.

Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879 .

OMB No. 1545-0074

Submission Identification Number (SID) Taxpaver's name Social security number CHRISTIAN M. CARON 346:66:7932 Spouse's social security number Spouse's name MICHELLE K. CARON 553:77:9792 Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only) 157,259. Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) 1 8,956. Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) 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) 11,263. Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; 4,467. Form 1040NR, line 73a) Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) 5 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, 2016, 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 X | authorize PATRICK SCHEUFLER ACCTNCY CORP to enter or generate my PIN Enter five digits, but **ERO firm name** as my signature on my tax year 2016 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2016 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. Date > 03/28/2017 Your signature > Spouse's PIN: check one box only X | authorize PATRICK SCHEUFLER ACCTNCY CORP 9 | 5 | 0 | 0 to enter or generate my PIN ERO firm name Enter five digits, but as my signature on my tax year 2016 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2016 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. Date > 03/28/2017 Practitioner PIN Method Returns Only - continue below Certification and Authentication - Practitioner PIN Method Only Part III |7|7|6|5|2|3|0|3|5|8|4| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 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. Date > 03/28/2017 ERO's signature ERO Must Retain This Form - See Instructions 619995 12-08-16 Don't Submit This Form to the IRS Unless Requested To Do So