

IRS e-file Signature AuthorizationDepartment of the Treasury
Internal Revenue Service► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**► **Go to www.irs.gov/Form8879 for the latest information.****2018**

Submission Identification Number (SID) ►

Taxpayer's name

ROSE HUDSON

Social security number

021-00-0001

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 | 6515 |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 200 |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 200 |
| 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 THC BOLLMAN TECH ED CENTER to enter or generate my PIN
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return.

| | | | | |
|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 1 |
|---|---|---|---|---|

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 ► _____

Date ► 05/16/2019**Spouse's PIN: check one box only**

☐ I authorize _____ to enter or generate my PIN
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 4 | 9 | 9 | 5 | 0 | 9 | 8 | 7 | 6 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|

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 ► THC BOLLMAN TECH ED CENTERDate ► 05/16/2019

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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



188453 11038

DR 8453 (09/17/18)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005
Colorado.gov/Tax**State of Colorado Individual Income Tax Declaration for Electronic Filing****Do not mail this form to the IRS or the Colorado Department of Revenue Retain with your records**

| | | | | | |
|------------------------------------|--|-------------------------------------|-------|----------------|--|
| Taxpayer SSN | | Spouse SSN (If Joint Return) | | Submission ID | |
| 021-00-0001 | | | | | |
| Taxpayer Last Name | | Taxpayer First Name | | Middle Initial | |
| HUDSON | | ROSE | | | |
| Spouse Last Name (If Joint Return) | | Spouse First Name (If Joint Return) | | | |
| | | | | | |
| Street Address | | Phone Number | | | |
| 383 THORNHILL LANE | | (303) 155-5555 | | | |
| City | | State | Zip | | |
| DENVER | | CO | 80202 | | |

Part I — Tax Return Information

| | | | |
|--|---|----|-------|
| 1. Total Income, line 6 from your federal form 1040 | 1 | \$ | 6515 |
| 2. Taxable Income, line 10 on federal form 1040 | 2 | \$ | -5485 |
| 3. Colorado Tax, Line 15 on Colorado form 104 | 3 | \$ | |
| 4. Colorado Tax Withheld, Line 16 on Colorado form 104 | 4 | \$ | 35 |
| 5. Refund, Line 30 Colorado form 104 | 5 | \$ | 35 |
| 6. Amount You Owe, Line 35 on Colorado form 104 | 6 | \$ | |

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2018 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

| | | | | | | | |
|-----------|--|------------|--|--|--|------|--|
| Signature | | Date | | Spouse's Signature (If Joint Return, Both Must Sign) | | Date | |
| | | 05/16/2019 | | | | | |

Part III — Declaration of ERO/Preparer/TransmitterIf the transmitter did not prepare the tax return, check here ☐

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2018 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2018 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

| | | | |
|---|--|--|--|
| ERO's Signature | | Preparer Identification Number or Your SSN | |
| | | S31064054 | |
| Check if also Preparer <input type="checkbox"/> | | Date (MM/DD/YY) | |
| | | 05/16/2019 | |