

2017 e-file!

Faster! Safer! Smarter!

ODDO Brothers CPAs will e-file *ALL* tax returns unless a client specifically requests us not to. Currently the IRS prefers, and we highly recommend, efiling for

accuracy and efficiency. Let us serve you better! The appropriate forms are attached. Please sign where we've indicated and return them with your checklist.

For Your Information

Refunds or payments can be made electronically, with automatic deposits to, or withdrawals from, your bank account, *HOWEVER* . . .

You are <u>not required</u> to provide a bank account number to the IRS or State if you prefer not to. You may e-file your tax returns and receive refunds or make payments by mail.

Refund and Payment Options

SIGN both Forms 8879 and GA 8453 where we have highlighted in yellow.

Do NOT date them.

SELECT one Refund and one Payment option box below.

Refund e-File my (our) tax returns and apply my (our) refund(s) to 2018.

Refund e-File my (our) tax returns and have my (our) refund(s) mailed.

Refund e-File my (our) tax returns and have my (our) refund(s) automatically deposited to my (our) bank account. Select either
 Checking or
 Savings.
 If Checking, <u>attach to this page</u> a voided copy of a check for the appropriate account.
 If Savings, enter the Routing Number and Bank Account Number below.

Payment e-File my (our) tax returns and mail the payment(s) separately.

Payment e-File my (our) tax returns and schedule my (our) payment(s) for automatic withdrawal of tax due from my (our) bank account. Select either □ Checking or □ Savings. If Checking, <u>attach to this page</u> a voided copy of a check for the appropriate account. If Savings, enter the Routing Number and Bank Account Number below.

Savings Account Routing #

Account #

NOTE Your tax returns will not be e-Filed until we contact you and you approve the results. TO FACILITATE PROCESSING YOUR TAX RETURNS, PLEASE COMPLETE THE FOLLOWING WITH YOUR MOST ACCESSIBLE CONTACT INFORMATION.

Best E-mail address

Best Telephone

Form 8879	
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Department of the Treasury Internal Revenue Service

IRS *e-file* Signature Authorization

OMB No. 1545-0074

2017

Return completed Form 8879 to your ERO. (Do not send to IRS.) ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)	
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7	
Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

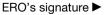
Part	Tax Return Information – Tax Year Ending December 31, 2017 (whole dollars only)		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR,		
	line 37)	1	
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .	2	
3	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)	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;		
	Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	
Dant			

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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, 2017, 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	

I authorize	to enter or generate my PIN	
ERO firm n	iame	Enter five digits, but
as my signature on my tax year 2017 elect	tronically filed income tax return.	don't enter all zeros
	/ tax year 2017 electronically filed income tax return. C filed using the Practitioner PIN method. The ERO must	
Your signature ►	Date ►	
Spouse's PIN: check one box only		
	to enter or generate my PIN	
ERO firm n		Enter five digits, but
as my signature on my tax year 2017 elect	tronically filed income tax return.	don't enter all zeros
	/ tax year 2017 electronically filed income tax return. C filed using the Practitioner PIN method. The ERO must	
Spouse's signature ►	Date ►	
Practitioner I	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		n't enter all zeros
the taxpayer(s) indicated above. I confirm that I am	which is my signature for the tax year 2017 electronical n submitting this return in accordance with the requirer RS <i>e-file</i> Providers of Individual Income Tax Returns.	



Date 🖡

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



IRS DCN OR SUBMISSION ID

ERO MUST RETAIN THIS FORM. **DO NOT SUBMIT THIS FORM** TO GEORGIA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.



GA-8453 2017

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

First Name and Initial	Last Name Sou		Social Security Number		
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name Spo		Spouse	ouse's Social Security Number	
Home Address (number and street)		Apt Number	Daytiı	me Telephone Number	
City, Town or Post Office		State	Zip C	ode	
PART I TAX RETURN INFORMATION				N INFORMATION	
1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)			1.		
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15; Form 500EZ, Line 3)		. 2.			
3. Net Georgia Tax (Form 500 or Form 500X, Line 22; Form 500EZ, Line 6)		. 3.			
4. Balance Due (Form 500, Line 40; Form 500X, Line 36; Form 500EZ, Line 20)		4.			
5. Refund (Form 500, Line 41; Form 500X, Lin	ne 37; Form 500EZ Line 21)		5,		

PART II	DECLARATION OF TAXPAYER(S)
Under penalties of perjury, I declare that the information I have provided	to my Electronic Return Originator (ERO) and/or Online Service
Provider and/or Transmitter and the amounts shown in Part I agree with	the amounts shown on the corresponding lines of the electronic
portion of my 2017 Georgia Income Tax Return. I declare that I have e	examined my tax return, including accompanying schedules and
statements, and to the best of my knowledge and belief, my return is true,	correct and complete. I consent that the electronic portion of my
return may be sent by my ERO/Online Service Provider/Transmitter.	
Sign	

 \checkmark

HERE TAXPAYER'S SIGNATURE

Date

SPOUSE'S SIGNATURE (if joint return, both must sign) Date

PRINT NAME

EMAIL ADDRESS

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

EDO	ERO's Signature	Date
ERO's Use	Firm's Name	Check also if paid preparer 🗌
Only	Address	FEIN/PTIN
, i	City, State, & Zip Code	SSN/TIN
IF PREPARE	D BYANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON AL	LINFORMATION OF WHICH
THE PREPAI	RER HAS ANY KNOWLEDGE.	
D-14	Paid Preparer's Signature	Date
Paid Preparer's	Firm's Name	FID/TIN
Use Only	Address	SSN/TIN
0 mg	City, State, & Zip Code	

GA-8453 (REV 06/27/17)

KEEP A COPY WITH YOUR RECORDS