


# e-File!


## ELECTRONIC FILING

***Faster!***  
***Safer!***  
***Smarter!***

**ODDO Brothers CPAs** will e-file **ALL 2015** tax returns unless a client specifically requests us not to. Currently the IRS prefers, and we highly recommend, e-filing 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 ***not required*** 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 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, **attach to this page** 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 send the payment(s) separately.

**Payment** e-File my (our) tax returns and give my (our) permission for automatic withdrawal of tax due from my (our) bank account. Select either  Checking or  Savings.

If Checking, **attach to this page** 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 \_\_\_\_\_

# IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at [www.irs.gov/form8879](http://www.irs.gov/form8879).

# 2015

Submission Identification  
Number (SID) ▶

Taxpayer's name

Social security number

Spouse's name

Spouse's social security number

## Part I Tax Return Information-Tax Year Ending December 31, 2015 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) . . . . .	1	
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) . . . . .	2	
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) . . . . .	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a). . . . .	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14). . . . .	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, 2015, and to the best of my knowledge and belief, it is 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 acknowledgment 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  **Enter five digits, but do not enter all zeros**  
**ERO firm name**  
 as my signature on my tax year 2015 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2015 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** ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN  **Enter five digits, but do not enter all zeros**  
**ERO firm name**  
 as my signature on my tax year 2015 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2015 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.

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 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 **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ **Date** ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



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

IRS DCN OR SUBMISSION ID

**GA-8453**  
**2015**

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

First Name and Initial	Last Name	Social Security Number
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number
Home address (number and street)	Apt Number	Daytime Telephone Number
City, Town or Post Office, State and Zip Code		

PART I		TAX RETURN INFORMATION	
1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1) .....	1.		
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3) .....	2.		
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 6) .....	3.		
4. Refund (Form 500, Line 36; Form 500EZ, Line 20) .....	4.		
5. Balance Due (Form 500, Line 35; Form 500EZ, Line 19) .....	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 2015 Georgia Income Tax Return. I declare that I have 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** **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.

<b>ERO's Use Only</b>	ERO's Signature _____	Date _____
	Firm's Name _____	Check if also paid preparer <input type="checkbox"/>
	Address _____	FEIN/PTIN _____
	_____	SSN/TIN _____

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

<b>Paid Preparer's Use Only</b>	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____
	_____	

**KEEP A COPY WITH YOUR RECORDS**