

2021 e-file!

Faster! Safer! Smarter!

ODDO Brothers CPAs will e-file *ALL* tax returns unless a client specifically requests us not to. For accuracy and efficiency, the IRS prefers efiling. Let us serve you better! Please sign the enclosed forms where we've indicated and return them with your organizer.

For Your Information



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



Best E-mail address

Best Telephone

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.

_												
Ш	Refund	e-File	my (our) tax returns and	I apply my (our) r	efund(s) to 2022							
	Refund	e-File	le my (our) tax returns and have my (our) refund(s) mailed.									
	Refund	bank a	File my (our) tax returns and have my (our) refund(s) automatically deposited to my (our) ank account. Select either Checking or Savings. Checking, Attach to this page a voided copy of a check for the appropriate account. Savings, enter the Routing Number and Bank Account Number below.									
	☐ Pay	ment	e-File my (our) tax retui	rns and mail the _l	payment(s) sepa	rately.						
	☐ Pay	ment	e-File my (our) tax returned tax due from my (our of tax due from my (our) tax returned from my (our) tax due from	r) bank account. <i>this page</i> a voide	Select either E	l Checking or ck for the appr	☐ Savings. ropriate account.					
Savings Account Routing #					Account #							
N	OTE Y	our ta	x returns will not	be e-Filed ur	ntil we conta	act you and	l you					

approve the results. TO FACILITATE PROCESSING YOUR TAX RETURNS, PLEASE COMPLETE THE FOLLOWING WITH YOUR MOST ACCESSIBLE CONTACT INFORMATION.

Form **8879**

(Rev. January 2021)

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

Submission Identification Number (SID)							
Taxpayer's name	Social security	ty number					
Spouse's name	Spouse's soci	al security number	_				
Part I Tax Return Information — Tax Year Ending December 31, 2021 (E	nter year you ar	re authorizing.)	_				
Enter whole dollars only on lines 1 through 5.	, ,		_				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1					
2 Total tax		2					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3					
4 Amount you want refunded to you		4					
5 Amount you owe		5	—				
Part Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer							
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutional informational informational institutional institutional informational informatio	the U.S. Treasury are tindicated in the tatitution to debit the ninate the authorizate requests must be the processing of the payment. I furtly I am now authorizate my PIN	nd its designated Financ x preparation software f entry to this account. The tion. To revoke (cancel) received no later than the electronic payment ther acknowledge that the	rial for his a 2 of he my				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.							
Your signature Date	>		_				
Spouse's PIN: check one box only							
I authorize to enter or gener to enter or gener signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am fi you are entering your own PIN and your return is filed using the Practitioner PIN in	Entidon m now authorizir		ıly				
below.	nethod. The End	must complete Part	111				
Spouse's signature Date	>						
Practitioner PIN Method Returns Only—continue be			_				
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.	Don't ente	er all zeros					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance with tl					
ERO's signature ▶ Date	>						
ERO Must Retain This Form — See Instruction			_				
Don't Submit This Form to the IRS Unless Requested							



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

UNLESS REQUESTED TO DO SO.



GA-8453

IRS DCN OR SUBMISSION ID

																	177	6		2021	
CEO								<u> </u>	DE		A D	A 7E1				EL EA	ard.	ONIC	T TOTAL	INC	
	RGIA INI MARY O					_									_					. –	
	ed Return	r AU	KĽ.	- 1VI		DI	/ I V		214	1 / 1/2	XI I	711	LIX .	AII	ים ו	MO C)IX I	AID I		IAKLK	
First Name						Last	Name									[5	Social Security Number				
If Joint Retur	n, Spouse's Fir	st Name	and Iı	nitial		Spou	se's L	ast N	Vame							5	Spouse'	s Social	Securit	ty Number	
Home Addr	ess (number an	d street)										Apt	Num	ıber			Daytim	e Teleph	ione Ni	umber	
Cita Tarana	D+ Off											Stat	4 -				7:C-	1-			
City, Town o	Part I															Zip Code					
Part I															TAX	K RET	URN	INFO	RMA	ATION	
1. Federal.	Adjusted Gro	ss Inco	me (I	Form	500 c	r For	n 50	0X, I	Line	8; Fo	rm 5	500E	Z, Li	ine 1	1)		1.				
	Taxable Inco		,																		
_	rgia Tax (Fo																\vdash				
4. Balance	Due (Form 5	500, Lin	e 41;	For	m 500	X, Lir	ie 37;	; For	m 50	0EZ,	Line	e 20)					4.				
 Balance Due (Form 500, Line 41; Form 500X, Line 37; Form 500EZ, Line 3. Refund (Form 500, Line 42; Form 500X, Line 38; Form 500EZ, Line 21))5.										
Part II													DI	E C I	LAR	ATIO	N OF	TAXI	PAYE	ER(S)	
schedules a		ts, and	to th	ie be	est of	my k	nowl	edge	and	beli	ef, n	ny re	eturn	is	true,					accompanying onsent that the	
	AXPAYER'S S	SIGNATI	URE)			Da	ate			S	POUS	SE'S S	SIGN	NATUI	RE (if join	t return,	both mus	st sign)	Date	
	RINT NAME										EMAIL ADDRESS										
PART III		ADA	TΙΩ	N O	T FI	FCT	'nΩ	NIC	¬ DI	TTI						R ANI	n DAI	ID DD	FDA1	DFD	
																				E COMPLETE	
AND CORR	ECT TO THE	BEST O)F M	YKN	OWLI	EDGE	•														
	TEDO's Sig	natura															Doto	2			
ERO's	ERO's Envis Name																	_		preparer	
Use Firm's Name Address																		-			
Only	City, State											SSN/TIN									
	ED BYANY PI RER HAS AN	ERSON	отн	ERT	HAN T	гне т	AXP	AYE	R, TH	IIS D	ECL.	ARA	TION	NIS	BASE	D ON AI	_				
	Paid Prepa	arer's S	ignat	ure													Date	e			
Paid	Firm's Nor																				
rreparer's	reparer's Firm's Name Address																				

GA-8453 (REV 03/30/21)

City, State, & Zip Code_