

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

- ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name Nancy J Dumont	Social security number 030-64-0942
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	32,515.
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	4,873.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	28.
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	2,788.

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, 2019, 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 Sheltra Tax & Accounting, LLC to enter or generate my PIN

4	0	9	4	2
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 as my
ERO firm name
signature on my tax year 2019 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 2019 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 ► Nancy J Dumont Date ► 5/27/20

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

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 as my
ERO firm name
signature on my tax year 2019 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 2019 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.

0	3	0	4	0	6	0	3	0	4	0
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 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 ► _____ Date ► _____

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

VERMONT
Individual Income Tax Declaration for Electronic Filing
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date received

Part I Remember to write in your Social Security Number	Last Name DUMONT	First Name and Initial NANCY J	Enter Social Security Number (SSN) 030 - 64 - 0942	
	Spouse's Last Name (if different and joint return)	First Name and Initial	Enter Spouse's SSN, if joint return - -	
	Current Mailing Address 1241 TABER HILL ROAD		E-mail Address	
	City or Town STOWE	State VT	Zip Code 05672	Telephone Number

Part II Tax Return Information (whole dollars only)

1. Federal Taxable Income	1.	32515
2. Vermont Taxable Income	2.	14815
3. Adjusted VT Income Tax	3.	490
4. Vermont Income Tax Withheld	4.	14
5. Vermont Earned Income Tax Credit	5.	320
6. Refund credited to next years estimated tax	6.	0
7. Refund credited to property tax bill	7.	0
8. <input type="checkbox"/> Refund Amount (check applicable box)	8.	
<input checked="" type="checkbox"/> Amount Due		156

→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←

Part III Form HS-122 For Vermont Residents Only (check box)

☒ Check here if Property Tax Adjustment Claim filed

Part IV ☐ **Direct Deposit of Refund** ☐ **ACH Debit Payment** Amount \$ 0 Payment Date _____

Routing transit number (RTN) The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) Type of account: ☐ Savings ☐ Checking

Part V Declaration of Taxpayer *By signing below, you agree that:*

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Personal Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here 5/27/20

Your signature Date Spouse's Signature (if joint return, BOTH must sign) Date

Part VI Declaration of Electronic Return Originator (ERO) Only

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

Electronic Return Originator's Use Only	ERO's signature	Date	Check if: paid preparer <input checked="" type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 562287007	
	SHELTRA TAX & ACCOUNTING, LLC 76 PEARL STREET, SUITE 207 ESSEX JUN	Phone Number 8028780990	
	E-mail address: DIANA@SHELTRATAX.COM		

Part VII Declaration of Paid Preparer

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 562287007	
	SHELTRA TAX & ACCOUNTING, LLC 76 PEARL STREET, SUITE 207 ESSEX JUN	Phone Number 8028780990	
	E-mail address: DIANA@SHELTRATAX.COM		