## Form **8879-EO**

## IRS *e-file* Signature Authorization for an Exempt Organization

2016, and ending	, 20

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning

Department of the Treasury	379eo.	2016			
Internal Revenue Service  Name of exempt organization	► Information about Form 8879-EO and its instructions is at www.irs.gov/form88	Employer identif	ication number		
	ATION OF CHILD CARING AGENCIES	34-1168	205		
Name and title of officer	ATTOM OF CHILD CHAING HODIVOIDS				
MARK MECUM	EXECUTIVE DIRECTOR				
	Return and Return Information (Whole Dollars Only)	1			
	return for which you are using this Form 8879-EO and enter the applicable amo	unt. if anv. fror	n the return. If you		
check the box on line leave line 1b, 2b, 3b,	<b>1a, 2a, 3a, 4a,</b> or <b>5a,</b> below, and the amount on that line for the return being file <b>4b,</b> or <b>5b,</b> whichever is applicable, blank (do not enter -0-). But, if you entered -0 low. <b>Do not</b> complete more than 1 line in Part I.	ed with this for	m was blank, then		
	· ·	1 h	815 243		
1a Form 990 check					
2a Form 990-EZ che					
3a Form 1120-POL			,		
4a Form 990-PF ch					
5a Form 8868 chec	k fiele bue (1 offit 6666, line 36)				
	tion and Signature Authorization of Officer erjury, I declare that I am an officer of the above organization and that I have exam				
to send the organizathe transmission, (b) authorize the U.S. Tr financial institution acreturn, and the financial and the financial involved in the proceresolve issues relate	unic return. I consent to allow my intermediate service provider, transmitter, or election's return to the IRS and to receive from the IRS (a) an acknowledgement of receithe reason for any delay in processing the return or refund, and (c) the date of any easury and its designated Financial Agent to initiate an electronic funds withdrawa count indicated in the tax preparation software for payment of the organization's cial institution to debit the entry to this account. To revoke a payment, I must contain the start of the payment (settlement) date. I also a sing of the electronic payment of taxes to receive confidential information necessed to the payment. I have selected a personal identification number (PIN) as my sign, if applicable, the organization's consent to electronic funds withdrawal.	refund. If applial (direct debit) federal taxes of act the U.S. Treauthorize the fisary to answer	cable, I entry to the wed on this asury Financial nancial institutions inquiries and		
Officer's PIN: check	one box only				
X I authorize	IW&CO to enter my PIN 6	8 2 2 3	as my signature		
	ERO firm name Enter	five numbers, but t enter all zeros			
being filed w ERO to ente	ization's tax year 2016 electronically filed return. If I have indicated within this return a state agency(ies) regulating charities as part of the IRS Fed/State program, I my PIN on the return's disclosure consent screen.  of the organization, I will enter my PIN as my signature on the organization's tax to be a cated within this return that a copy of the return is being filed with a state agency(i	rn that a copy also authorize	the aforementioned stronically filed return.		
the IRS Fed	State program, I will enter my PIN on the return's disclosure consent screen.				
Officer's signature	Date D	× 10/13	3/17		
	ation and Authentication				
number (EFIN) follow	er your six-digit electronic filing identification wed by your five-digit self-selected PIN.  3 4	1 2 2 4 do not enter a	3 4 1 6 6 Il zeros		
indicated above. I co	re numeric entry is my PIN, which is my signature on the 2016 electronically filed in firm that I am submitting this return in accordance with the requirements of <b>Pub.</b> Strized IRS e-file Providers for Business Returns.	return for the o <b>4163</b> , Modern	rganization ized e-File (MeF)		
ERO's signature	<u></u>	16.17			
	ERO Must Retain This Form - See Instructions				
Do Not Submit This Form To the IRS Unless Requested To Do So					

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

## **Consent to Use of Tax Return Information**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

In efforts to fully serve our clients, from time to time we provide them helpful information, such as: firm newsletters, surveys, published articles, press releases, information concerning firm seminars and nontax-related services, and announcements related to firm personnel. To determine what items may be of interest to you, we will need to use your tax return information. If you would like us to use your tax return information for this purpose, *please check the following box, sign, and date this consent form.* 

<u> </u>			
Ι,	Mark	Mecum	
	,	PRINT NAME	

authorize HW&Co. to use the information I provide to HW&Co. during the preparation of my tax return for 2016, including my entire return, for purposes of mailing to me: firm newsletters, surveys, published articles, press releases, information concerning firm seminars and nontax-related services, and announcements related to firm personnel. I understand I have the right to limit the consent to specific information, not just authorize use of the entire return. Recognizing that right, I consent to the use of my entire tax return.

Signature: X	Php p 09	Date: X <u>10 / / 3 / / 7</u>
Mailing Address	7600 Corporate Ex.	Dr. Suite 186
	Colombus 04	4323/
Email Address	mmecum @	sacca-org

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at: 1.800.366.4484, or by email at <a href="mailto:complaints@tigta.treas.gov">complaints@tigta.treas.gov</a>.