

**IRS e-file Signature Authorization  
for Forms 720, 2290, and 8849**

(Rev. December 2010)

Department of the Treasury  
Internal Revenue Service

For the period beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**▶ Do not send to the IRS. Keep for your records. ▶ See instructions.**

Name (as shown on Forms 720, 2290, or 8849)

Taxpayer identification number

**Part I Type of Return and Return Information** (Whole dollars only)

Check the box for the return for which you are using this Form 8879-EX and enter the applicable amount from the return. If you check the box on lines **1a**, **2a**, or **3a**, below, and the amount on that line for the return for which you are filing this form was blank, leave lines **1b**, **1c**, **2b**, or **3b**, whichever is applicable, blank (do not enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 720 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due, if any (Form 720, Part III, line 10) . . . . .	<b>1b</b>
	<b>c</b> Overpayment, if any (Form 720, Part III, line 11) . . . . .	<b>1c</b>
<b>2a</b> Form 2290 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 2290, line 6) . . . . .	<b>2b</b>
<b>3a</b> Form 8849 check here ▶ <input type="checkbox"/>	<b>b</b> Total refund (from Schedules 1, 2, 3, 5, 6, or 8) . . . . .	<b>3b</b>

**Caution.** For line 3b, Schedules 2, 3, 5, and 8 cannot be combined with any other schedules. File a separate Form 8879-EX for each schedule.

**Part II Taxpayer Declaration and Signature Authorization**

Under penalties of perjury, I declare that I have examined a copy of my electronic return and accompanying schedules and statements for the period shown above 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 shown on the copy of my electronic return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider 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, that are required for electronic returns processing. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than two business days before 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 have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, my consent to electronic funds withdrawal.

**Taxpayer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN 

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 as my signature  
ERO firm name **do not enter all zeros**  
on my electronically filed return and, if filing Form 2290, the Consent to Disclosure of Tax Information.

I will enter my PIN as my signature on my electronically filed tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Taxpayer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed return for the taxpayer indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business 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**