Dear Client:

We have prepared one or more of your 2014 income tax returns to be filed electronically. However you must review the return(s) we prepared then sign and return the attached E-file authorization form(s) to our office as soon as possible.

The forms can be returned to our office using any method listed below.

FAX - 334-956-5064 Attention: Selina Clark
MAIL - P. O. Box 96 Montgomery, Alabama 36101-0096 Attention: Selina Clark
DELIVERY - 200 Commerce Street Montgomery, Alabama Attention: Selina Clark
E-MAIL - Selina.Clark@jacksonthornton.com

The E-file authorization form(s) should be returned to our office as soon as you have reviewed the return(s) and in NO case after 4:00 pm of the tax return’s due date unless you have made written arrangements with us in advance. We have a process in place to verify we have received your signed e-file forms and we will contact you if the forms are not received timely. It is not necessary for you to contact our office for verification.

By signing the E-file authorization form(s), you are declaring that your return(s) are accurate to the best of your knowledge and that you have authorized Jackson Thornton to electronically file your return(s) with the appropriate taxing authorities.

Reminders:

➢ Your return(s) will not be electronically filed until the E-file authorization form(s) are received and processed by our office.
➢ It is your responsibility to return the authorization form(s) to our office timely.
➢ Authorization forms received by our office after the tax return(s) due date will generate late filing penalties and interest.
Form 8879-EO
IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or fiscal year beginning __________, 2014, and ending __________, 2014.

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization
VOICES FOR ALABAMA'S CHILDREN

Employer identification number
58-2020321

Name and title of officer
MELANIE R BRIDGEFORTH MSW
EXECUTIVE DIRECTOR

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-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a  Form 990 check here □ X
  b  Total revenue, if any (Form 990, Part VIII, column (A), line 12) □ 1b 535,570.

2a  Form 990-EZ check here □
  b  Total revenue, if any (Form 990-EZ, line 9) □ 2b

3a  Form 1120-POL check here □
  b  Total tax (Form 1120-POL, line 22) □ 3b

4a  Form 990-PF check here □
  b  Tax based on investment income (Form 990-PF, Part VI, line 5) □ 4b

5a  Form 8868 check here □
  b  Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) □ 5b

Part II  Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s 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 electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s 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 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 have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X I authorize JACKSON THORNTON & CO., P.C. to enter my PIN 41534
Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen:

Officer’s signature □ Datum 7/2/2015

Part III  Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63479398227

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature □ Datum 06/12/15

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

LHA For Paperwork Reduction Act Notice, see instructions.