8879-EO

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning ______, and ending Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

2020

Department of the Treasury				2020	
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.				
Name of exempt organization or pe	rson subject to tax	Taxpay	er identificatio	on number	
ROSE'S ORGANIZATION FOR ADVOCACY AND DEVELOPMENT I 81-1439033					
Name and title of officer or person subject to tax					
BENJAMIN ROSE, PRINCIPAL OFFICER					
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, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was					
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the					
	e applicable line below. Do not complete more than one line in Part I.				
1a Form 990 check here	▶ ☐ b Total revenue , if any (Form 990, Part VIII, column (A), line 12)		1h		
2a Form 990-EZ check he					
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)					
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, line 3c)					
6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4)					
7a Form 4720 check here					
	▶	Tay	/0		
Under penalties of perjury, I		AND DESIGNATION AND DESIGNATIO	tov with ro	annot to	
(name of organization)					
·	, (EIN) and that I h			y	
of the 2020 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 electronic return.					
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.					
identification fidinger (1 114) 8	as my signature for the electronic return and, if applicable, the consent to electronic i	urius witi	iurawai.		
PIN: check one box only					
X I authorize Campb	pellandrew PLLC to enter my PIN 39033	ac m	y signature		
1 dution20 Campa	ERO firm name Enter five numbers, but		y signature		
	do not enter all zeros				
on the tax year 2020	electronically filed return. If I have indicated within this return that a copy of the retu	ım is beir	ng filed with	а	
	gulating charities as part of the IRS Fed/State program, I also authorize the aforem disclosure consent screen.	entioned	ERO to ente	er my	
FIN OII the retuin S	disclosure consent screen.				
As an officer or pers	con subject to tay with respect to the organization. I will onter my DIN so my circulture	o on the t	hav vaar 202	10	
electronically filed re	As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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 s	screen.		
Signature of officer or person subject	to tay	. 02	22 2021		
	on and Authentication	02-	22-2021		
	r six-digit electronic filing identification				
	a man and a second	7412	21250		
, and to the state of the state	201	214	31359 Do not enter	all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm					
	ırn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) In	formation	ı for Authori	zed	
IRS e-file Providers for Busi	ness Returns.				

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