Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No.	1545-0047
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For calendar year 2021, or fiscal year beginning

2021

Internal Revenue Service

, 2021, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer 94-3078390 SOUTH BEACH YACHT CLUB Name and title of officer or person subject to tax AARON GRAY, TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 one line in Part I. Form 990 check here . . ▶ 🗵 **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 2b Form 990-EZ check here . ▶ **b Total revenue,** if any (Form 990-EZ, line 9) 3b Form 1120-POL check here ▶ 3a b Tax based on investment income (Form 990-PF, Part V, line 5) . 4b Form 990-PF check here . ▶ □ 4a **b Balance due** (Form 8868, line 3c) Form 8868 check here . . ▶ □ 6b Form 990-T check here . ▶ 6a 7b Form 4720 check here . . ▶ □ 7a Form 5227 check here . . ▶ b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a 9b Form 5330 check here . . ▶ 10b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here ▶ □ 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) of entity) 2021 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. PIN: check one box only to enter my PIN as my signature ▼ Lauthorize Tarlson & Associates **ERO** firm name Enter five numbers, but do not enter all zeros on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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. Signature of officer or person subject to tax ▶ Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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. Date ▶ ERO's signature ▶

Form 8879-TE (2021)

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

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2021, or fiscal year beginning

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest information.

Name o	filer		- Internation	EIN or SSN	
SOUT	H BEACH YACHT CLUB			94-3078390	
	nd title of officer or person subject to tax			1	
	GRAY, TREASURER				
Part					
Check	the box for the return for which you are	using this Form 8879-TE and ent	er the applicable a	mount, if any, fror	n the return. Form 8038-
O. W	in orm occomicis may enter dollars and	Cellis. For all other forms, enter w	thole dollare only	If you obook the h.	ov on line de O- O- d-
5b, 6b	7a, 8a, 9a, or 10a below, and the amou 7b, 8b, 9b, or 10b, whichever is app	licable, blank (do not enter -0-)	filed with this form	n was blank, then	leave line 1b, 2b, 3b, 4b,
applica	ble line below. Do not complete more the	nan one line in Part I.	But, ii you entere	u -u- on the retur	n, then enter -U- on the
1a		Total revenue, if any (Form 990, I	Part VIII. column (A	\) line 12\	1h
	Form 990-EZ check here . ▶ 📗 b	Total revenue, if any (Form 990-E	Z, line 9)	,,	1b 2b
	Form 1120-POL check here ▶ _ b	Total tax (Form 1120-POL, line 22	2)		3b
	Form 990-PF check here . ▶ 📗 b	Tax based on investment incom	e (Form 990-PF, F	art V, line 5) .	4b
	Form 8868 check here ▶ 🔲 b	Balance due (Form 8868, line 3c)			5b
	Form 990-T check here . ► 🗵 b	Total tax (Form 990-T, Part III, line	e 4)		6b 0.
	Form 4720 check here ▶ 📙 b	Total tax (Form 4720, Part III, line	1)		7b
	Form 5227 check here ▶ 🔲 b	FMV of assets at end of tax year	(Form 5227, Item	D)	8b
	Form 5330 check here > _ b	Tax due (Form 5330, Part II, line 1	9)		9b
	Form 8038-CP check here b	Amount of credit payment reques	ted (Form 8038-CP	, Part III, line 22)	10b
Part		Authorization of Officer or F	erson Subject	to Tax	
unaer of antiti	penalties of perjury, I declare that 🗵 I	am an officer of the above entity o	r 🗌 I am a perso	on subject to tax w	rith respect to (name
or entity	()	, (EIN)		and that I have exa	mined a copy of the
2021 el	ectronic return and accompanying sche	dules and statements, and, to the	best of my knowle	dge and belief, the	ey are true, correct, and
Joinpic	ic. I fulfile declare that the amount in P	art I above is the amount shown o	n the conv of the c	lectronic roturn L	concept to allow me
ricorric	diate service provider, transmitter, or ele	Ctronic return originator (FRC)) to	send the return to	the IDS and to room	aire from the IDC (-)
he date	ledgement of receipt or reason for reject	the U.S. Transmission, (b) the rea	ason for any delay	in processing the	return or refund, and (c)
direct of	e of any refund. If applicable, I authorize debit) entry to the financial institution accord to financial institution accord to financial institution to debit the	count indicated in the tex present	ed Financial Agen	t to initiate an elect	tronic funds withdrawal
eturn,	and the financial institution to debit the e	entry to this account. To royale a	on software for pa	lyment of the feder	ral taxes owed on this
0000	oo 4007 no later than 2 business days p	orior to the dayment (settlement) d	ate Laiso authoriz	a the financial incti	itutions involved in the
3100000	ing of the electronic payment of taxes to	o receive confidential information r	Mone of vaccons	or inquirioe and roc	colve icourse related to
ne pay	nont. I have selected a personal identific	cation number (PIN) as my signatu	re for the electroni	c return and, if and	olicable the consent to
electror	ic funds withdrawal.				,
PIN: ch	eck one box only				-
Χla	uthorize Tarlson & Associate	es	to enter my PIN	9 4 1 0 7	as my signature
	ERO f	irm name	, , , , ,	Enter five numbers,	
				do not enter all zero	e
or	the tax year 2021 electronically filed referency(jes) regulating charities as part of	turn. If I have indicated within this	return that a copy	of the return is bei	ng filed with a state
~ 5	ency(ies) regulating charities as part of turn's disclosure consent screen.	the IRS Fed/State program, I also	authorize the afore	mentioned ERO to	enter my PIN on the
16	turn's disclosure consent screen.				
☐ As	an officer or person subject to tax with	respect to the entity. I will enter m	v DIN ac my ciana	turo on the tax	
1115	a retuint in rinave indicated within this n	PILLED TO AT A COON OF THE POTURE IS NO	aing filed with a at-	ate agency/ies) reg	If 2021 electronically
of	the IRS Fed/State program, I will enter i	my PIM on the return's disclosure of	consent screen.	ate agency(les) reg	fulating chanties as part
	1 (/	110	The second second	al.	2./
	of officer or person subject to tax	17		Date ▶	30/22
Part II					/
:KU'S I	FIN/PIN. Enter your six-digit electronic	filing identification			1
lumber	(EFIN) followed by your five-digit self-se	elected PIN.	4 6 5 5 8	9 4 1 0 4	
			Do not enter		-
certify	that the above numeric entry is my PIN,	which is my signature on the 2021	electronically filed	d return indicated a	above. I confirm that I
ili Subi	mitting this return in accordance with the	requirements of Pub. 4163, Mode	ernized e-File (MeF) Information for A	authorized IRS e-file
Tovide	s for business Returns.				
RO's sig	nature ►		Date ▶		
		2			the second of th
	ERO	Must Retain This Form — S	ee Instructions	3	
	Do Not Submi	it This Form to the IRS Unle	ss Requested	To Do So	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

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Form **8879-TE** (2021)

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

8453-E0

202	21 Exempt	Organizatio	ns						8453-EO
	anization name						lo	dentifying number	
SOUTH H	BEACH YACHT CLUB						9	94-3078390)
Part I	Electronic Return Informati	on (whole dollars only)							
2 Total gr	ross receipts (Form 199, line ross income (Form 199, line openses and disbursements	8)						2	461,636. 398,912. 344,426.
Part II	Settle Your Account Electro	onically for Taxable Yea	ar 2021						
4 ☐ Elec	ctronic funds withdrawal	4a Amount		4b W	ithdraw	al date (m	nm/dd/y	ууу)	
Part III	Banking Information (Hav	e you verified the exem	ot organization's	banking inforr	nation?)			
5 Routing	number								
6 Account	t number			7 Type of acc	count:	☐ Chec	cking	☐ Savings	
	Declaration of Officer								
I authorize the amount	the exempt organization's a t listed on line 4a.	ccount to be settled as	designated in Pa	rt II. If I check	Part II,	box 4, I a	uthorize	an electronic f	unds withdrawal for
organization the exempt exempt org. organization processing reason(s) for Sign Here	nsmitter, or intermediate sern's 2021 California electronic organization is filing a bala anization's fee liability, the expression return and accompanying of the exempt organization or the delay. Signature of officer	c return. To the best of ance due return, I unders kempt organization will reschedules and statements return or refund is d	my knowledge ar stand that if the lemain liable for the ts be transmitted lelayed, I author	nd belief, the e Franchise Tax ne fee liability a to the FTB by rize the FTB to	xempt of Board (I nd all ap the ERI o disclo	organization TB) does oplicable in D, transm se to the	on's retu not rec nterest a	rn is true, corrective full and tire and penalties. I a sintermediate se	ect, and complete. If mely payment of the authorize the exempt
Part V	Declaration of Electronic R	eturn Originator (ERO)	and Paid Prepa	r er. See instru	ctions.				
however, th transmitting followed all years from to the FTB I and accom	at I have reviewed the above (If I am only an intermediat lat form FTB 8453-EO accurage this return to the FTB; I had other requirements described the due date of the return of upon request. If I am also the panying schedules and state I information of which I have	te service provider, I und ately reflects the data on tive provided the organizated and in FTB Pub. 1345, 20 or four years from the dat the paid preparer, under ements, and to the best	derstand that I are the return.) I have ation officer with 021 Handbook for the exempt orgonalties of periods.	n not responsi e obtained the a copy of all f r Authorized e anization retui Jrv. I declare ti	ble for r organiz orms ar -file Pro rn is file hat I ha	eviewing ation office nd information viders. I d, whiche we examir	the exer cer's sign ation that will keep wer is la	mpt organization nature on form at I will file with oform FTB 845 ter, and I will manager	n's return. I declare, FTB 8453-EO before the FTB, and I have 3-EO on file for four ake a copy available organization's return
ERO Must	ERO's signature		TO CONTROL OF THE PROPERTY OF	Date	Check i also pai prepare	d if e	eck elf- ployed	ERO's PTIN	
Sign	Firm's name (or yours if self-employed)	TARLSON & ASSOC	CIATES					FEIN 0077572	
63 - 49	and address	220 SANSOME ST	STE 900,	SAN FRANC	CISCO	, CA		ZIP code 94104	
Under pena my knowled	lities of perjury, I declare tha dge and belief, they are true	it I have examined the all, correct, and complete.	bove organization I make this decl	n's return and aration based	accomp on all in	anying so	hedules of which	and statement ch I have knowl	s, and to the best of edge.
Paid	Paid								<u> </u>
Palu Preparer	preparer's signature			Date		Check if self-		aid preparer's PT 00539563	IN
Must Sign	Firm's name (or yours	ICK G. TARLSON				Fi	rm's FEIN 8-007	١	
orgii	and address	20 SANSOME ST S	STE 900 SA	N FRANCIS	sco.		/	ZIP code 94104	