

All Accounting Services and Taxes, Inc
1401 Westminster Way
Kissimmee, FL 34744
407-933-7779

Invoice for 2020 Tax Year

Helping Hand Community Counseling
303 Commerce Center Drive
Saint Cloud, FL 34769

Invoice Date: December 02, 2021

Statement of Charges

Preparation of 509(a)(2) A Helping Hand Counseling Center Tax Return 2020

75.00

TOTAL

75.00

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 4/28, 2020, and ending 12/31, 2020

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax Helping Hand Community Counseling	Taxpayer identification number 84-4964519
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Name and title of officer or person subject to tax
Kira Takanen

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 return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

- | | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------|
| 1a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22). | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II 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 organization or I am a person subject to tax with respect to name of organization) Helping Hand Community Counseling, (EIN) 84-4964519 and that I have examined a copy 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

I authorize ALL ACCOUNTING SERVICES & TAXES, INC to enter my PIN 34769 as my signature
ERO firm name Enter five numbers, but 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 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 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 screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

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.
595237
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 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 ▶ GRACE PATTISON Date ▶ 12/2/2021

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

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

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5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	0
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
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ERO's signature ▶ GRACE PATTISON Date ▶ 12/2/2021

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e-Postcard for Tax-Exempt Organizations (990-N)For the 2020 calendar year, or tax year beginning 4/28/2020, and ending 12/31/2020**Organization**

Name Helping Hand Community Counseling		Federal EIN 84-4964519
Doing Business As Helping Hand Community Counseling		Website Address https://ahelpinghandcounselingcenter.com/
Street 303 Commerce Center Drive		Room/Suite
City Saint Cloud	State FL	Zip Code 34769
Foreign Country	Foreign Province	Foreign Zip

Principal Officer of Organization

Name Kira Takanen	Check here if Officer is a business <input type="checkbox"/>	SSN or EIN 593-92-4805
Street 303 Commerce Center Drive		Room/Suite
City SAINT CLOUD	State FL	Zip Code 34769
Foreign Country		

Organization's annual gross receipts are still normally \$50,000 or less If applicable, organization is terminating (going out of business)

Electronic Filings Only