Form **8879-E0**

IRS *e-file* Signature Authorization for an Exempt Organization

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or calendar year 2020	, or fiscal year beginning	, 2020,	and ending

OMB No. 1545-0047

Name of severing operations on or person subject to tax		ror calendar year 2020, or fiscal year beginning , 2020, and 6		
INTIGER HEART EQUIDIDATION Part Type of Return and Return Information (Whole Dollars Only)				2020
Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) 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 we 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 treturn, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here Do Total revenue, if any (Form 990-Part VIII), column (A), line 12) 1b 2a Form 990-EZ check here Do Total revenue, if any (Form 990-Part VIII), column (A), line 12) 1b 2a Form 990-EZ check here Do Total tax (Form 120-POL, line 22) 3b 3b 3a Form 1120-POL, check here Do Total tax (Form 120-POL, line 22) 3b 3b 3a Form 190-PF check here Do Total tax (Form 120-POL, line 22) 3b 3b 3a Form 190-PF check here Do Total tax (Form 990-T, Part III, line 4) 6b 5b 5b 5b 5b 5b 5b 5b	Name of exempt organization	on or person subject to tax	Taxpayer identifica	ntion number
Pati 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 y check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form when the patient of the return being filled with this form when the patient of t			83-0986892	
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2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) . 2b	check the box on line blank, then leave line return, then enter -0-	e 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do on the applicable line below. Do not complete more than one line in	e for the return being f not enter -0-). But, if n Part I.	filed with this form was
as Form 1920-PC 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, line 3c) . 5b 6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4) . 6b 7a Form 4720 check here ▶ □ b Total tax (Form 990-T, Part III, line 4) . 7b Part III 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) . (EIN) and that I have examined a cop 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 returd, 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 try 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 the payment. The second payment of the financial institutions involved in the processing of the electronic payment of the payment. The payment of the financial in				
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Far Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III), line 4) 7a Form 4720 check here ▶ □ b Total tax (Form 4720, Part III), line 4) 7b 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) □ and that I have examined a core of the 2020 electronic return and accompanyling 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 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 Finand Agent to Initiate an electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. To revok a payment, I must contact the U.S. Treasury Financial Agent at 1-88-8354-837 no later that 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 ERO firm name ERO firm name The province of the return is being filled with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN as my signature on the tax year 2020 electronically filled return. If				
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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 cyfignator (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 Financia 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 revok 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 ERO firm name to 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(les) regulating charities as part of the IRS Fed/State program, 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(les) regulating charities as part of the IRS Fed/State program, I will enter my PI	Under penalties of per	jury, I declare that \square I am an officer of the above organization or \square	I am a person subject	·
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(les) 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. In 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(les) 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 ▶ 06/16/2021 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. To not enter all zeros I certify that the above number is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm	Agent to initiate an ele software for payment of a payment, I must con (settlement) date. I also confidential informatio identification number (ectronic funds withdrawal (direct debit) entry to the financial institution the federal taxes owed on this return, and the financial institution tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later to authorize the financial institutions involved in the processing of the n necessary to answer inquiries and resolve issues related to the parallel in the parallel institutions involved in the parallel institutions involved in the parallel institutions and resolve issues related to the parallel institutions in the electronic return and, if applicable, the	on account indicated in to debit the entry to the han 2 business days p e electronic payment c ayment. I have selected	n the tax preparation nis account. To revoke rior to the payment of taxes to receive d a personal
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number (EFIN) followed by your five-digit self-selected PIN. 6 2 9 6 5 2 7 8 8 0 1				
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm			<u> </u>	
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 Date 06/16/2021 ERO Must Retain This Form — See Instructions	that I am submitting thi IRS e-file Providers for	b return in accordance with the requirements of Pub. 4163, Modern Business Returns.	nized e-File (MeF) Infor	cated above. I confirm mation for Authorized