

Product: **Exempt**
 Name: **Multiple Sclerosis Foundation, Inc.**
 FEIN: *******2934**
 Bank Info:
 Fiscal Year Begin Date: **1/1/2023**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **12/31/2023**

IRS Center: **Ogden**
 e-Postmark: **9/27/2024 10:41 AM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
09/25/2024	23X:253872:V1	Upload Started			Pergament, Marjory	
09/25/2024	23X:253872:V1	Ready to Release by Customer				
09/27/2024	23X:253872:V1	Released for Transmission - Validation in Progress			Russ, Deborah	
09/27/2024	23X:253872:V1	Ready to transmit - Validation Complete				
09/27/2024	23X:253872:V1	Transmitted to CA	65885620242710323n01			
09/27/2024	23X:253872:V1	Transmitted to FD	65885620242710336e08			
09/27/2024	23X:253872:V1	Accepted by FD on 9/27/2024				
09/27/2024	23X:253872:V1	Accepted by CA - on 9/27/2024				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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253872

SSR Document History

September 27, 2024

Created:	September 27, 2024
By:	Marjory(mpergament@cbiz.com)
Status:	USERSIGNED
Transaction ID:	Y8XP24LQ0T04Z7R5GX7KKQV2Z0

"253872" History

-  Document created by Marjory Pergament(mpergament@cbiz.com)
9/25/2024 17:10:14 PM Eastern Daylight Time - IP address: 4.30.254.58
-  Document viewed by MULTIPLE SCLEROSIS FOUNDATION, INC.(kasey@msfocus.org)
9/27/2024 10:34:54 AM Eastern Daylight Time - IP address: 98.55.184.59
-  Document e-signed by MULTIPLE SCLEROSIS FOUNDATION, INC.(kasey@msfocus.org)
Signature Date: 9/27/2024 10:36:06 AM Eastern Daylight Time - IP address: 98.55.184.59
-  Document Signed and Filed.
9/27/2024 10:36:06 AM Eastern Daylight Time

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20__

2023

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 of filer

MULTIPLE SCLEROSIS FOUNDATION, INC.

EIN or SSN

59-2792934

Name and title of officer or person subject to tax

KAREN MINNIS CO-EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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.

Table with 10 rows (1a-10a) and 3 columns: Form type, Total revenue/tax/balance due, and Amount. Row 1a is checked with amount 4,835,550.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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

[X] I authorize CBIZ ADVISORS, LLC to enter my PIN 50501. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2023 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 2023 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

[Handwritten Signature]

Date 09/27/2024

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.

65885645050

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 CBIZ ADVISORS, LLC Date 09/25/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name MULTIPLE SCLEROSIS FOUNDATION, INC.	Identifying number 59-2792934
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	6,754,781
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	4,835,550
3 Total expenses and disbursements (Form 199, line 9)	3	5,249,450
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.


Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here  **09/27/2024** **CO-EXECUTIVE DIRECTOR**


Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature 	Date CBIZ ADVISORS, LLC	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01243324
Must Sign	Firm's name (or yours if self-employed) and address CBIZ ADVISORS, LLC 2255 GLADES ROAD SUITE 321A BOCA RATON, FL	Firm's FEIN 34-1900735	ZIP code 33431		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code	