Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and endir		
	Coll 1, 2020, or fiscal year beginning 0011 1, 2020, and endired by the send to the IRS. Keep for your results of the transmission of transmission of the transmission of transmission of the transmission of transmi		<u>⊦ 2020</u>
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the lates		
Name of exempt organization		1	payer identification number
Capital City	Public Charter School Inc.	52	2-2210775
Name and title of officer or person subject to tax			
KAREN DRESDEN			
HEAD OF SCHOOL 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, 2 blank, then leave line 1b, 2	2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the rest, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter e applicable line below. Do not complete more than one line in Part	eturn being filed with this f r -0-). But, if you entered -0	form was
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A)		
2a Form 990-EZ check h	······································		
3a Form 1120-POL check			
4a Form 990-PF check h 5a Form 8868 check here			
6a Form 990-T check her			
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)		
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax			
	I declare that \fbox{X} I am an officer of the above organization or $$		-
	, (E n and accompanying schedules and statements, and, to the best of		
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	nic funds withdrawal (direct debit) entry to the financial institution ac e federal taxes owed on this return, and the financial institution to de the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 thorize the financial institutions involved in the processing of the elec cessary to answer inquiries and resolve issues related to the paymer as my signature for the electronic return and, if applicable, the cons	ebit the entry to this accour business days prior to the ctronic payment of taxes to nt. I have selected a perso	nt. To revoke payment o receive nal
	& COMPANY, LLC	to on	ter my PIN 10775
[A] l'authorize 3D	ERO firm name	to en	Enter five numbers, but
			do not enter all zeros
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 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	tion and Authentication		Date 🕨
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			
-	neric entry is my PIN, which is my signature on the 2020 electronical turn in accordance with the requirements of Pub. 4163, Modernized siness Returns.	•	
ERO's signature 🕨		Date ▶01/05/	/ 22
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So			
LHA For Paperwork Rec	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			