## \*\*\* Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE** 

## Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury

For calendar year 2021, or tax year beginning and ending 12/31/2021 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

▶ Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service

Name of fi	ler	, 20 10 11			EIN or SSN			
South Carolina Progressive Network					65-1305264			
Part I	•	Type of Return and Return Info	mation					
and Form 6a, 7a, 8 6b, 7b, 8	n 533 8 <b>a, 9</b> a 8 <b>b, 9</b> l	ox for the type of return being filed with 30 filers may enter dollars and cents. For a, or 10a below, and the amount on the b, or 10b, whichever is applicable, blar of complete more than one line in Part I.	or all other forms, enter whole dollars of t line of the return being filed with this	only. If you check the form was blank, th	e box on lin en leave lin	e 1a, 2a, 3a, 4a, 5a, e 1b, 2b, 3b, 4b, 5b,		
		·	revenue, if any (Form 990, Part VIII, c	olumn (A), line 12)	1b	7,019		
		n 990-EZ check here . ► □ b Total revenue, if any (Form 990-EZ, line 9)						
3a F	orm							
4a F	Form 990-PF check here . ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5)				5) . <b>4b</b>			
5a F					5b			
	a Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4)							
	Form 4720 check here ▶ □ b Total tax (Form 4720, Part III, line 1)							
			due (Form 5330, Part II, line 19)					
			unt of credit payment requested (Form	n 8038-CP, Part III, li	ne 22) <b>10</b> Ł	<u> </u>		
Part II		<b>Declaration of Officer or Person</b> authorize the U.S. Treasury and its des	-	A	11 (4)	OID 1 1 1 1 1		
	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.							
<b>b</b> [	ех	a copy of this return is being filed with a secuted the electronic disclosure conse 90-PF (as specifically identified in Part I	ent contained within this return allowir	ng disclosure by th				
Under pe			n officer of the above named entity or	☐ I am the perso	on subject to , (EIN)	tax with respect to		
knowledge of the elector to the IR	ge ar ectro IS an	ave examined a copy of the 2021 element belief, they are true, correct, and connic return. I consent to allow my intermed to receive from the IRS (a) an acknowns the return or refund, and (c) the consensing the return or refund, and	mplete. I further declare that the amount ediate service provider, transmitter, or wledgement of receipt or reason for r	nt in Part I above is electronic return or	the amoun iginator (ER	t shown on the copy O) to send the return		
Sign		Shannon Herin	November 15, 2022	Shannon Herin,	Treasurer			
Here	7 -	Signature of officer or person subject to ta	x Date	Title, if applicable	1100000101			
Part III		Declaration of Electronic Return	n Originator (ERO) and Paid Pre	eparer (see instr	uctions)	_		
I am only The entit be filed v Informati have exa	y a c y offi with ion fo amine	I have reviewed the above return and tollector, I am not responsible for reviewicer or person subject to tax will have so the IRS to the officer or person subjector Authorized IRS e-file Providers for Bed the above return and accompanying complete. This Paid Preparer declaration	wing the return and only declare that tigned this form before I submit the retuit to tax, and have followed all other reusiness Returns. If I am also the Paid schedules and statements, and, to the	this form accurately urn. I will give a cop equirements in Pub Preparer, under pe he best of my know	reflects the y of all form . 4163, Mod nalties of peopledge and	e data on the return. is and information to dernized e-File (MeF) erjury I declare that I		
ERO's		O's nature	Date Check if also Check if self-paid preparer employed □		ERO's SSN o	RO's SSN or PTIN		
Use		Firm's name (or yours if self-employed),			EIN			
Only		address, and ZIP code			Phone no.			
	vledg	ies of perjury, I declare that I have exarge and belief, they are true, correct, and ge.						
Paid	ro-	Print/Type preparer's name	Preparer's signature	Date	Check if se	I		
-	Preparer Use Only					<b>&gt;</b>		
USE U	ılıy	Firmed and down a N			Db			

Phone no.

Firm's address ▶