

Reporting Agent Authorization for Magnetic Tape/Electronic Filers

For Reporting Agents – If you submit magnetic tape or electronic forms, please refer to publication 1474.

For EFTPS Payments ONLY – When your form is completed, please mail to: Internal Revenue Service

Stop 5324 5333 Getwell Road Memphis, TN 38118

Instructions

Please read the following instructions before filling out the information on the reverse side of this form.

Taxpayer's Information

- Employer identification number (EIN). Enter taxpayer business nine-digit Employer Identification number without dashes.
- 2. Other ID. For Reporting Agent use only.
- 3. Taxpayer Phone Number. Provide taxpayer area code and phone number. (optional)
- **4.** "New" EIN. Check this box if taxpayer has recently applied for an EIN and has not yet received notice CP 575 (Verification of your EIN) from IRS.
- **5. Seasonal or Intermittent.** Check this box if taxpayer business is seasonal or intermittent and there are quarters during the calendar year for which taxpayer will not pay wages.
- **6. Taxpayer Legal Name** Enter the Sole Proprietor/Owner's name. This must match the name on IRS records. Do not abbreviate or omit spaces. Do not use the word "The" as the first word unless it is followed by only one other word. Include legal/formal suffixes with individual names (i.e. MD, PHD, CPA, Jr, Sr, III, etc.)
 - * Valid characters are A-Z, 0-9, ampersand, hyphen, and only one blank space between each word. Any other punctuation, such as a comma, period, number sign, apostrophe, and multiple blanks is invalid.
- **7. Doing Business As (DBA) Name.** Enter the trade name (DBA) of the business if different from the taxpayer name. Follow the same instructions as shown for Item 6 above; however, DO NOT enter "DBA" or "TA" on this line; show name only. Use valid character information as defined in Item 6*.

Note: Partnerships should enter the DBA name in Item 7. Enter the general partner's name or the first partner's name in Item 6. If a Corporation is a general partner, do not include the name in Item 6.

8. Address. Enter address of taxpayer. Use valid character information as defined in Item 6*.

Reporting Agent information

- 9. Reporting Agent name. Use valid character information as defined in Item 6*.
- 10. Reporting Agent ID Number.
- 11-12. Reporting Agent phone & fax.
- 13. Reporting Agent address. Use valid character information as defined in Item 6*.

Reporting Agent Authorization

- **14. Return Filing Method.** Indicate tax return filing method, electronic, magnetic, **or both.** For Tax Form 941, enter the ending month of the quarter and year (3/1999, 6/2000, etc.). For Tax Form 940, enter the Tax Year (2000, 2001, etc) this agent will begin the annual filing.
- **15. Filing Authorization.** Form 8655 can be used to authorize Reporting Agents to file certain tax returns on paper for existing clients who have already authorized the filing of magnetic/electronic Forms 941 and/or Forms 940 by the Reporting Agent. For Forms 941PR, 941SS, and 941NMI, enter the ending month of the quarter and year (3/2000, 6/2000, 9/2000, 12/2000), the Reporting Agent will file this return for the first time. For Forms 943, 943PR, 945 and CT-1, enter the Tax Year (2000, 2001, etc.) the agent will begin the annual filing.
- **16. Tax Period.** Enter the tax period that electronic Federal Tax Deposits (FTDs) or other federal payments will be made. For electronic FTDs, enter the first month and year (2/2000, 3/2000, etc.) the Reporting Agent will begin making any deposit, regardless of tax type(s).
- 17. Correspondence Authorization. If you wish to have your Reporting Agent receive correspondence, please check here.

Authorization Agreement

18. Signature. The taxpayer must sign the enrollment form authorization agreement for the Reporting Agent to participate.

Paperwork Reduction Act Notice: In accordance with the Paperwork Reduction Act of 1995, we ask for the information in the Reporting Agent Authorization Enrollment Form in order to carry out the requirements of 26 United States Code 6001, 6011, and 6109. You are not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue Barvice to assure that payment(s) are properly credited to the appropriate account(s). Your response is mandatory if you are required by regulations to use Electronic Funds Transfer to make your Federal Tax Deposits. The time needed to provide this information will vary depending on individual circumstances. The estimated average time is ten minutes. If you have comments concerning the accuracy of this time estimate or suggestions for reducing this burden, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Please do not send the enrollment form to this address.

The Privacy Act of 1974 requires that when we ask individuals for information about themselves, we state our legal right to ask for the information, why we are asking for the information, and how it will be used. We must also tell you what could happen if we do not receive all or part of it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and applicable regulations. This information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS). The information may not be disclosed except as provided by section 6103 of the Internal Revenue Code. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may also give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their laws. We may give it to foreign governments because of tax treaties they have with the United States. Your response is mandatory if you are required by regulations to use electronic funds transfer, your response is voluntary. If you do not provide all or part of the information, you may not be eligible to participate in EFTPS. If you are required to use electronic funds transfer to pay taxes owed, you need to pay the taxes due by another method.

• U:							only. r s.								one the b							any	stra	y mar	rks (on th	is fo	rm.			State			5	2 4 Zip Co		1		
Tax	pa	ye	p'	s In	foi	·ma	atic	on																															
1. Emp	olov	er I	dent	ifica	tion	Num	ber ((EIN))			2. Otl	ner ID)								3	3. Tax	payer	Pho	ne Nı	ımbei	r (op	tional):							1		
		Ü					T .	(=,	,								Т					Ī		1,000		/[(- -			Т	Т	Т	٦	4.			ck hei new" l	re if EIN EIN
		Π												П								l				/ L									5.		Che	ck hei	re if
6. Tax	pay	er L	egal	Nan	ne:																		Are	ea Code											0.		Sea	sonal	
																																					IIIC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7. Doi	ng I	Busi	nes	s As	(DB/	4) Na	ame:																											DE	MENA	DED.			
																																			MEMI EFTP			ıte eir	an
8. Add	Ires	s (a	s on	file	with	the	Inter	nal F	Rever	nue S	Servic	e):																						and	inail mail to:				
																																			nterna Stop 5		venu	e Ser	vice
City	r:									_										Stat	e:		Zip C	ode:								_		5	333 C	etwo			
										П									7 [Γ	Ť		Т					Т		7		N	Viemp	his, '	FN 38	118	
										L												L													Repo mit m				
Rep	101	rti	ng	Ag	en	t In	for	·ma	atio	n																								elei	ctroni	c tax	form		
9. Rep				_ =																														pub	licati	on 14	174.		
10. Re	noq	ting	Age	ent II) Nu	mbe	r:					11. R	eport	ting A	Agent	Phon	ne Nu	mbe	r:								12	. Rep	ortin	g Ag	ent Fa	ax Nu	ımbeı	r:					
		H													/[Ш			Т							/					Т		Т			
		l L										A	rea Co	de	/ L				J L							Ar	ea Cod	le	1/				1 L						
13. Re	ioq	ting	Age	ent A	ddre	SS:				_				Т			I		_	_		_	_		T	_	_	T	Т	_	_	7							
City	r:																			Stat	e:		Zip C	ode:															
					Т					Г									7 [
																			JL			L										J							
14. Fo	r ea	ıch f	fede	ral e	ectr	onic	form	to b	oe file	ed, in	ndicat	e the	filing	met	hod: E	lectr	onic,	Mag	neti	с Тар	e,		1	I6. Ele	ctro	nic Fe	deral	Tax	Depo	sits a	nd ot	her F	eder:	al Pa	yment	s:			
															ctions skin				f For	m 86	555	Form Starting Davied																	
is being submitted only to authorize ele Form Filing Method											o pay		. (2.	,	•	Beginning Period											Starting Period						Form	2	Starting Period				
940	0				Г	E	lectro	onic	Г		Magne	etic Ta	ape										940										1041	-					
941						 EI	lectro	onic	Ī	<u> </u>	Vlagne	gnetic Tape												941	-								CT-1	-					
										_														943	-								990C	-					
15. Reporting Agent is authorized to file the following forms on the Beginning Period indicated:																945	-								990T	-													
Form Number Beginning Pe									riod			Fo	rm N	Number Beginning Period										720 1042	-								990Pl						
F	orr	n 94	11PF	3	-						. L		rm 94								_			1120	-							<u>.</u>	<u>other</u>						
F	orr	n 94	13		-							_	rm C								_			1120	-							-							
F	orr	n 94	15		-					—	- [Fo	rm 94	41NN	11	_					_		1	17	_										o rece				i+h
F	orr	n 94	13PF	3	-					—	-																						Item		s, and/	OI LI	IIISUII	pts wi	IUI
18. Ple												a ma	ac th	na tav	navar	of th	no roc	none	ihilit	v to i	ancura	that	all to	ıv ratıı	rne a	ro filo	nd and	1 all t	2000	ara n	aid or	time	a The	n rone	ortina	anant	(doci	nnaa)	named
ab	ove	is a	autho	orize	d to s	sign a	and fi	ile fe	deral	empl	loyme	ent tax	retui	rns tr	ansmi	tted e	electr	onica	ılly, s	ubm	itted o	n ma	gneti	c tape	(or ir	n spec	cial cir	cums	stance	es, si	ıbmitt	ed on	n pape	er) an	nd/or m	nake f	ederal	tax d	eposits emains
in	eff	ect	unti	il the	e tax	paye	r or	des	signee	e not	tifies	the 1	ŔS t	hat t	his a	uthor	izatio	n is	terr	ninat	ed or	revo	oked.	l aut	horiz	ze the	: IRS	to	disclo	se o	therw	rise c	confid	dentia	ıl tax	inforr	natior	relat	ting to
															relati taxpay) pay	irrent	is to	ue r	nade t	y th	e age	iii (IN	ciuali	ny de	posit	requ	ireme	uis.)	ı cer	ury th	iat I I	ııave	irie at	ılılori	ıy 10 a	ιυίΠ0ľ	ize the
																	_															Da	ıte (r	equir	ed)				
	Sig	natu	re (r	equir	ed)											-	Tit	tle (if	appl	cable	:)																		

Marking Instructions for Tax Form 8655:

• Use black or blue ink only.

• Please print legibly. Use one character per block.

MARKING EXAMPLE: