

# Form 8655 Reporting Agent Authorization for Magnetic Tape/Electronic Filers OMB 1545-1058

## Taxpayer's Information

1. Employer Identification Number (EIN)

2. Other ID

3. Taxpayer Phone Number (optional):

Area Code

4.  Check here if EIN is "new" EIN

5.  Check here if Seasonal or Intermittent Filer

6. Taxpayer Legal Name:

7. Doing Business As (DBA) Name:

8. Address (as on file with the Internal Revenue Service):

City:

State:

Zip Code:

## Reporting Agent Information

9. Reporting Agent Name:

10. Reporting Agent ID Number:

11. Reporting Agent Phone Number:

Area Code

12. Reporting Agent Fax Number:

Area Code

13. Reporting Agent Address:

City:

State:

Zip Code:

## Reporting Agent Authorization

14. For each federal electronic form to be filed, indicate the filing method: Electronic, Magnetic Tape, or both. Also enter the beginning period as indicated in the instructions for item 15. *If Form 8655 is being submitted only to authorize electronic payments (EFTPS), skip to Item 16.*

Form	Filing Method		Beginning Period
940	<input type="checkbox"/> Electronic	<input type="checkbox"/> Magnetic Tape	_____
941	<input type="checkbox"/> Electronic	<input type="checkbox"/> Magnetic Tape	_____

16. Electronic Federal Tax Deposits and other Federal Payments:

Form	Starting Period	Form	Starting Period
940	_____	1041	_____
941	_____	CT-1	_____
943	_____	990C	_____
945	_____	990T	_____
720	_____	990PF	_____
1042	_____	<b>other</b>	_____
1120	_____		_____

15. Reporting Agent is authorized to file the following forms on the Beginning Period indicated:

Form Number	Beginning Period	Form Number	Beginning Period
<input type="checkbox"/> Form 940PR	_____	<input type="checkbox"/> Form 941SS	_____
<input type="checkbox"/> Form 941PR	_____	<input type="checkbox"/> Form CT-1	_____
<input type="checkbox"/> Form 943	_____	<input type="checkbox"/> Form 941NMI	_____
<input type="checkbox"/> Form 945	_____	<input type="checkbox"/> Form 1042	_____
<input type="checkbox"/> Form 943PR	_____		

17.  Check here if the reporting agent is authorized to receive notices, correspondence, deposit requirements, tax rates, and/or transcripts with respect to the authorizations given in Items 14-16.

18. State and Local Forms \_\_\_\_\_

## Authorization Agreement

19. Please read the following Authorization Agreement:

I understand that this authorization does not absolve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and all taxes are paid on time. The reporting agent (designee) named above is authorized to sign and file federal employment tax returns transmitted electronically, submitted on magnetic tape (or in special circumstances, submitted on paper) and/or make federal tax deposits (FTDs) and other Federal Tax Payments for the above taxpayer. This authorization applies to the above federal employment tax returns and/or payments beginning with the tax period indicated and remains in effect until the taxpayer or designee notifies the IRS that this authorization is terminated or revoked. I authorize the IRS to disclose otherwise confidential tax information relating to employment tax returns to be filed by the agent (designee) and/or relating to payments to be made by the agent (including deposit requirements.) I certify that I have the authority to authorize the disclosure of otherwise confidential tax information on behalf of the taxpayer.

Signature (required) \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

Date (required) \_\_\_\_\_