## **Reporting Agent Authorization**

OMB No. 1545-1058

	tment of the Treasury al Revenue Service	▶ Info	rmation about Fo	rm 8655 and	its instructions is	at www.irs.gov/For	rm86	55.			
Tax	payer								•		
1a		r (as distinguished fi	rom trade name)				2	Employer	identificatio	n number	(EIN)
	. ,	`	,								
1b	Trade name, if ar	ade name, if any						-	seasonal en		
3	Address (number, street, and room or suite no.)						5	Other ident	ification num	ber (option	al)
	City or town, state	e, and ZIP code									
6	Contact person			<b>7</b> Day	time telephone numbe	er	8	Fax numbe	r		
Rep	orting Agen	t									
9	Name (enter company name or name of business)						10 Employer identification number (EIN)				
11	Address (number	r, street, and room o	r suite no.)				l				
	City or town, state	e, and ZIP code									
12	Contact person			<b>13</b> Day	rtime telephone numbe	er	14	Fax numbe	er		
<u></u>	harization of	F Donorting A	gont To Sign (	nd File Be	turno (Coution	n: See <i>Authoriza</i>	tion	Agroon	nont)		
15	Indicate the tax re	eturn(s) to be signed	d and filed. For quarter	rly returns, use "	YYYY/MM" format. "M	M" is the last month of ate the year for which the	the q	uarter for wh	hich the auth	orization be	 ∍gins
	940	941	940-P	R	941-PR	941-SS			943		
					1042						
<u></u>	harization of	f Donortina A	gent To Make	Danasita a	and Daymonto	(Coution: Soc.	A46		1 A ara a na		
16	Indicate the tax r	eturn(s) for which th	_	uthorized to mal		(Caution: See A				•	
	940	9/1	943		944	945			720		
			1120			990-PF					
Dur	Nicato Notice	es to Reportir	na Agente								
17		•				respondence regarding	-				
Dis	closure Auth	orization for	Forms Series	W-2, 1099,	and/or 3921/39	922					
18a	The reporting	agent is authoriz	ed to receive othe	erwise confider	ntial taxpaver inform	nation from the IRS	to	assist in	responding	to certai	n IRS
		•				ective for calendar					
b	The reporting	agent is authoriz	ed to receive othe	erwise confider	ntial taxpayer inform	ation from the IRS	to	assist in	responding	to certai	n IRS
	notices relating	to the Form 16	099 series informat	ion returns. T	his authority is effe	ective for calendar	year	forms bec	ginning		
С	The reporting	agent is authoriz	ed to receive other	erwise confider	ntial taxpayer inform	nation from the IRS	to	assist in	responding	to certai	n IRS
						ndar year forms be	ginni	ng	<u> </u>		
Stat	te or Local A	uthorization	(Caution: See	<u>Authorization</u>	on Agreement)						_
19			រុ agent to sign and file	e state or local re	eturns related to the au	thorization granted on	line 1	5 and/or line	e 16		L
	horization A										
payme comple are c effect relating	ents are made and eted, the reporting completed, the repo until it is terminat g to the authority	d that I may enrol agent named above orting agent named ed or revoked by t granted on line 15	I in the Electronic F is authorized to sign above is authorized the taxpayer or reporti and/or line 16, inclu	ederal Tax Payl and file the re to make deposit ing agent. I am iding disclosures	ment System (EFTPS) eturn indicated, beginning ts and payments beging authorizing the IRS required to process F	to ensure that all tax to view deposits and ng with the quarter or nning with the period to disclose otherwise of Form 8655. Disclosure ney (Form 2848) or Ta	d pay year indica onfide author	ments made indicated. If ated. Any a ntial tax infe rity is effect	e on my be any starting authorization gormation to t tive upon sig	chalf. If line dates on granted rem the reporting mature of t	e 15 is line 16 nains in g agent taxpayer
C:		ave the authority to	execute this form and	d authorize disclo	osure of otherwise con	fidential information on	beha	ılf of the tax	payer.		
Sig He					<b>\</b>						
	·	Signatu	re of taxpaver		<b>/</b>	Title		- 7 -	D	ate	