



E-ZRep

Tax Information Access and Transaction Authorization Form

Part 1 – Taxpayer information *(if married, each spouse must submit a separate form, even if the spouse files a joint return)*

Taxpayer's SSN or EIN	Taxpayer's name <i>(first name, middle initial, last name, or legal name of business)</i>
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Part 2 – Tax professional information

Name of company providing tax professional services or individual's name if self-employed <i>(hereinafter, the tax professional)</i>
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Part 3 – Tax matters covered by this authorization *(select at least one)*

For the tax matters indicated below, the tax professional is authorized to (1) access the taxpayer's account information and perform transactions online through the Tax Department's Online Services, and (2) receive confidential information from the Tax Department.

Business	Individual/Fiduciary
All current and future services <i>(no other entry is required in Part 3 if this box is marked)</i> <input type="checkbox"/>	All current and future services <i>(no other entry is required in Part 3 if this box is marked)</i> <input type="checkbox"/>
Payments, bills, and notices <input type="checkbox"/>	Payments, bills, and notices <input type="checkbox"/>
Sales tax <input type="checkbox"/>	Personal income tax <input type="checkbox"/>
Employment and withholding taxes <input type="checkbox"/>	Respond to department notice <input type="checkbox"/>
Corporation tax <input type="checkbox"/>	Change of address <input type="checkbox"/>
Partnership tax <input type="checkbox"/>	Casual sale tax <input type="checkbox"/>
Other taxes <input type="checkbox"/>	
Registrations and account updates <input type="checkbox"/>	
Annual transaction information <input type="checkbox"/>	
Respond to department notice <input type="checkbox"/>	
File exchange <input type="checkbox"/>	

Part 4 – Expiration date

If the taxpayer wishes to limit the period of time for which this authorization is effective, enter the expiration date here. This date will be applied to all services selected above. If no date is entered, this authorization for the services selected above will remain in effect until revoked.

Expiration date <i>(mm-dd-yyyy)</i>

Part 5 – Signature

I certify that I am the individual named in Part 1 above, or, if the taxpayer named in Part 1 is other than an individual, I certify that I am acting on the taxpayer's behalf in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary, and that I have the authority to execute this *Tax Information Access and Transaction Authorization Form* on behalf of the taxpayer.

I understand and agree that by signing and providing this form to the tax professional, I am authorizing the tax professional to access the taxpayer's account information online and to receive confidential information from the Tax Department for the tax matters authorized on this document.

In addition, if I have authorized the tax professional to file returns or other documents and/or make payments on the taxpayer's behalf online, I understand and agree that the tax professional's submission of authorized transactions, together with this signed authorization, will serve as the

taxpayer's signature for such transactions. I further understand and agree that I must examine the information reported in those transactions and verify that the information submitted is true, correct, and complete. The tax professional has my consent to complete these transactions on the taxpayer's behalf. If the transaction includes authorization for electronic funds withdrawal, I certify that the New York State Tax Department, through its designated financial agents, is authorized to initiate such electronic funds withdrawal(s) from the financial institution account indicated in the transaction, and that the financial institution is authorized to debit the entry to the account. I understand and agree that payment transactions will be processed upon transaction submission and payment authorization cannot be revoked, unless otherwise stated at the point of submission of the payment transaction.

I further understand and agree that I can revoke the tax professional's access and authority to receive information and execute taxpayer transactions at any time.

Signature	Print name	Date
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Retention information

The tax professional must retain a copy of this authorization form for the duration of the authorization plus three years, and make a copy available to the Tax Department upon request. **Do not mail this form to the Tax Department.**

No revocation of prior tax information authorization(s)

Executing and providing this authorization to the tax professional does not automatically revoke any prior authorizations that have been completed. If the taxpayer wants to revoke a prior authorization, access our website at www.tax.ny.gov or call us at (518) 485-7884.

The execution of Form TR-2000 does not revoke any power of attorney that is currently in effect for the same tax matters listed in Part 3 above. **This form is not a power of attorney (POA).**

