

EL-8655



City of East Lansing
INCOME TAX DEPARTMENT

EL-8655

PLEASE TYPE OR PRINT

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Reporting Agent Authorization

Revised 10/26/2018

Taxpayer

Form with fields: 1. Name of taxpayer, 2. Federal employer identification number, 3. Trade name, 4. Address, 5. Other identification number, 6. City, 7. State, 8. ZIP code, 9. Contact person, 10. Daytime telephone number, 11. Fax number

Reporting Agent

Form with fields: 12. Name, 13. Federal employer identification number, 14. Address, 15. City, 16. State, 17. ZIP code, 18. Contact person, 19. Daytime telephone number, 20. Fax number

Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

21. Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Includes checkboxes for EL-941, EL-W-3, and Forms W-2.

Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)

22. Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. Includes checkboxes for EL-501, EL-941, and EL-W-3.

Disclosure of information to Reporting Agents

23a. Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the income tax department of the above named city related to the authorization granted on lines 21, 22, and/or line 24. 23b. Check here if the reporting agent also wants to receive copies of notices from the city income tax department.

Disclosure Authorization

24. The reporting agent is authorized to receive otherwise confidential taxpayer information from the income tax department of the city named above to assist in responding to certain notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning [ ]

Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If line 21 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 22 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent. I am authorizing the income tax department of the above named city to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 21 and/or line 22, including disclosures required to process Form EL-8655. Disclosure authority is effective upon signature of taxpayer and receipt of Form 8655 by the income tax department of the above named city. The authority granted on Form 8655 will not revoke any Power of Attorney (Form EL-2848) in effect.

Sign Here section with fields: 12. Sign your name here, 13. Print your title here, 14. Print your name here, 15. Date (MM/DD/YYYY), 16. Best daytime phone number