Form 2678 Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

• If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

For IRS use:	

OMB No. 1545-0748

	ote. This appointme r filing Form 2678 o		til we approve your request	. See the instructions				
• If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.								
Pa	rt 1: Why you a	re filing this form	,	-				
`_\		at an agent for tax repean existing appointm	orting, depositing, and pay nent.	ing.				
Pa	rt 2: Employer o	or Payer Information	: Complete this part if you	u want to appoint an	agent or revoke ar	n appointment.		
1	Employer identifi	cation number (EIN)						
2	Employer's or pa (not your trade na							
3	Trade name (if an	ny)						
4	Address							
			Number	Street		Suite or room number		
			City		State	ZIP code		
			City		Oldio]		
			Foreign country nan	ne Foreign pr	ovince/county	Foreign postal code		
5			an agent or revoke the a	gent's	For ALL	For SOME		
	appointment to fi	ile. (Check all that appl	ly.)		employees/	employees/		
				p.	ayees/payments	payees/payments		
			Federal Unemployment (FU	JTA) Tax Return)*	ayees/payments	payees/payments		
	Form 941, 941-PF	R, 941-SS (Employer's	QUARTERLY Federal Tax	ITA) Tax Return)* Return)	ayees/payments	payees/payments		
	Form 941, 941-PF Form 943, 943-PR	R, 941-SS (Employer's (Employer's Annual F		ITA) Tax Return)* Return)		payees/payments		
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Par	t 3: Agent Infor	mation: If you will be an agent fo	r an employer	or payer, or wa	nt to revoke an	appointment,	complete this part.	
6	Agent's employe	r identification number (EIN)] - [
7	Agent's name (no	ot trade name)						
8	Trade name (if an	y)						
9	Address							
			Number	Street			Suite or room number	
			City			State	ZIP code	
			Foreign country na	ame	Foreign province/o	county	Foreign postal code	
Check here if the employer is a home care service recipient receiving home care services through a program administered by a federal, state, or local government agency.								
Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, it is true, correct, and complete.								
V	Sign your			Print you	r name here			
\	name here			Print you	r title here			
	Date	/ /		Best dayt	ime phone			

Form **2678** (Rev. 8-2014)