Form **2678** Employer/Payer Appointment of Agent

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

(Rev. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

For IRS use:

revo	ke an existing appointment.			
ar	you're an employer or payer who wants to nd 2 and sign Part 2. Then give it to the agent. gn it.			
	ote: This appointment isn't effective until we appoint isn't effective until effective u	rove your request. See the instr	uctions	
	you're an employer, payer, or agent who want mplete all three parts. In this case, only one sign		ntment,	
Pa	rt 1: Why you're filing this form.			
`	ck one)			
	ou want to appoint an agent for tax reporting, de ou want to revoke an existing appointment.	epositing, and paying.		
Pa	rt 2: Employer or Payer Information: Comple	ete this part if you want to appo	oint an agent or revoke	an appointment.
1	Employer identification number (EIN)			
2	Employer's or payer's name (not your trade name)			
3	Trade name (if any)			
4	Address			
		Number Street		Suite or room number
		City	State	ZIP code
		Foreign country name	preign province/county	Foreign postal code
			or eldir brownice/country	i oreigii postai code
5	Forms for which you want to appoint an agen		,	
5	Forms for which you want to appoint an agen appointment to file. (Check all that apply.)		For ALL employees/	For SOME employees/
5	appointment to file. (Check all that apply.)	t or revoke the agent's	For ALL employees/ payees/payments	For SOME employees/
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Cat. No. 18770D

Form 2678 (Rev. 12-2024) Part 3: Agent Information: If you'll be an agent for an employer or payer, or want to revoke an appointment, complete this part. 6 Agent's employer identification number (EIN) 7 Agent's name (not trade name) Trade name (if any) **Address** Number Street Suite or room number City State ZIP code Foreign postal code Foreign country name Foreign province/county 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, they are true, correct, and complete. Print your name here Sign your name here Print your title here

Best daytime phone

Date

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