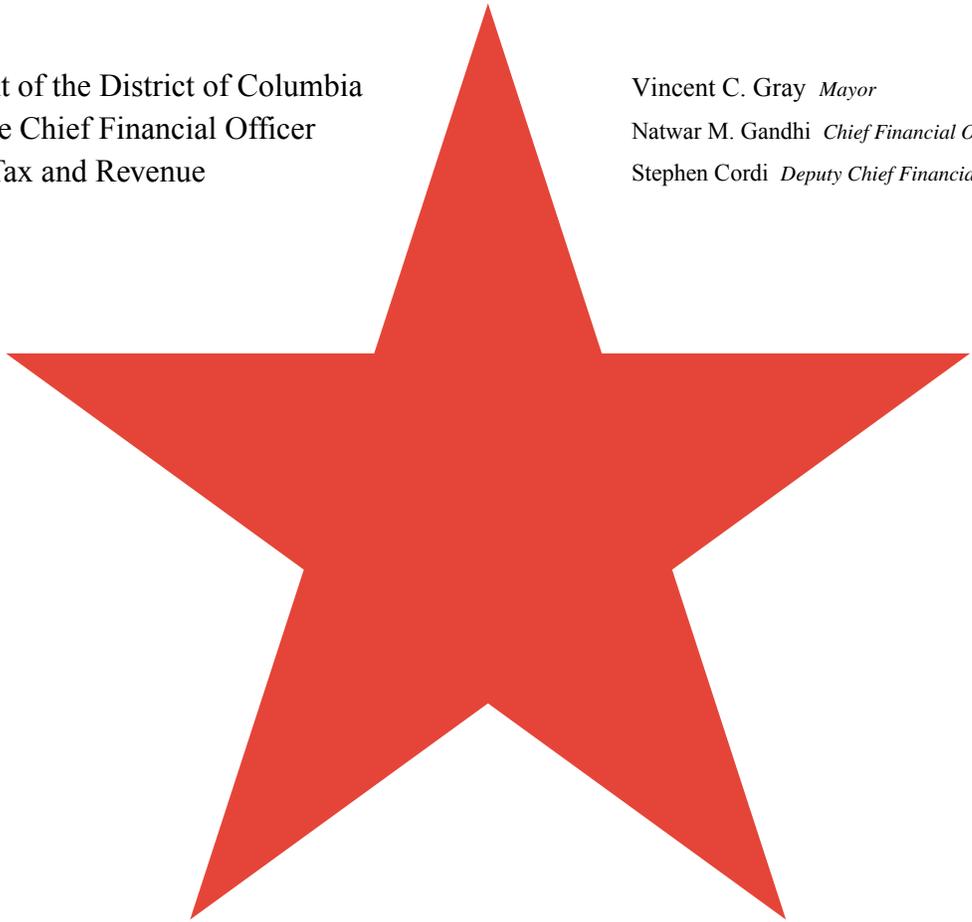




Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue

Vincent C. Gray *Mayor*  
Natwar M. Gandhi *Chief Financial Officer*  
Stephen Cordi *Deputy Chief Financial Officer*



# eTSC Business Registration Application

Services of the eTSC  
Registration Instructions  
eTSC Registration Application  
**VERSION 1.1 05/09/11**

## The Electronic Taxpayer Service Center

The electronic Taxpayer Service Center (eTSC) provides secure access to DC Business Tax information. As a registered Taxpayer Service Center customer, you may file tax returns, remit payment via credit card or electronic funds transfer (EFT), view account balance information, and correspond with the DC Office of Tax and Revenue (OTR).



If you are a third party bulk filer, or filing on behalf of another entity, please complete the D-2848, Power of Attorney (POA) and Declaration of Representation attached to this application. Businesses completing the POA are authorizing the third party, to view and have access to all of your tax accounts.

The Taxpayer Service Center currently supports electronic filing for Sales and Use monthly and quarterly returns, Employer Withholding monthly, quarterly and annual reconciliation returns, Specialized Sales Tax monthly returns, Ballpark Fee annual returns, and Corporate and Unincorporated Business Franchise Tax estimated payments, Department of Health Care Finance (DHCF) Nursing Provider, Stevie Sellows Intermediate Care Facility for the Mentally Retarded (ICF-MR), and Hospital Assessment. It also supports account balance inquiry on and electronic payment for the following taxes:

- Sales and Use Tax
- Employer Withholding
- Specialized Sales Tax
- Ballpark Fee
- Corporation Franchise Tax
- Unincorporated Franchise Tax
- Personal Property Tax
- DHCF

The electronic Taxpayer Service Center Registration Application must be completed to gain access to the DC eTSC and their account(s) information. The application may be completed at the time of Business Tax Registration, or separately on-line, and fax (202) 442-6388 or by email at [ETSCAccount@dc.gov](mailto:ETSCAccount@dc.gov). Logon/user ID's and passwords will be sent by regular mail.

**Proof of Filing:** The transaction number provided by eTSC upon filing can be used as legal proof of filing.

Use of the Center is free of charge.\*

\*A small fee is charged for credit card payments; however, electronic filers are not required to pay by credit card. Other payment options include EFT or payment by check. Reference the EFT guide posted at [www.taxpayerservicecenter.com](http://www.taxpayerservicecenter.com).

## INSTRUCTIONS

The following general instructions are provided to assist you in completing the application form.

### **PART I - GENERAL BUSINESS INFORMATION**

- 1 (a). Federal Employer Identification Number** - Please provide the Federal Employer Identification Number of the business.
- 1 (b). Social Security Number** - In the case of a sole proprietorship, with no employees, the Social Security Number of the sole proprietor can be used in lieu of a Federal Employer Identification Number. This is not required if a Federal Employer Identification Number is provided in question 1 (a).
- 2. Business Name** - The legal name of the business, as registered with the DC Office of Tax and Revenue.
- 3. Trade Name** - The trade name of the business, as registered with the DC Office of Tax and Revenue.

**PART II - AUTHORIZING AGENT INFORMATION** must be completed to allow authorized officials of the company access to the Electronic Taxpayer Service Center. The Authorizing Agent must be an official of the business and is the person with the authority to grant access to District of Columbia tax account information for the business identified in **PART I - GENERAL BUSINESS INFORMATION**. In completing this section, the Authorizing Agent is granting such access to the Authorized Agent(s) listed in **PART III - AUTHORIZED AGENTS**.

### **PART III - AUTHORIZED AGENTS**

This section identifies the individuals authorized to view tax account information, file tax returns, and remit tax payments on behalf of the business identified in PART I. The name and e-mail address of each user are required for registration. The Social Security Number is optional. If the Social Security Number is provided, it will be assigned to the user as his/her Logon ID. If it is not provided, a random Logon ID will be assigned to that user.

### **PART IV - ELECTRONIC FUNDS TRANSFER REGISTRATION**

This section enables your organization to electronically transfer funds from your bank account to the Office of Tax and Revenue's bank account. You may use either the Debit payment method or the Credit payment method. Please be aware that registration for Electronic Funds Transfer is optional. The customer may also remit payments via credit card or check. Please also be aware that registration for Electronic Funds Transfer does not preclude the business from submitting payment by credit card or by check.

If completing Part IV, the **ELECTRONIC FUNDS TRANSFER REGISTRATION**, please note the following:

- The **Contact Person** should be the person to call if there is a problem with the ACH transaction, e.g. incorrect account numbers, incorrect addenda format, etc.
- The **EFT payment method** preferred by your organization, whether Credit or Debit.

### **Credit Payment Method**

If you select the Credit Payment method, you'll need to authorize your bank to credit the Office of Tax and Revenue's bank account by debiting your bank account. The National Automated Clearinghouse Association (NACHA) sets the standards for transfers of funds between banks. Your bank will use the Automated Clearinghouse (ACH) Credit format as defined by the NACHA to transfer funds between your bank and the OTR's bank.

### **Debit Payment Method**

If you select the Debit payment method, you must complete the **FINANCIAL INSTITUTION INFORMATION** portion of Part IV. This section enables the authorized agent(s) listed in PART III to remit payments via Electronic Funds Transfer. When completing this portion, please note the following:

- The **Signature and Title of Authorized Official** is a required field. This should be someone within your organization authorized to make tax payments. By signing this form the official is authorizing the DC Office of Tax and Revenue to initiate debit transactions to your business account when the EFT payment option is used on the Electronic Taxpayer Service Center.
- The **Checking Account Number, or Savings Account Number, and Financial Institution Routing Number** are required fields.



PART I - GENERAL BUSINESS INFORMATION

1 (a). Federal Employer Identification Number   -

1 (b). Social Security Number    -   -

2. Business Name  
\_\_\_\_\_

3. Trade Name  
\_\_\_\_\_

4. Business Address  
\_\_\_\_\_  
\_\_\_\_\_

5. Local Business Phone No ( ) \_\_\_\_\_ 6. Main Office Phone No ( ) \_\_\_\_\_

PART II - AUTHORIZING AGENT INFORMATION

1. Name  
Last First MI  
\_\_\_\_\_

2. Title: \_\_\_\_\_

3. Social Security Number (optional) : \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

4. Work telephone: ( ) - \_\_\_\_\_

5. E-Mail: \_\_\_\_\_

6. Do you, the authorizing agent, require access to the Electronic Taxpayer Service Center?  
 YES, I want access  
 NO, I am only authorizing access for those listed in PART III

7. If you checked YES for Item 6, do wish to use your Social Security Number as a Logon ID?  
 YES, and I've provided my Social Security Number in Item 3.  
 NO, please assign me a random Logon ID

CERTIFICATION

I hereby authorize the agents listed in PART III to access the District of Columbia Electronic Taxpayer Service Center for the business identified PART I. This authority is to remain in full force and effect until the District of Columbia Office of Tax and Revenue has received a written termination notification from an authorized officer.

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III - AUTHORIZED AGENTS**

List the individuals you are authorizing to access the tax accounts for the business identified in PART I. The name and e-mail address of each user is required for registration. The Social Security Number is optional, and will be used as the Logon Identification Number for the user if provided. If you do not wish to provide the Social Security Number, a random Logon ID will be assigned to the user. You are granting these users access to view tax account information, file tax returns, and remit tax payments to the DC Office of Tax and Revenue.

	Name			E-Mail	SSN (optional)		
	Last,	First	MI				
1					-	-	-
2					-	-	-
3					-	-	-
4					-	-	-
5					-	-	-
6					-	-	-
7					-	-	-
8					-	-	-
9					-	-	-
10					-	-	-

**PART IV - ELECTRONIC FUNDS TRANSFER REGISTRATION (optional)**

Electronic Funds Transfer (EFT) involves the transfer of funds from your bank account to the Office of Tax and Revenue. This is a free and optional service to the registrant. You may use either the Debit payment method or the Credit payment method. You are still required to submit your tax return when using the EFT payment method.

If you would like to remit payment via EFT, please provide the following contact information.

Contact Person

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Telephone Number: ( ) - \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax Number: ( ) - \_\_\_\_\_

Specify your preferred EFT payment method :  Credit  Debit

If you specified Debit as your preferred EFT payment method, continue to page 4 to complete the Financial Information section. This section is required to enable the ACH Debit method of payment on the Electronic Taxpayer Service Center.

Signature and Title of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

PART IV - ELECTRONIC FUNDS TRANSFER REGISTRATION (optional)

Complete this section to enable Electronic Funds Transfers to be initiated on the Electronic Taxpayer Service Center by the authorizing agents listed in PART III. This service allows the authorizing agents to remit payment to the District of Columbia for tax debts via the ACH Debit method of payment. This is a free and optional service to the registrant. The Financial Institution Information below is required to enable the ACH Debit method of payment on the Electronic Taxpayer Service Center.

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**FINANCIAL INSTITUTION INFORMATION**

I authorize the District of Columbia Office of Tax and Revenue and the financial institution named below to initiate entries to my check/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

**PLEASE ATTACH A COPY OF A VOIDED CHECK**

Name of Financial Institution:	Address of Financial Institution:
Checking Account No: <input type="text"/> <input type="text"/>	
(or) Savings Account No: <input type="text"/> <input type="text"/>	
Financial institution Routing Number (between these symbols  :  : on the bottom left of your check): <input type="text"/> <input type="text"/>	

I hereby authorize the District of Columbia Office of Tax and Revenue to use the above information in direct conjunction with the Electronic Funds Transfer program. This authority is to remain in full force and effect until the District of Columbia Office of Tax and Revenue has received a written termination notification from an authorized officer. I will comply with the Electronic Funds Transfer provisions set forth by the District of Columbia Office of Tax and Revenue.

Signature of Authorizing Official: \_\_\_\_\_

**▲ Personal information**

Your first name, M.I., Last name for individual or Business name for business

Spouses first name, M.I., Last name for individual

Your SSN or EIN for business      Spouse's SSN      Your daytime phone number

Home address (number and street) or business address      Apartment number

City      State      Zip code

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**▲ Representative(s)** *This Power of Attorney will not be valid unless the Representative(s) complete the Declaration of Representative, sign and date this form on page 2.*

Name and address	EIN/SSN	
	Telephone No.	
	Fax No.	
	E-mail address	
Name and address	EIN/SSN	
	Telephone No.	
	Fax No.	
	E-mail address	

**▲ Tax matters**

Type of Tax <i>Income, Sales, etc</i>	Tax Form	Years or Periods

**▲ Acts authorized** The representatives are authorized to represent the taxpayer(s) before the Office of Tax and Revenue for the tax matters listed above, to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform (for example, the authority to sign any agreements, consents, or other documents). This authority does not include the power to receive or cash refund checks. If you wish to grant this authority to your authorized representative, please state this below. List any specific additions or deletions to the acts otherwise authorized by this power of attorney:

**▲ Notices and communications** Original notices and other written communications will be sent to you and a copy to the first representative listed unless you check the oval below.

If you do not want any notices or communications sent to your first representative, check here:

Taxpayer's SSN or FEIN

Taxpayer's Name

▲ **Retention/revocation of prior power(s) of attorney** By filing this power of attorney form, you automatically revoke all earlier power(s) of attorney on file with the Office of Tax and Revenue for the same tax matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here:

**You must attach a copy of any Power of Attorney you want to remain in effect.**

▲ **Signatures**

**Signature of taxpayer(s)** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. If other than the taxpayer, print the name here and sign below.

▲ Your signature

Date

Title *if other than individual*

Spouse's signature if filing jointly

Date

Telephone number *if other than the taxpayer*

**If not signed and dated, this power of attorney will be returned**

▲ **Declaration of Representative** *Representative(s) must complete this section and sign below.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations, contained in Treasury Department Circular # 230, as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others; and the penalties for false or fraudulent statements provided in DC Official Code Section 47-4106;
- I am authorized to represent in the District of Columbia, the taxpayer(s) identified for the tax matter(s) specified herein; and I am one of the following:
  - a A member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b A Certified Public Accountant duly qualified to practice in the jurisdiction shown below.
  - c An Enrolled Agent under the requirements of Treasury Department Circular # 230.
  - d A bona fide officer of the taxpayer's organization.
  - e A full-time employee of the taxpayer, trust, receivership, guardian or estate.
  - f A member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g An actuary enrolled by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. (the authority to practice before IRS is limited by section 10.3(d)(1) of Treasury Department Circular # 230).
  - h An unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular # 230.
  - i A general partner of a partnership.
  - j Other

▲ Designation-Inset above letter (a-j)	Jurisdiction (state)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If this declaration is not signed and dated, this power of attorney will be returned**