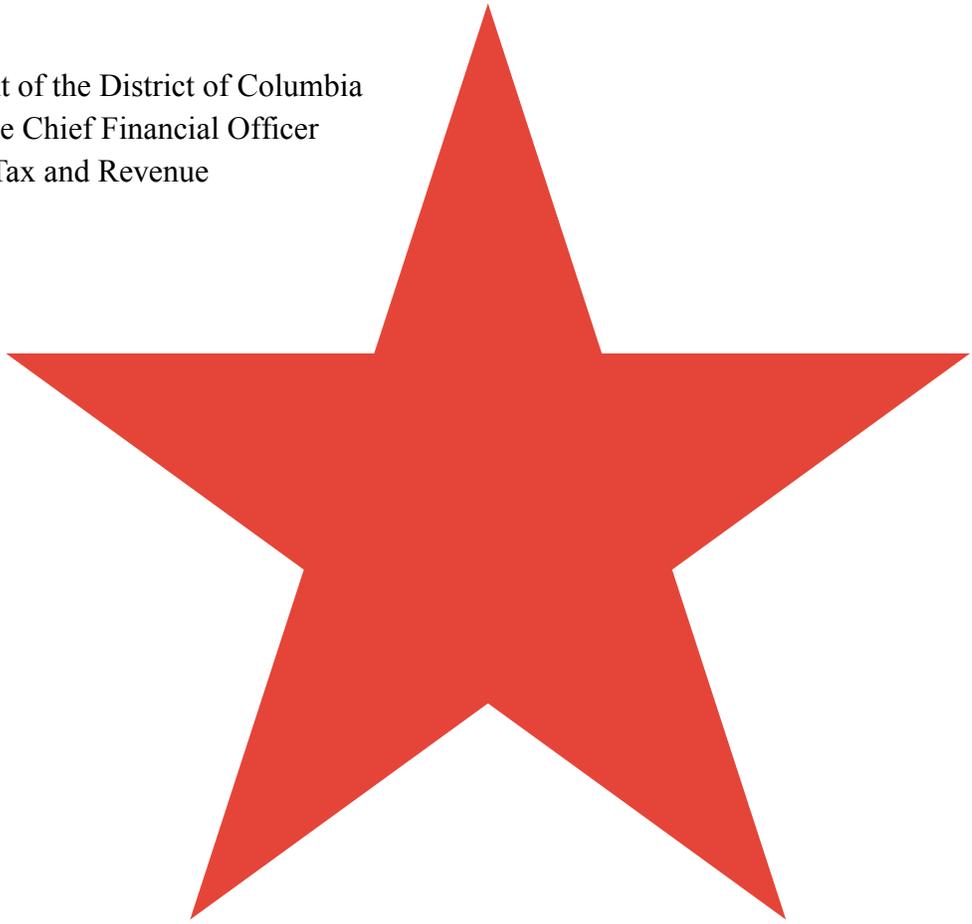




Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue



eTSC Business

Registration Application

Services of the eTSC
Registration Instructions

The Electronic Taxpayer Service Center

Logon ID's and passwords will be sent in two separate envelopes by regular mail to the address identified with the entity.

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 an entity, and are not directly employed by the 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 tax accounts. Names listed on the POA must match those listed in Part III with a unique email address.

The Taxpayer Service Center currently supports account balance inquiries, electronic filing for Sales and Use monthly, quarterly and annual returns, Employer Withholding monthly, quarterly and annual reconciliation returns, Specialized Sales Tax monthly returns, Ballpark Fee, Corporate and Unincorporated Business Franchise Tax estimated and extension payments, Personal Property Tax payments, and Department of Health Care Finance (DHCF) Assessments/Fees.

The electronic Taxpayer Service Center Registration Application must be completed to gain access to the DC eTSC. **PLEASE PRINT CLEARLY**. The application may be completed at the time of Business Tax Registration, or separately, and fax to (202) 442-6388 or by email at ETSCAccount@dc.gov.

Use of the Center is free of charge.

* If using the credit/debit option, you will be charged a fee that is paid directly to the District's credit/debit card service provider; however, electronic filers are not required to pay by credit card. Payment is effective on the day it is charged. In addition to ACH Debit, the following options are available for payment remittance:

- Electronic Check (e-check)
- Credit/Debit Card
- Direct Debit
- Check or Money Order (US Dollars)

For additional information regarding electronic payments, reference the EFT guide posted at 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 & REQUEST TO REMOVE 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 unique e-mail address of each user are required for registration.** A random Logon ID will be assigned to that user. Logon ID's are issued to individuals not the entity. This section also allows you to remove authorized agents; they will no longer have access to view tax account information, file tax returns, or remit tax payments to the DC Office of Tax and Revenue.

PART IV - ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION

This section enables your organization to electronically transfer funds from your bank account to the Office of Tax and Revenue's bank account for ACH Debit. Please be aware that registration for Electronic Funds Transfer is optional. The customer may also remit payments via credit card, e-check, or ACH Credit. Please also be aware that registration for Electronic Funds Transfer does not preclude the business from submitting payment by credit card or by check in certain circumstances. It takes 2-3 business days before the payment is reflected on your account.

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.

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 ACH Debit payment option is used on the Electronic Taxpayer Service Center.
- The Name of the Financial Institution, **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. Work telephone: _____

4. E-Mail: _____

5. 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

6. Do you currently have a logon ID? Enter the number _____

Enter the number _____

7. Are you changing your email address, if so, enter the updated email address:

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 unique e-mail address of each user is required for registration. A random Logon ID will be assigned to the user. You are granting these users access to view tax account information, file tax returns, or remit tax payments to the DC Office of Tax and Revenue.

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

Part III- REQUEST TO REMOVE AUTHORIZED AGENTS

List the individuals you are authorizing to be removed from accessing tax accounts for the business identified in PART I. You are requesting these users to be removed and they will no longer be able to view tax account information, file tax returns, or remit tax payments to the DC Office of Tax and Revenue.

	Name			Existing Logon ID
	Last,	First	MI	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Business Name _____

FEIN _____

SSN _____

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. You are still required to submit your tax return when using the ACH Debit payment method.

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

Last _____ First _____ MI _____

Telephone Number: _____ E-mail: _____

Fax Number: _____

Complete this section to enable Electronic Funds Transfers to be initiated on the Electronic Taxpayer Service Center by the authorized agents listed in PART III-Authorized Agents. 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.

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:*

Checking Account No:*

(or) Savings Account No*:

Financial Institution Routing Number* (between these symbols |: |: on the bottom left of your check):

*Mandatory Fields

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: _____ Date: _____



Government of the District of Columbia

D-2848 Power of Attorney and Declaration of Representation

OFFICIAL USE ONLY

▲ 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 *Income, Sales, etc*

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:

Business Name _____

FEIN _____

SSN _____

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-Insert 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