

**TAX/FEE PAYER AUTHORIZATION FOR
TAX PREPARER TO PERFORM ELECTRONIC SERVICES**

ACCOUNT INFORMATION

| | |
|--------------------------------------|------------------------|
| BOARD OF EQUALIZATION ACCOUNT NUMBER | BUSINESS EMAIL ADDRESS |
| BUSINESS NAME | |

I hereby authorize the tax preparer listed below to perform the following function(s) with the Board of Equalization (BOE) on my behalf:

- Electronically file (eFile) returns and/or prepayments
- Electronic Payment (ePay)
- Account Maintenance (update business email address and view history of online transactions)

| | |
|---|-----------------------------|
| NAME OF TAX/FEE PAYER <i>(please print)</i> | |
| SIGNATURE OF TAX/FEE PAYER | DATE |
| TITLE <i>(please print)</i> | TELEPHONE NUMBER () |

TAX PREPARER INFORMATION

| | |
|--|-----------------------------|
| NAME OF TAX PREPARER <i>(please print)</i> | EMAIL ADDRESS |
| ADDRESS <i>(street, city, state, zip code)</i> | TELEPHONE NUMBER () |

A confirmation email will be sent to you and your tax preparer.

If you have any questions or need assistance with completing this form, call our Taxpayer information Section at 800-400-7115 (TTY:711). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. Pacific time, except state holidays.

Return this form to:
State Board of Equalization
Taxpayer Information Section, MIC:90
PO Box 942879
Sacramento, California 94279-0090