



# GEN-53 Taxpayer Representative e-Business Center Access Authorization

Complete this form if you are a taxpayer representative (such as an accountant or payroll company representative) requesting view tax history and manage payment access to a taxpayer's information in the NC Department of Revenue's e-Business Center. **Note: Representatives must first create an NCID user ID and password before submitting this form.** Please review the instructions for additional information.

## Step 1. Taxpayer Information *(Please type or print.)*

Legal Business or Owner's Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_ or Proprietor's Social Security Number \_\_\_\_\_

## Step 2. Taxpayer Representative Information

There is space provided for up to three representatives. If you need to identify more, check here and attach a list to this form to identify the additional representatives. Note that each taxpayer representative must include his or her signature and the date signed. Taxpayer must sign all attachments.

Taxpayer Representative's Name: \_\_\_\_\_

Taxpayer Representative's Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of Taxpayer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer Representative's Name: RYAN J. WALSH

Taxpayer Representative's Company Name: PAYMASTER PRO

Address: 205 S. ACADEMY ST. #4012 City, State and Zip: CARY NC 27519

Daytime Telephone Number: (919) 772-0080

Signature of Taxpayer Representative:  Date: \_\_\_\_\_

Taxpayer Representative's Name: \_\_\_\_\_

Taxpayer Representative's Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of Taxpayer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3. Tax Type and Period Begin Date**

Select the tax type(s) and note the year or period begin date for which this authorization applies.

<u>Type of Tax</u>	<u>Year/Period Begin Date</u>
<input type="checkbox"/> Alcoholic Beverage Tax - Beer	_____
<input type="checkbox"/> Alcoholic Beverage Tax - Fortified Wine	_____
<input type="checkbox"/> Alcoholic Beverage Tax - Unfortified Wine	_____
<input type="checkbox"/> Alcoholic Beverage Tax - Spirituous Liquor	_____
<input type="checkbox"/> Cigarette Tax - Resident	_____
<input type="checkbox"/> Cigarette Tax - Nonresident	_____
<input type="checkbox"/> Corporate Estimated Tax	_____
<input type="checkbox"/> Machinery and Equipment Tax	_____
<input type="checkbox"/> Other Tobacco Products Tax	_____
<input type="checkbox"/> Piped Natural Gas Excise Tax (Repealed July 1, 2014)	_____
<input type="checkbox"/> Utility Franchise Tax - Electric (Repealed July 1, 2014)	_____
<input type="checkbox"/> Utility Franchise Tax - Water and Sewer (Repealed July 1, 2014)	_____
<input type="checkbox"/> Combined General Rate Sales and Use Tax (Utility, Liquor, Gas and Other) formerly Utility and Liquor Sales and Use Tax	_____
<input checked="" type="checkbox"/> Withholding Tax (NC-5 and NC-5P)	06-01-14

**Step 4. Taxpayer Signature**

I hereby certify that the taxpayer representative(s) identified should be granted the authority to view tax history and manage payment information within the NC Department of Revenue's e-Business Center on my behalf. This authorization may be revoked by me at any time (see form instructions for additional information).

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_