

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

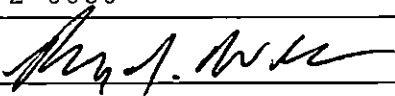
☐ There is space provided for up to three representatives. If you need to identify more, check here and attach a list to this form to identify the additional representatives. Note that each taxpayer representative must include his or her signature and the date signed. Taxpayer must sign all attachments.

Taxpayer Representative's Name: 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

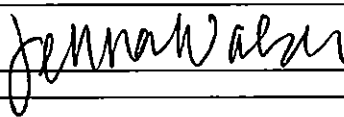
Signature of Taxpayer Representative:  Date: _____

Taxpayer Representative's Name: JENNA 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>
☐ Alcoholic Beverage Tax - Beer	_____
☐ Alcoholic Beverage Tax - Fortified Wine	_____
☐ Alcoholic Beverage Tax - Unfortified Wine	_____
☐ Alcoholic Beverage Tax - Spirituous Liquor	_____
☐ Cigarette Tax - Resident	_____
☐ Cigarette Tax - Nonresident	_____
☐ Corporate Estimated Tax	_____
☐ Machinery and Equipment Tax	_____
☐ Other Tobacco Products Tax	_____
☐ Piped Natural Gas Excise Tax (Repealed July 1, 2014)	_____
☐ Utility Franchise Tax - Electric (Repealed July 1, 2014)	_____
☐ Utility Franchise Tax - Water and Sewer (Repealed July 1, 2014)	_____
☐ Combined General Rate Sales and Use Tax (Utility, Liquor, Gas and Other) formerly Utility and Liquor Sales and Use Tax	_____
☒ 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 _____