NCDOR
Web-Fill
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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: Ryan J. Walsh 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: Jenna Walsh 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.

Type of Tax	Year/Period Begin Date
☐ 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☐ Piped Natural Gas Excise Tax (Repealed July 1, 2014)	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 _____

Fax Form Gen 53 to 919-715-1786 or mail to
North Carolina Department of Revenue, PO Box 25000, Raleigh, NC 27640-0005