Form 2678, Employer/Payer Appointment of Agent (Rev. April 2007)

Purpose: This is the first circulated draft of Form 2678, Employer/Payer Appointment of Agent (Rev. April 2007).

TPCC Meeting: None scheduled.

Prior Revision: The prior revision is available at

http://publish.no.irs.gov/FORMS/PUBLIC/PDF/18770F02.PDF.

Other Products: Circulations of draft tax forms and instructions are posted at: http://taxforms.web.irs.gov/Draft_products.html.

Comments: Please submit any comments by **April 18, 2007**. Phone comments must be followed up with mail, fax, or e-mail.

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Major Changes

Form 2678, Employer/Payer Appointment of Agent (Rev. April 2007)

We extensively revised Form 2678 to provide:

- Plain language instructions;
- Signature lines for both the employer/payer and the agent to request and confirm the agent's authority, eliminating the need for any additional authorization requests;
- Easier revocation, with only one signature either the employer's/payer's or the agent's – required to revoke authority;
- Check boxes that clearly establish which form(s) the agent is authorized to file on the employer's/payer's behalf;
- A check box for the agent to indicate whether the employer is a disabled individual or other welfare recipient receiving home-care services through a state or local program;
- Disclosure language, authorizing the IRS to disclose confidential tax information to the agent and any third party the agent may contract with, such as a reporting agent or CPA.

Form **2678:** Employer/Payer Appointment of Agent (Rev. April 2007) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

	cluding wages), file returns, and make deposi es or if you want to revoke an existing appoi	its of employment or other withholding	for IRS use:				
	you are an employer or payer who wants to re hen give it to the agent. Have the agent fill out						
fo le	lote: This appointment is not effective until we apport your reporting requirements while we are protecter to the agent after we approve your request	ocessing your request. We will send a					
0	If you are an employer, payer, or agent who wants to revoke an existing appointment, fill out both parts. In this case, only one signature is required. We will send a letter after we process your request for revocation.						
	y you are filing this form (Check one)	You want to appoint an agent for tax reporting	g and paying.				
		You want to revoke an existing appointment.					
I	Part 1: Employer or Payer Information: If you	want to appoint an agent, fill out this part.					
1	Employer identification number (EIN)						
2	Employer's or payer's name (not your trade n	name)					
3	Trade name (if any)						
4	Address	Number Street	Suite or room number				
		City	State ZIP code				
5	Forms for which you want to appoint an age (Check all that apply.)	•					
	Form 941, 941-PR, 941-SS (Employer's QUAR' Form 943, 943-PR (Employer's ANNUAL Feder Form 944, 944-PR, 944-SS (Employer's Annual Form 945 (Annual Return of Withheld Federal In Form 1042 (Annual Withholding Tax Return for Form CT-1 (Employer's Annual Railroad Retirer Form CT-2 (Employee Representative's Quarte Note: You may NOT appoint an agent to report (ELTA) Tax Patrice	ral Tax Return for Agricultural Employees) I Federal Tax Return) ncome Tax) U.S. Source Income of Foreign Persons) ment Tax Return)					
	Form 943, 943-PR (Employer's ANNUAL Feder Form 944, 944-PR, 944-SS (Employer's Annual Form 945 (Annual Return of Withheld Federal In Form 1042 (Annual Withholding Tax Return for Form CT-1 (Employer's Annual Railroad Retirer Form CT-2 (Employee Representative's Quarter Note: You may NOT appoint an agent to report Unemployment (FUTA) Tax Return. I am authorizing the IRS to disclose otherwischen as a reporting agent or certified public make any required payments. Such contract	ral Tax Return for Agricultural Employees) I Federal Tax Return) ncome Tax) U.S. Source Income of Foreign Persons) ment Tax Return) rly Railroad Retirement Tax Return)	ating to the authority granted may contract with a third party, ered by this appointment, or to al tax information of the				

Now give this form to the agent to fill out. →

Send your

Part 2: Agent Information: If you will be an agent for an employer or payer, fill out this part.							
6 Agent's employer identification number (EIN)							
7 Name (not trade name)							
8 Address							
	Number Street Suite or room number City State ZIP code camined this form and any attachments, and to the best of my knowledge and						
X Sign your name here	Print your name here Print your title here						
Date / /	Best daytime phone						

Instructions

This form allows employers and payers to request that an agent be appointed to pay wages, file returns, and make deposits and payments of employment or other withholding taxes under Internal Revenue Code section 3504. You cannot use a prior revision of this form. All prior revisions are obsolete and will not be accepted.

- If you want to appoint an agent, check the box above Part 1 that says, "You want to **appoint** an agent for tax reporting and paying," and fill out Part 1.
- If you are an agent and you want to accept an appointment, fill out Part 2.
- If you are an employer, payer, or agent and you want to revoke an existing appointment of an agent, check the box above Part 1 that says, "You want to **revoke** an existing appointment," and fill out Parts 1 and 2. However, only one signature is required. If an existing appointment is revoked, the IRS can no longer disclose confidential tax information to anyone other than the employer/payee.

What are your reporting and payment requirements while we are processing your request?

Send Form 2678 to us about 30 days before the date when you want the appointment to become effective. This appointment is not effective until we approve your request.

We will send a letter with the effective date to the agent after we have approved the request. You should keep a copy of this form and our approval for your records.

Until we approve the request, the employer/payer must still file all appropriate tax returns and make all associated tax deposits and payments. The employer/payer must continue to file all appropriate tax returns and deposit or pay any taxes attributable to any payments not covered by the appointment.

What are your reporting and payment requirements after the IRS approves your appointment?

Agents must follow the procedures in Revenue Procedure 70-6 for employment taxes (unless you are a sub-agent for a state agent under Notice 2003-70) and Revenue Procedure 84-33 for backup withholding. Agents for employers who are receiving home-care services through a state or local program are often referred to as "fiscal intermediaries". All agents, employers, and payers remain liable for filing all returns and making all

associated tax payments while this appointment is in effect. If an agent contracts with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment or to make any required payments and the third party fails to do so, the agent, employer, and payer remain liable

Where to send this form

If you live in			form to
Connecticut Delaware District of Columbia Illinois Indiana Kentucky Maine	Maryland Massachusetts Michigan New Hampshire New Jersey New York North Carolina Ohio	Pennsylvania Rhode Island South Carolina Vermont Virginia West Virginia Wisconsin	IRS Cincinnati, OH 45999-0046
Alabama Alaska Arizona Arkansas California Colorado Florida Georgia Hawaii Idaho	lowa Kansas Louisiana Minnesota Mississippi Missouri Montana Nebraska Nevada New Mexico	North Dakota Oklahoma Oregon South Dakota Tennessee Texas Utah Washington Wyoming	IRS Ogden, UT 84201-0046

Paperwork Reduction Act Notice: We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information. The time needed to complete and file this form will vary depending on the individual circumstances. The estimated average time is 30 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, Washington, DC 20224. DO NOT send this form to this address. Instead, send it to the Internal Revenue Service at the address indicated in the table above.