

Taxpayer Representative Electronic Filing Consent Form

This form authorizes your designated representative to transmit your tax return information electronically to the relevant tax authorities. Please review, complete all fields, and sign the form for print submission.

Part I: Taxpayer Information

Taxpayer Full Name:

Social Security Number or ITIN:

Mailing Address:

City, State, and ZIP Code:

Phone Number:

Part II: Authorized Representative Information

Representative Name:

Firm Name:

Preparer Tax Identification Number (PTIN) or CAF Number:

Part III: Tax Return Information

Tax Year:

Tax Form Number (e.g., Form 1040, Form 1120):

Refund Amount (Enter "0" if none):

Balance Due / Tax Owed (Enter "0" if none):

Part IV: Consent Declaration and Signatures

I consent to have my representative transmit my tax return information electronically. I declare that I have examined the return and accompanying schedules, and to the best of my knowledge, they are true, correct, and complete.

Taxpayer Printed Name:

Taxpayer Signature (Sign after printing):

Date Signed:

Representative Printed Name:

Representative Signature (Sign after printing):

Date Signed: