

**TAX/FEE PAYER AUTHORIZATION FOR
TAX PREPARER TO PERFORM ELECTRONIC SERVICES**STATE OF CALIFORNIA
BOARD OF EQUALIZATION**ACCOUNT INFORMATION**

BOARD OF EQUALIZATION ACCOUNT NUMBER	BUSINESS EMAIL ADDRESS
BUSINESS NAME	

I hereby authorize the tax preparer listed below to perform the following function(s) with the Board of Equalization (BOE) on my behalf:

- ☐ File returns and/or Prepayments
- ☐ Submit a Payment
- ☐ Submit a Request for a Payment Plan
- ☐ Account Maintenance (update business email address and view history of online transactions)
- ☐ Submit a Request for:
- Relief from Penalty, Interest, or Collection Cost Recovery Fee
 - Extension of Time to File a Tax Return
 - Declaration of Timely Mailing
 - Relief from Penalty and Interest Due to Disaster
- ☐ Automated License Renewal:
- Electronically Renew a License and/or Permit
 - Request Additional Decals

NAME OF TAX/FEE PAYER <i>(please print)</i>	
SIGNATURE OF TAX/FEE PAYER	DATE
TITLE <i>(please print)</i>	TELEPHONE NUMBER ()

TAX PREPARER INFORMATION

NAME OF TAX PREPARER <i>(please print)</i>	EMAIL ADDRESS
ADDRESS <i>(street, city, state, zip code)</i>	TELEPHONE NUMBER ()

A confirmation email will be sent to you and your tax preparer.

If you have any questions or need assistance with completing this form, call our Customer Service Center at 1-800-400-7115 (TTY:711). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays.

Return this form to:

State Board of Equalization
Customer Service Center, MIC:90
PO Box 942879
Sacramento, California 94279-0090