

## MY TAX ACCOUNT AUTHORIZATION

Taxpayer Name			Social Security Number	FEIN
Address			WTN	
Address			Telephone Number	
City	State	Zip Code	E-mail Address	

Hereby authorizes the following individual(s)

Name	Telephone Number		
Address	City	State	Zip Code
Name	Telephone Number		
Address	City	State	Zip Code
Name	Telephone Number		
Address	City	State	Zip Code

To access my business tax accounts on *My Tax Account*. I do not have access to the internet nor do I have an email address and I would like the above listed individuals to file returns and have access to my tax account information. *My Tax Account* is the Department of Revenue's free, secure, online business tax service that allows access to view current account status, file & amend returns, make payments, view certain correspondence, and manage and update account information.

I understand that the execution of the Authorization does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from penalties for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy and/or faxed copy of this form has the same authority as the signed original.

Additionally, I understand that in providing the authorization to the named individuals above to file my return and make payments on my behalf that I bear the personal responsibility to monitor my account and banking relationships to ensure the accuracy of any bank account transactions, effectiveness and security of all transactions that are executed on my behalf.

If any individual named above is no longer authorized to execute transactions on my behalf, it will be my responsibility to ensure that the Department of Revenue has been notified to cease the access for that individual.

*If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer and that I have read and understand the conditions and terms of this MTA Authorization agreement.*

Signature	Title	Date
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## **FORM A-777a INSTRUCTIONS MTA ACCOUNT AUTHORIZATION**

In order for the taxpayer's representative to register for, file returns and access information on behalf of the taxpayer, the Wisconsin Department of Revenue requires the taxpayer's representative to hold a My Tax Account authorization form, or other written authorization, executed by the taxpayer. The use of Form A-777a is not mandatory, however, a substitute form must reflect the information that would be provided on Wisconsin Form A-777a.

**Do not send a copy of Form A-777a to the Wisconsin Department of Revenue.** The taxpayer and his/her representative should retain an executed copy of Form A-777a in their records.

### **HOW TO COMPLETE FORM A-777a**

#### **Taxpayer Information**

1. For individuals: Enter your name, address, social security number, Wisconsin Tax Number (WTN), telephone number and email address in the space provided.
2. For a corporation or partnership: Enter the name, business address, federal identification number (FEIN), Wisconsin tax number (WTN), telephone number and email address.
3. For any other entity: Enter the name, business address, federal identification number (FEIN), telephone number and email address.

#### **Authorization**

Enter the name, address, and telephone number of each individual authorized.

#### **Revoking an Authorization**

You must remove the third party access in your own My Tax Account profile settings. This is done by logging into the My Tax Account website at <https://tap.revenue.wi.gov> and completing the following steps: click on the My Profile option, click on the Manage Logons button, click on the third party representative's ID listed below the green bar for Web Logons and edit their access to NO. This will revoke the previous authorization.

#### **Signature of Taxpayer(s)**

The Authorization must be signed by the taxpayer. A signature stamp is not acceptable.

1. For individuals: The taxpayer must sign.
2. For partnerships: All partners must sign unless one partner is authorized to act in the name of the partnership.
3. For corporations and any other entity: A corporate officer or person having authority to bind the entity must sign.

Date: The Authorization should be dated when signed.