

# Application for Enrollment as a Virginia Authorized Agent

Complete this form to register as an authorized agent representing taxpayers before the Virginia Department of Taxation or to change information if you are already registered as an authorized agent. A Virginia Authorized Agent is not required to be an enrolled agent. The Virginia Authorized Agent designation simply means that the individual has registered with the Virginia Department of Taxation as a representative for taxpayers.

When this form is processed, a letter will be sent from the Department of Taxation confirming your registration as an authorized agent and including your Virginia Authorized Agent Number. This number must be included on the Form PAR 101.

Form PAR 101 must be completed by the taxpayer to declare a representative and establish a power of attorney.

**Return this form to:** **Virginia Department of Taxation**      **FAX:**      **(804) 254-6115**  
**P.O. 1114**      **For Individual Assistance Call:**      **(804) 367-8031**  
**Richmond, Virginia 23218-1114**      **For Business Assistance Call:**      **(804) 367-8037**

## Representative Information

|   |    |   |   |  |
|---|----|---|---|--|
| <input type="checkbox"/> <b>Change of information</b> - Check here to indicate this form is being submitted for changes to name, address, phone number, fax and email address. Be sure to include the Virginia Authorized Agent Number. |    |   | Virginia Authorized Agent Number<br><br><b style="font-size: 1.5em;">A -</b>  |  |
| First   | MI | Last  | SSN (or last 4 digits)  |  |
| Street Address or P.O. Box  |    |   | Federal CAF (if applicable)   |  |
| City  |    | State   | ZIP Code  |  |
| Email Address   |    | <b>Note:</b> No personalized taxpayer correspondence or tax data will be sent via email. The email address will be used only for general information and registration purposes. |   |  |
| Business Name and Address   |    |   | FEIN  |  |
|   |    |   | <b>Note:</b> Additional businesses may be included by attaching a separate list. Be sure to include complete business name, address and FEIN. |  |

## Sign Here

|  |                                 |      |
|--|---------------------------------|------|
| Signature                                      |                                 | Date |
| Best Daytime Phone Number<br>(       )       - | FAX Number<br>(       )       - |      |