

**TAXPAYER AUTHORIZED
REPRESENTATIVE DECLARATION**

ACCOUNT INFORMATION

BUSINESS NAME	BUSINESS ACCOUNT NUMBER
BUSINESS EMAIL ADDRESS	UBI NUMBER

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

- File tax forms
- Submit a payment
- Account maintenance (update business email address)
- Submit a request for:
 - Information about penalty abatement
 - Payment plan
 - Application for Voluntary Disclosure Program
 - Account balance
- Business license renewal

NAME OF TAXPAYER/BUSINESS OWNER *(please print)*

SIGNATURE OF TAXPAYER	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 (425) 257-8610 or email businesstax@everettwa.gov. Customer service representatives are available weekdays from 8 a.m. to 5 p.m. (Pacific Time). Our offices are closed daily from 12 p.m. to 1 p.m.

Return this form to:
City of Everett
Business Tax Division
2930 Wetmore, Suite 1-A
Everett, WA 98201