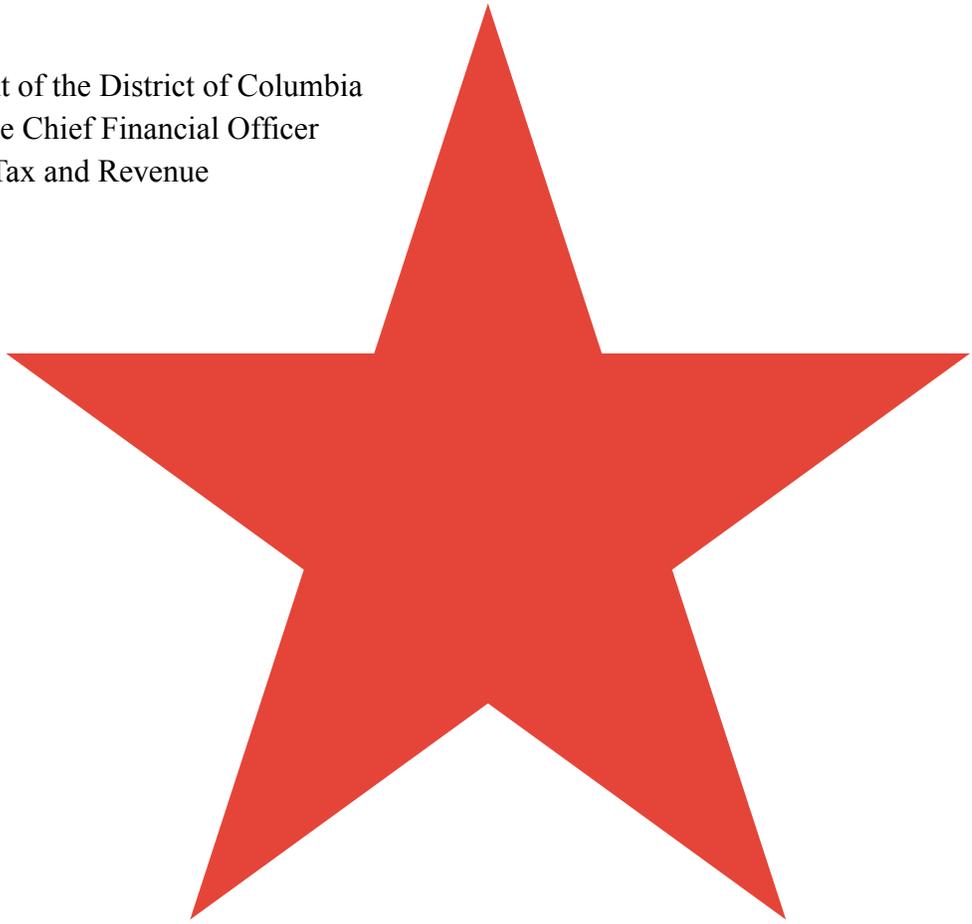




Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue



eTSC Business

Registration Application

Services of the eTSC
Registration Instructions

The Electronic Taxpayer Service Center

Logon ID's and passwords will be sent in two separate envelopes by regular mail to the address identified with the entity.

The electronic Taxpayer Service Center (eTSC) provides secure access to DC Business Tax information. As a registered taxpayer service center customer, you may file tax returns, remit payment via credit card or electronic funds transfer (EFT), view account balance information, and correspond with the DC Office of Tax and Revenue (OTR).

The Taxpayer Service Center currently supports account balance inquiries, electronic filing for Sales and Use monthly, quarterly and annual returns, Employer Withholding monthly, quarterly and annual reconciliation returns, Specialized Sales Tax monthly returns, Ballpark Fee, Corporate and Unincorporated Business Franchise Tax estimated and extension payments, Personal Property Tax payments, and Department of Health Care Finance (DHCF) Assessments/Fees.

The electronic Taxpayer Service Center Registration Application must be completed to gain access to the DC eTSC. **PLEASE PRINT CLEARLY**. The application can be submitted by fax (202) 442-6388 or by email ETSCAccount@dc.gov.

Use of the Center is free of charge.

If using the credit/debit option, you will be charged a fee that is paid directly to the District's credit/debit card service provider; however, electronic filers are not required to pay by credit card. Payment is effective on the day it is charged. In addition to ACH Debit, the following options are available for payment remittance:

Electronic Check (e-check)
Credit/Debit Card
Direct Debit
Check or Money Order (US Dollars)

For additional information regarding electronic payments, reference the EFT guide posted at www.taxpayerservicecenter.com.

INSTRUCTIONS

The following general instructions are provided to assist you in completing the application form.

PART I - GENERAL BUSINESS INFORMATION

- 1 (a). Federal Employer Identification Number** - Please provide the Federal Employer Identification Number of the business.
- 1 (b). Social Security Number** - In the case of a sole proprietorship, with no employees, the Social Security Number of the sole proprietor can be used in lieu of a Federal Employer Identification Number. This is not required if a Federal Employer Identification Number is provided in question 1 (a).
- 2. Business Name** - The legal name of the business, as registered with the DC Office of Tax and Revenue.
- 3. Trade Name** - The trade name of the business, as registered with the DC Office of Tax and Revenue.

PART II - AUTHORIZING AGENT INFORMATION must be completed to allow authorized officials of the company access to the Electronic Taxpayer Service Center. The Authorizing Agent must be an official of the business and is the person with the authority to grant access to District of Columbia tax account information for the business identified in **PART I - GENERAL BUSINESS INFORMATION**. In completing this section, the Authorizing Agent is granting such access to the Authorized Agent(s) listed in **PART III - AUTHORIZED AGENTS**.

PART III - AUTHORIZED AGENTS & REQUEST TO REMOVE AUTHORIZED AGENTS

This section identifies the individuals authorized to view tax account information, file tax returns, and remit tax payments on behalf of the business identified in PART I. **The name and unique e-mail address of each user are required for registration.** A random Logon ID will be assigned to that user. **Logon ID's are issued to individuals not the entity.** This section also allows you to remove authorized agents; they will no longer have access to view tax account information, file tax returns, or remit tax payments to the DC Office of Tax and Revenue.



PART I - GENERAL BUSINESS INFORMATION

1 (a). Federal Employer Identification Number -

1 (b). Social Security Number - -

2. Business Name

3. Trade Name

4. Business Address

5. Local Business Phone No

6. Main Office Phone No

PART II - AUTHORIZING AGENT INFORMATION

1. Name

Last

First

MI

2. Title: _____

3. Work telephone: _____

4. E-Mail: _____

5. Do you, the authorizing agent, require access to the Electronic Taxpayer Service Center?

- YES, I want access
- NO, I am only authorizing access for those listed in PART III

6. Do you currently have a logon ID? Enter the number _____

Enter the number _____

7. Are you changing your email address, if so, enter the updated email address:

CERTIFICATION

I hereby authorize the agents listed in PART III to access the District of Columbia Electronic Taxpayer Service Center for the business identified PART I. This authority is to remain in full force and effect until the District of Columbia Office of Tax and Revenue has received a written termination notification from an authorized officer.

Signature of Authorized Official: _____ Date: _____

PART III - AUTHORIZED AGENTS

List the individuals you are authorizing to access the tax accounts for the business identified in PART I. The name and unique e-mail address of each user is required for registration. A random Logon ID will be assigned to the user. You are granting these users access to view tax account information, file tax returns, or remit tax payments to the DC Office of Tax and Revenue.

	Name			E-Mail
	Last,	First	MI	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Part III- REQUEST TO REMOVE AUTHORIZED AGENTS

List the individuals you are authorizing to be removed from accessing tax accounts for the business identified in PART I. You are requesting these users to be removed and they will no longer be able to view tax account information, file tax returns, or remit tax payments to the DC Office of Tax and Revenue.

	Name			Existing Logon ID
	Last,	First	MI	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				