Form	<b>26/8</b> Employer/Payer Appoint	ment of Agent		OMP No. 1545 0749
(Rev.	August 2014) Department of the Treasury - Internal Revenue	Service		OMB No. 1545-0748
dep	this form if you want to request approval to osits or payments of employment or other v ke an existing appointment.	•		use:
ar	you are an employer or payer who wants to d 2 and sign Part 2. Then give it to the agent. In it.			
	te. This appointment is not effective until we app filing Form 2678 on page 3.	rove your request. See the instruct	ions	
	/ou are an employer, payer, or agent who wan mplete all three parts. In this case, only one sign		ent,	
Pa	rt 1: Why you are filing this form			
Ì	ck one) ′ou want to <b>appoint</b> an agent for tax reporting, de ′ou want to <b>revoke</b> an existing appointment.	epositing, and paying.		
Pa	rt 2: Employer or Payer Information: Comple	ete this part if you want to appoint	t an agent or re	voke an appointment.
1	Employer identification number (EIN)	-		
2	Employer's or payer's name (not your trade name)			
3	Trade name (if any)			
4	Address	Number		Suite or room number
		Number Street		Suite or room number
		City		State ZIP code
		Foreign country name Forei	gn province/county	Foreign postal code
5	Forms for which you want to appoint an agen appointment to file. (Check all that apply.)	t or revoke the agent's	For ALI employee payees/payr	es/ employees/
	<ul> <li>Form 940, 940-PR (Employer's Annual Federal U Form 941, 941-PR, 941-SS (Employer's QUARTE Form 943, 943-PR (Employer's Annual Federal Ta Form 944, 944(SP) (Employer's ANNUAL Federal Form 945 (Annual Return of Withheld Federal Inc Form CT-1 (Employer's Annual Railroad Retireme Form CT-2 (Employee Representative's Quarterly *Generally you cannot appoint an agent to rep Unemployment (FUTA) Tax Return, unless you a Check here if you are a home care service a tax for you. See the instructions.</li> <li>I am authorizing the IRS to disclose otherwise co appointment, including disclosures required to p</li> </ul>	ERLY Federal Tax Return) ix Return for Agricultural Employees) I Tax Return) come Tax) ent Tax Return) y Railroad Tax Return) port, deposit, and pay tax reported are a home care service recipient. recipient, and you want to appoint the ponfidential tax information to the age rocess Form 2678. The agent may of	d on Form 940 he agent to repo ent relating to th contract with a t	ort, deposit, and pay FUTA e authority granted under this

Ma Sign your		Print your name here	]
X Sign your name here		Print your title here	
Date	/ /	Best daytime phone	
		Now give this form to the agent to complete.	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

payer remain liable.

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