Form 2678 Employer/Payer Appointment of Agent

(Rev. December 2024) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

Use this form if you want to request approval to have an deposits or payments of employment or other withhold revoke an existing appointment.			RS use:
 If you're an employer or payer who wants to request and 2 and sign Part 2. Then give it to the agent. Have th sign it. 			
Note: This appointment isn't effective until we approve you for more information.	ir request. See the instru	uctions	
 If you're an employer, payer, or agent who wants to rev complete all three parts. In this case, only one signature is 		tment,	
Part 1: Why you're filing this form.			
(Check one) You want to appoint an agent for tax reporting, depositing You want to revoke an existing appointment. 	, and paying.		
Part 2: Employer or Payer Information: Complete this	part if you want to appo	oint an agent or r	revoke 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			
Numbe	r Street		Suite or room number
City			State ZIP code
Foreign	country name Fo	preign province/county	Foreign postal code
5 Forms for which you want to appoint an agent or revo	oke the agent's	For AL	LL For SOME
appointment to file. (Check all that apply.)		employe	ees/ employees/
		payees/pay	yments payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA	, , ,	es)	
Form 941, Employer's QUARTERLY Federal Tax Return (Form 943, Employer's Annual Federal Tax Return for Agricultu	,		
Form 944, Employer's ANNUAL Federal Tax Return (all 9			
Form 945, Annual Return of Withheld Federal Income Ta:	,		
Form CT-1, Employer's Annual Railroad Retirement Tax			
Form CT-2, Employee Representative's Quarterly Railroa			
 * Generally, you can't appoint an agent to report, dep service recipient. Check here if you're a home care service recipient, for you. See the instructions. 			-
I am authorizing the IRS to disclose otherwise confidential appointment, including disclosures required to proces reporting agent or certified public accountant, to prepare deposits and payments. Such contract may authorize th agent to such third party. If a third party fails to file the payer remain liable.	s Form 2678. The ager or file the returns cover e IRS to disclose confide	nt may contract ed by this appoint ential tax informat	with a third party, such as itment, or to make any require tion of the employer/payer and
	Print your name here		
Sign your			
name here	Print your title here		

Now give this form to the agent to complete.

Best daytime phone

Date

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Part 3: Agent Information: If you'll be an agent for a	an employer or pa	iyer, or want	to revoke an appo	intment, c	omplete this part.
6 Agent's employer identification number (EIN)	[
7 Agent's name (not trade name)					
8 Trade name (if any)					
9 Address					
	Number	Street			Suite or room number
	City			State	ZIP code
	Foreign country nam	IE	Foreign province/co	unty	Foreign postal code
Check here if the employer is a home care service federal, state, or local government agency.	recipient receiv	ing home ca	re services throug	h a progr	am administered by a

Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign your			Print your name here	
name here			Print your title here	
	Date	/ /	Best daytime phone	
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