



IL-8655 Reporting Agent Electronic Services Authorization

Taxpayers who wish to assign a Reporting Agent (designee) to electronically file and pay on their behalf for the forms listed below must complete Form IL-8655 and submit it to the designee named. The Reporting Agent must retain this form subject to inspection by the Illinois Department of Revenue (IDOR) and the Illinois Department of Employment Security (IDES).

Step 1: Taxpayer Information

1 _____
Legal name of business (as shown on tax return)

2 _____
Doing business as (DBA) name (if different than Line 1)

3 _____
Street address

City State ZIP

4 _____
Federal employer identification number (FEIN)

5 _____
Illinois Account ID

6 _____
Unemployment Insurance Account number (UI no.)

7 () - ext.: () -
Daytime phone - include area code FAX number - include area code

Step 2: Reporting Agent Information

7 _____
Reporting Agent name

8 _____
Street address

City State ZIP

9 _____
Federal employer identification number (FEIN)

Step 3: Check all forms that apply to this authorization

IL-941 IL-501 IL-W-3

UI-3/40 Other _____

Step 4: Signature Authorization

Under penalties of perjury, I state that I have examined this form and to the best of my knowledge it is true, correct, and complete. I understand that this authorization does not absolve me, as the taxpayer, of the responsibility to ensure that all state tax returns are filed and all taxes are paid on time.

I authorize the Reporting Agent named above (the designee) to sign and file state tax returns transmitted electronically for the tax forms indicated above. I also authorize the designee to initiate the associated electronic tax payments to IDOR and IDES (for Form UI-3/40). Further, I authorize the designee to release a copy of this Form IL-8655 to IDOR and IDES (for Form UI-3/40).

I authorize IDOR and IDES (for Form UI-3/40) to disclose confidential tax information to the designee relating to the forms indicated above that are filed by the designee, and the associated payments that are made by the designee. I certify that I have the authority to authorize such disclosure on behalf of the taxpayer. This authorization remains in effect until the taxpayer or the designee notifies the other that this authorization is terminated or revoked.

Signature of taxpayer, authorized officer, or partner

Title

_____/_____/_____
Month Day Year



This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.