

**TAX/FEE PAYER AUTHORIZATION FOR  
TAX PREPARER TO PERFORM ELECTRONIC SERVICES**STATE OF CALIFORNIA  
BOARD OF EQUALIZATION**ACCOUNT INFORMATION**

BOARD OF EQUALIZATION ACCOUNT NUMBER	BUSINESS EMAIL ADDRESS
BUSINESS NAME	

*I hereby authorize the tax preparer listed below to perform the following function(s) with the Board of Equalization (BOE) on my behalf:*

- ☐ Electronically file (eFile) returns and/or prepayments
- ☐ Electronic Payment (ePay)
- ☐ Account Maintenance (update business email address and view history of online transactions)
- ☐ Electronically submit a request for:
- Relief from Penalty, Interest, or Collection Cost Recovery Fee
  - Extension of Time to File a Tax Return
  - Declaration of Timely Mailing
  - Relief from Penalty and Interest Due to Disaster

NAME OF TAX/FEE PAYER *(please print)*

SIGNATURE OF TAX/FEE PAYER

DATE

TITLE *(please print)*

TELEPHONE NUMBER

(      )

**TAX PREPARER INFORMATION**NAME OF TAX PREPARER *(please print)*

EMAIL ADDRESS

ADDRESS *(street, city, state, zip code)*

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 our Taxpayer Information Section at 800-400-7115 (TTY:711). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific time), except state holidays.

**Return this form to:**

State Board of Equalization  
Taxpayer Information Section, MIC:90  
PO Box 942879  
Sacramento, California 94279-0090