

# Application for Enrollment as a Virginia Authorized Agent

Complete this form to register as an authorized agent representing taxpayers before the Virginia Department of Taxation or to change information if you are already registered as an authorized agent. A Virginia Authorized Agent is not required to be an enrolled agent. The Virginia Authorized Agent designation simply means that the individual has registered with the Virginia Department of Taxation as a representative for taxpayers.

When this form is processed, a letter will be sent from the Virginia Department of Taxation confirming your registration as an authorized agent and will include your Virginia Authorized Agent Number. This number must be included on the Form PAR 101.

Form PAR 101 must be completed by the taxpayer to declare a representative and establish a power of attorney.

**Return this form to:** Virginia Department of Taxation  
P.O. 1114  
Richmond, Virginia 23218-1114

**FAX:** (804) 367-2603  
**For Individual Assistance Call:** (804) 367-8031  
**For Business Assistance Call:** (804) 367-8037

## Representative Information

|  |            |  |
|--|------------|--|
| <input type="checkbox"/> <b>Change of information</b> - Check here to indicate this form is being submitted for changes to name, address, phone number, fax and e-mail address. <b>Include the Authorized Agent number for change of information only.</b> |            | Virginia Authorized Agent Number<br>(complete for changes only)<br><br><b>A -</b>  |
| Last Name  | First Name | MI   |
| Business Name (If applicable)  |            | FEIN   |
| Business Address or P.O. Box (Mailing address if not a business)   |            | <b>Note:</b> Additional businesses may be included by attaching a separate list.<br><br>Be sure to include complete business name, address and FEIN. |
| City, State and Zip Code   |            |  |
| SSN (or last 4 digits)   |            | Federal CAF # (if applicable)  |

## Sign Here

|  |   |      |
|--|---|------|
| Signature  |   | Date |
| Best Daytime Phone Number<br><br>(       )       - | FAX Number<br><br>(       )       -   |      |
| E-mail Address                                     | <b>Note:</b> No personalized taxpayer correspondence or tax data will be sent via e-mail. The e-mail address will be used only for general information and registration purposes. |      |

# **INSTRUCTIONS FOR FORM R-7**

## **Application for Enrollment as a Virginia Authorized Agent**

### **GENERAL**

**Purpose.** Use Form R-7 to register with The Virginia Department of Taxation as a representative or Authorized Agent for taxpayer(s). A Virginia Authorized Agent is not required to be an Enrolled Agent or to first register with the Internal Revenue Service. The Virginia Authorized Agent will be eligible to correspond with the Department of Taxation by phone or to receive correspondence, documentation or other written materials that relate to specific tax matters for which a Virginia Power of Attorney and Declaration of Representative form (PAR 101) has been filed.

### **PART I – REPRESENTATIVE INFORMATION**

**Change of Information** – Check the box to indicate that this form is being submitted for changes to name, address, phone number, fax number or e-mail address. Include the Virginia Authorized Agent number only for change of information purposes.

**Last Name** – Enter the last name of the individual registering as the Authorized Agent

**First Name** - Enter the first name of the individual registering as the Authorized Agent

**MI** - Enter the middle initial of the individual registering as the Authorized Agent

**NOTE: Enter your name exactly as it will appear on all Virginia Power of Attorney related documents**

**Business Name** – Enter the name of the business you represent. If you have no business affiliation, leave blank.

**FEIN** – Enter the Federal Employer Identification Number of your business. Leave blank if your business has no Federal Employer Identification Number.

**Business Address** – Enter the mailing address of your business where all correspondence should be sent. If you do not represent a business, enter your personal mailing address. Mailing address should include street name and number or post office box, city, state and Zip Code.

**SSN** – Enter your social security number or the last four digits of your social security number.

**Federal CAF Number** – Enter your Federal Central Authorization File number if applicable. If you have no CAF number, leave blank.

### **PART II – SIGN HERE**

**Signature** - You must sign the form. Your request for an Authorized Agent number will not be processed until we receive a signed R-7 form.

**Date** – Enter the date that the R-7 form is signed.

**Best Daytime Phone Number** – Enter the phone number (including the area code) where you can most easily be reached between 8:00 AM and 5:00 PM Monday thru Friday (EST).

**FAX Number** – Enter the daytime number where you receive faxed information. If there is no convenient FAX number, leave blank.

**E-mail Address** – Enter the E-mail address where you receive business correspondence. If there is no convenient E-mail address, leave blank.

**NOTE: No personalized taxpayer correspondence or TAX information will be sent via e-mail or FAX. These mediums will only be used for registration purposes and general information.**