



This form should only be used by an approved Authorized Entity Representative (AER) with the Department. This form will allow the entity to provide an updated AER Contact who will be responsible for providing and maintaining a list of all employees who are authorized to communicate with the Department on behalf of their client. For expedited processing, log into your GovConnectIowa account and update your AER Contact information online.

If any information is incomplete or illegible, the form will be returned. This form must be submitted within six months from the date signed or it will not be accepted.

1. Business Entity Information

All fields are required and if information is incomplete or illegible, the form will be returned.

Entity legal name: \_\_\_\_\_

Entity Federal Employer Identification Number (FEIN): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Authorized Entity Representative Contact Information

You must have at least one AER Contact on file with the Department at all times. If revoking an AER Contact, you must provide another AER Contact. Provide the contact information and select the corresponding box.

Contact first name: \_\_\_\_\_ Contact last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check one: Add  Update  Revoke

Contact first name: \_\_\_\_\_ Contact last name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check one: Add  Update  Revoke

3. Signature

I, the undersigned, declare under penalties of perjury or false certificate, that I am the person that has authority to sign this form.

I understand that this form will authorize a new authorized entity contact that will provide the Department with a list of our employees who may act on behalf of our client with the Department.

I understand that filing this form with the Department has no effect on any contractual relationship between myself and the taxpayer.

Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Submit this form online on GovConnectIowa, mail to Registration Services, Iowa Department of Revenue, PO Box 10470, Des Moines IA 50306-0470, or FAX to 515-281-3906.

The integrity and security of sending personal information via fax or email cannot be guaranteed. By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.



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