

Business Entity Information

Authorized Entity Representative Contact Form

revenue.iowa.gov

This form should only be used by an approved Authorized Entity Representative (AER) with the Iowa Department of Revenue. 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.

Incomplete or outdated forms will not be accepted.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

•	business Entity information				
	All fields are required.				
	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 individual 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 for the individual and select the corresponding box.				
	Contact first name:		_Contact last name: ₋		
	Phone:		_Email:		
	Check one:	Add \square	Update □	Revoke	
	Contact first name:		Contact last name:		
	Phone:		_Email:		
	Check one:	Add \square	Update □	Revoke	
	has authority to sign	n this form.	, , ,		icate, that I am the person that
	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.				
	understand that filing this form with the Department has no effect on any contractual relationship between myself and the taxpayer.				
1	Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.				
	Signature:			D	ate:
	Print name:		Title:		

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

To ensure secure processing, do not email forms to the Department. The integrity and security of sending personal information via fax cannot be guaranteed. By submitting this form via fax, you agree to hold the Department harmless if a fax results in third party access to the information.

