

APPLICATION FOR DIRECT TRANSMISSION OF TAX RETURNS

New Revised Reinstatement

PLEASE PRINT OR TYPE – INSTRUCTIONS ARE AVAILABLE ON THE BACK OF THIS FORM

1. LEGAL NAME OF DIRECT TRANSMITTER	FOR BOARD USE ONLY – CLIENT ID NUMBER
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2. BUSINESS NAME *(if different from above)*

3. BUSINESS ADDRESS *(street, city, state, zip code)*

4. MAILING ADDRESS *(if different than above; street or P.O. Box, city, state, zip code)*

5. BUSINESS CONTACT INFORMATION *(phone, fax, and email address)*

6. CONTACT REPRESENTATIVE

Name: _____ Title: _____

Email address: _____ Telephone: () _____

7. TYPE OF CERTIFICATION

I WANT TO BE CERTIFIED TO TRANSMIT RETURNS AS A: *(check all that apply)*

Tax Professional Business Name: _____

Software Developer Name of Software Product: _____

Tax or Fee Payer BOE Account Number: _____

Electronic Return Originator Web Address _____

Test Web Address *(if available)* _____

8. APPLICATION AGREEMENT

Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge the information I have provided is true, correct, and complete. I further declare that I am authorized to complete and sign this statement on behalf of the business. This business and its employees will comply with all the provisions of the California State Board of Equalization's Direct Transmitters Guide and related publications. I understand that if this business is sold or its organizational structure is changed, acceptance for participation is not transferable and a new/revised application must be filed. I further understand that noncompliance with all applicable provisions will result in termination of this agreement.

9. NAME AND TITLE OF THE REPRESENTATIVE COMPLETING THIS FORM *(type or print)*

10. SIGNATURE OF THE REPRESENTATIVE COMPLETING THIS FORM	DATE
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Please submit the completed application via fax to **(916) 322-4530**, email to **eDirect@boe.ca.gov**, or mail to:

**State Board of Equalization
eServices Coordinator, MIC:92
PO Box 942879
Sacramento, CA 94279-0092**

INSTRUCTIONS FOR COMPLETING THE APPLICATION

To become a Direct Transmitter, as defined in the California State Board of Equalization's (BOE) eFiling publications, you must submit your application and successfully complete testing prior to Direct Transmitting your first return or prepayment.

You may submit your completed application via fax to **(916) 322-4530**, email to **eDirect@boe.ca.gov** or mail to:

**State Board of Equalization
eFiling Program Coordinator, MIC:92
P.O. Box 942879
Sacramento, CA 94279-0092**

If you have any questions regarding this form or the Direct Transmit Program, please contact the eServices Coordinator at **(916) 323-6353**, 8:00 a.m. through 5:00 p.m. (Pacific Time), Monday through Friday or by email at **eDirect@boe.ca.gov**

SPECIAL INSTRUCTIONS

Line 1 - Legal Name of Direct Transmitter: Enter the legal name of the business.

Line 2 - Business Name: Enter fictitious business name (dba) if applicable.

Line 3 - Business Address: Enter the address of the physical location of your business.

Line 4 - Mailing Address: Enter the mailing address if different than the business address.

Line 5 - Business Contact Information: Enter the business phone number, fax, and email address.

Line 6 - Contact Information: Enter the name, title, phone number, and email address of the contact representative.

Line 7 - Type of Certification: If you are a tax professional (i.e. Accountant, CPA, Bookkeeper, etc) and are not employed by the tax or fee payer, select the Tax Professional box and provide your name or the name of your business. If you are a software company developing software that clients will use to submit returns directly to the BOE, select the Software Developer box and provide the name of the software product. If you are the tax or fee payer filing your own returns, select the Tax or Fee Payer box and provide your account number. If you are a company offering a web interface for clients to submit tax and fee information (no software provided), select the Electronic Return Originator box and provide your web address and a test web address (for testing purposes).

Line 8 - Application Agreement: Please read this section carefully prior to signing this application.

Lines 9 and 10 - Name, Title, Signature of the Representative Completing This Form, and Date: The individual authorized to complete and submit an application for the Direct Transmit Program must complete these lines.