

# Application for Enrollment as a Virginia Authorized Agent

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** **FAX:** **(804) 254-6115**  
**P.O. 1114** **For Individual Assistance Call:** **(804) 367-8031**  
**Richmond, Virginia 23218-1114** **For Business Assistance Call:** **(804) 367-8037**

<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 (complete for changes only)
<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.  Be sure to include complete business name, address and FEIN.
City, State and Zip Code		
SSN (or last 4 digits)	Federal CAF # (if applicable)	

Signature		Date
Best Daytime Phone Number	FAX Number	
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.	