



ALABAMA DEPARTMENT OF REVENUE

Application to Become a Bulk Filer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Federal ID Number: _____

Contact Person: _____ Contact's Telephone Number: (_____) _____

Contact's Fax Number: (_____) _____ Contact's E-Mail Address: _____

Officers: _____

Type of Organization (*i.e. Corporation, Proprietorship, etc.*): _____

By submitting this application, the above party agrees to abide by the laws and statutes of Alabama in the filing of returns on behalf of Alabama taxpayers. This application in no way grants power of attorney for this party to act on behalf of the taxpayer in matters involving tax disputes. This application does not grant the above party authority to act as an agent of the Department of Revenue. Any agency relationship would exist between the above party and their client(s).

All returns must be timely filed and paid electronically over the Internet using the Alabama Paperless Filing System. As a third party bulk filer, you have the option to either enter each client's filing information on-screen or send an electronic file that contains the information for your clients. **Note: One EFT payment cannot cover multiple accounts.**

As a third party bulk filer with the State of Alabama, you are required to:

- Permit the Alabama Department of Revenue to conduct scheduled or unscheduled audits;
- Provide the Department of Revenue with a copy of any client contract upon request. At the time the request is made, the Department will also request a copy of a valid power of attorney allowing you to file and/or pay Alabama taxes on behalf of the client. The power of attorney must also allow you to receive information about those filings or payments directly from the Department.

ALL CLIENTS SHOULD BE REGISTERED WITH THE ALABAMA DEPARTMENT OF REVENUE AND HAVE VALID ACCOUNTS.

If the Department of Revenue determines that your continued business operation presents a risk of loss to your clients, the Department can suspend your registration and notify your clients of the suspension. The Department can also revoke your registration and/or assess a penalty if the Department determines that you are not in compliance with the law.

Signature of Officer,
Proprietor, Partner, etc.: _____ Date: _____

**Upon completion of this application, please fax to (334) 242-0227.
If you have any questions concerning this application, please call (334) 242-1584 or 1-866-576-6531.**