



pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280910
HARRISBURG PA 17128-0910

E-TIDES ADMINISTRATIVE ACCESS CHANGE REQUEST FORM

This form is used to reassign e-TIDES Administrative Access to another person, or to request access as an additional e-TIDES filer. When using this form for multiple tax types, each tax account must be registered under the requester's User ID and Password. You must complete the registration steps below. This document must be accompanied by written authorization on the company's letterhead for which you are requesting access. Each document needs to be signed and dated by both parties.

TO REGISTER ON e-TIDES

First-time e-TIDES users must register at www.etides.state.pa.us, creating a User ID and Password.

Step One

- Select "Enter e-TIDES".
- Select "Register," located at the bottom of the page.
- Select "I Agree" to the e-Signature Agreement to create your User ID and Password.

Step Two

- Select "Register Enterprise" from the left navigation.
- Choose your tax type and select "Next".
- Select "I Agree" to the agreement.
- Enter your account number, Entity ID and type of Entity ID, then select "Next".
- Select "Submit" to process your request to be added as a user on e-TIDES.

For additional information please visit the department's Online Customer Service Center at www.revenue.pa.gov or call the e-Business Tax Unit at 717-783-6277.

CHANGE TAX ACCOUNT ADMINISTRATIVE ACCESS

- THIS WILL REMOVE ACCESS FROM THE CURRENT ADMINISTRATOR FOR THIS TAX ACCOUNT
- REQUESTING ACCESS AS AN ADDITIONAL e-TIDES FILER ONLY
- REQUESTING PRACTITIONER ACCESS FOR THE DOCUMENT CENTER
(THIS REQUEST REQUIRES AN REV-677 POWER OF ATTORNEY OR A WRITTEN REQUEST ON COMPANY LETTERHEAD SIGNED BY THE PRACTITIONER AND BUSINESS OWNER.)

| | |
|---------------|-----|
| Business Name | EIN |
|---------------|-----|

Requesters Relationship to Business

| TAX TYPE | ACCOUNT NUMBER | TAX TYPE | ACCOUNT NUMBER |
|---|----------------|---|----------------|
| <input type="checkbox"/> Sales and Use Tax | _____ | <input type="checkbox"/> Corporate Tax | _____ |
| <input type="checkbox"/> Employer Withholding | _____ | <input type="checkbox"/> Other Tax Type | _____ |

REQUESTER CONTACT INFORMATION

| | |
|-----------------------|----------------------------------|
| Registered Individual | User ID of Registered Individual |
|-----------------------|----------------------------------|

| | | |
|---------------|---------------|------------------|
| Business Name | Email Address | Telephone Number |
|---------------|---------------|------------------|

SIGNATURE OF REGISTERED INDIVIDUAL AND TITLE

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

Completed forms can be emailed to ra-btftbusiness@pa.gov Fax to: 717-787-0145
Mail to: Department of Revenue, Bureau of Business Trust Fund Taxes, PO Box 280908, Harrisburg, PA 17128-0908.