

**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 and listed below to have access granted. You must complete the registration steps below before submitting this form.

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.

SECTION I CHANGE TAX ACCOUNT ADMINISTRATIVE ACCESS

This document must be accompanied by the REV-677, Power of Attorney and Declaration of Representative form, or written authorization on company's letterhead signed by both the owner and person requesting access.

- This will remove access from the current administrator for this tax account.
- Requesting access as an additional e-TIDES filer only.

Business Name	EIN	Requesters Relationship to Business
---------------	-----	-------------------------------------

Check all tax types that apply and provide the account number(s).

- Sales and Use Tax _____
 Corporate Tax _____
- Employer Withholding _____
 Other Tax Type _____

SECTION II REQUESTER CONTACT INFORMATION

Individual Registered on e-TIDES		User ID of Registered Individual
Business Name	Email Address	Telephone Number

SECTION III SIGNATURE OF REGISTERED INDIVIDUAL AND TITLE

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

Completed forms can be emailed to ra-btftbusiness@pa.gov or faxed to 717-787-0145.