

AUTHORIZATION TO ELECTRONICALLY FILE FEDERAL AND STATE W-2'S

TAXPAYER

Name of Taxpayer		Employer Identification Number (FEIN)
Address		
City, State and Zip Code		Fax Number
Contact Person	Daytime telephone number	Email:

REPORTING AGENT

LUONGO & ASSOCIATES, PC		
6223 CRAIN HIGHWAY		
UPPER MARLBORO, MARYLAND 20772		Fax: 301-952-1553
Contact: TAMMY HARRISON	Phone: 301-952-9437	Email: tharrison@luongocpa.com

FEDERAL W-2 SUBMISSION

INITIAL HERE TO AUTHORIZE REPORTING AGENT TO FILE W-2'S ELECTRONICALLY TO SOCIAL SECURITY ADMIN	
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STATE W-2 SUBMISSION

INITIAL HERE TO AUTHORIZE REPORTING AGENT TO FILE W-2'S ELECTRONICALLY TO STATE REQUIRED	
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AUTHORIZATION AGREEMENT

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent.

I certify I have the authority to execute this form on behalf of the taxpayer.

SIGN	Signature of taxpayer	Title	Date
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