

## 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.):	
on behalf of Alabama taxpayers. This taxpayer in matters involving tax dispu	ve party agrees to abide by the laws and stat application in no way grants power of attorne ites. This application does not grant the above ncy relationship would exist between the above	ey for this party to act on behalf of the e party authority to act as an agent of
payment system. As a third party bulk	id electronically over the Internet using the M filer, you have the option to either enter each he information for your clients. <i>Note: One E</i>	client's filing information on-screen or
	CLIENTS SHOULD BE REGISTERED WITH ARTMENT OF REVENUE AND HAVE VALID	
Department can suspend your registrat	nes that your continued business operation pretion and notify your clients of the suspension. the Department determines that you are not i	The Department can also revoke your
Signature of Officer,		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.