The following documentation provides information on how to submit a power of attorney via the Georgia Tax Center. Note that these instructions differ if you are applying as a Third Party or as a taxpayer for his own account. The steps will let you know where this information is different.

How to Submit a Power of Attorney

1. Log onto the GTC website (<u>https://gtc.dor.ga.gov</u>). Click on the **Manage my vendor information** hyperlink.

💄 Logon		Settings	Alerts		Ê	l Want To
⇒ testter	np		There is 1 unread lette	r		Manage payments and returns
tt@t.t +1 (11	1) 165-6545					Make a payment
Balan	ce: \$0.00					Manage my credits
						Request sales tax exemptions
					[See more links
					Ţ	SOLVED Portal
						What happened to SOLVED?
Accounts	Submissions	Correspondence	Names and Addresses	Logons		
Account	5					
You do n	ot have access to	any accounts				

2. Click the Submit Power of Attorney hyperlink in the I Want To section.





3. Review the **Designate a Power of Attorney** page to see when to use this form and what you will need to submit the request. Click **Next**.

Designate a Power of Attorney 🚺 Use This If: You Will Need: · You would like to have a qualified professional represent you. · A completed and signed RD-1061 - or - IRS 2848 Power of · You are unable to conduct your own affairs due to illness, Attorney form. Your representative's contact information: name, address, mental incapacitation, or you are traveling overseas. phone number, and email address. OR A list of accounts and periods that your representative is authoritative for. Your client's primary ID (SSN, ITIN or FEIN) if you are · You are a CPA, Tax Preparation Service, Payroll Service or other Accounting Service and need to file a POA for your client. submitting this for a client. Cancel Next >

4. Click whether you are submitting this on behalf of your client.

Submitting for client?

Are you submitting	g this Power of Att	orney on behalf of a client?				
Yes	No	Required				
	-	Required				
Cancel						Nevt V

If this is on behalf of a client, click **Yes** and complete the **Client Information** form. Click **Next**.

✓ Previous	Next >
	Previous

If this is for your account, select No. Click Next.



Representative Info

5. Complete the **Representative Info** form. Click the **Verify your address** button to select your address from the list.

Select Country from list		Select Country from list	City
USA	•	USA 🔽	Required
First Name		Street	Select State from list
Required	Boguiros	Required	GEORGIA
Last Name	Required	Street 2	Zip Code +4
Required			Required
Email		Select Unit Type from list (Apt, Suite, etc.)	Select County from list
Required		· · · · · · · · · · · · · · · · · · ·	Required
Confirm Email		Unit # (if Unit Type is selected)	Attention
Required			
Phone Number			
Required			Verify your address
Extension			Address must be verified before continuing.

6. Click the **Select** hyperlink next to your correct address. Click **Next**.

Select /	Address	
ान २न	2 of 2 🔸 🖬 1	l6 - 29 of 29
Select	Verified	1800 PEACHTREE ST NW STE 250 ATLANTA GA 30309-2517
Select	Verified	1800 PEACHTREE ST NW STE 420 ATLANTA GA 30309-2521
Select	Verified	1800 PEACHTREE ST NW STE 550 ATLANTA GA 30309-2507
Select	Verified	1800 PEACHTREE ST NW ATLANTA GA 30309-2519
Select	Verified	1800 PEACHTREE ST NW ATLANTA GA 30309-2501
Select	Verified	1800 PEACHTREE ST NW STE 250 ATLANTA GA 30309-2515
Select	Verified	1800 PEACHTREE ST NW STE 600 ATLANTA GA 30309-2506
Select	Verified	1800 PEACHTREE ST NW STE 650 ATLANTA GA 30309-2511
Select	Verified	1800 PEACHTREE ST NW STE 655 ATLANTA GA 30309-2506
Select	Verified	1800 PEACHTREE ST NW STE 660 ATLANTA GA 30309-2522
Select	Verified	1800 PEACHTREE ST NW STE 600 ATLANTA GA 30309-2516
Select	Verified	1800 PEACHTREE ST NW STE 605 ATLANTA GA 30309-2500
Select	Verified	1800 PEACHTREE ST NW STE 620 ATLANTA GA 30309-2506
Select	As Entere	d 1800 PEACHTREE ST ATLANTA GA 30345



7. Click the button next to the accounts you are requesting access. Click Next.



If you click *All Accounts of Client*, select a date range you are requesting access to those accounts. Click **Next**.

📅 Choose POA da	ate range and review account	list		
Grant Access Fro	om			
	Regui	red		
Grant Access Til				
Required	6			
		Account Nama		
Account ID	Account Type	Account Name		
42-	Corporate Income Tax			
-YU	Withholding Tax			
2 Rows				
Cancel			Previo	ous Next >

If you click *Choose Specific Accounts*, select the account(s) and select the date range you are requesting access to the account(s). Click **Next**.

Ø	Select	accounts to a	apply Power	of Attorney				
	Select	From Date	To Date	Account ID	Туре	Name		
				42-	Corporate Income Tax			
				-YU	Withholding Tax			
	2 Rows	5						
Са	ncel						Previous	Next >



8. Click the **Add Attachment** button to upload the POA form.

Attach Supporting Documents

Attachment	s				
Туре	Name	Description	Size		
ļ	Add Attachment				
Please attack	h a required POA form.	_			
You need a c	completed and signed	<u>RS 2848 Power of A</u>	Attorney form.		
ancel					Sul

9. Select the **Type** of power of attorney form from the list, add a description then browse to locate the document to upload. Click **Save**.

lect a file to attach				[
Type Description	Power of Attorney IRS 2848 Power of Attorney RD-1061			
			Browse	
		Save	e Cancel	

10. The document will appear in your **Attachments** list. Click **Submit**.

Attach Supporting Documents

Attachmen	nts			
Туре	Name	Description	Size	
Power of A	ttorney IPOA_FORM_R	RD-1061. My POA	157	Remove
⊃OA form a	Add Attachment			

11. Click **Yes** to confirm that you want to submit this form.





12. Write down or print off your confirmation number then click **OK** to close the form.

Confirmation		
Submission Informa	ation	
Logon Status Confirmation Number Taxpayer Name Federal Employer ID # Submission Title Submitted	testtemp Submitted 2-102-798-600 LLC Power of Attorney Request 01-Aur-2018	
Your confirmation number is Your request has been subm If you have any questions, p Printable View.	s 2-102-798-600. mitted and will be processed in the order that it was received. please contact us at 1-877-GADOR11 (1-877-423-6711).	
ОК		
	Print Co	nfirmation

