

FRANKLIN COUNTY AREA TAX BUREAU
306 NORTH 2nd STREET, CHAMBERSBURG, PA 17201-1613
www.fcatb.org, Phone (717) 263-5141

Tax Preparer General Information

As an *Authorized Tax Preparer*, your organization will be able to file certain forms/returns on behalf of your clients. The forms/returns you'll be able to file includes Local Earned Income and Net Profits Tax Return (Form 531), Quarterly Estimated Tax Return Individual Net Profits and Earned Income Tax (Form 521), extensions, and address changes.

Please note that if you already have a User ID and password for the Employer Portal, this same User ID and password will work for the Tax Preparer Portal. However, before you can use the Tax Preparer Portal, FCAT will need to authorize your organization as a Tax Preparer. This can be done by sending an email to our Executive Director (Ed Franchi) at ed_franchi@fcatb.org indicating you would like this option "opened up" on your account.

Tax preparer questions should be directed to general@fcatb.org or by calling (717) 263-5141. **When sending an email, please do *NOT* include any personally identifiable information (for example: social security numbers, individual wages or withholdings) in unsecured/ unencrypted email or voicemail messages.**

DO NOT SHARE *User ID's*, passwords, and security questions. To authorize another individual to access your organization's account, please complete a new application and submit it to our office.

Please immediately notify FCATB of any changes to your organization's authorized users (for example: terminated employees who had access).

INITIAL LOG-IN

To access your organization's account using your log-in, go to the FCATB website (www.fcatb.org) and click first on the *Tax Preparer* link at the top of the web page. This will take you to a screen where you will be able to access the Tax Preparer Portal.

Enter your *User ID* and password to gain access. When you log in for the first time, you will be prompted to change your password and to create and answer three security questions.

PASSWORD RULES

Passwords are case sensitive, must be a minimum of eight characters, and include the following.

- a) at least one upper case letter,
- b) at least one lower case letter,
- c) at least one number, and
- d) at least one of the following symbols: !@#\$%^&*

FRANKLIN COUNTY AREA TAX BUREAU
306 North 2nd Street, Chambersburg, PA 17201-1613, 717-263-5141
Tax Preparer Registration Form

Our Tax Preparer Portal will allow you to submit forms/returns on behalf of your clients that have selected your organization as their tax preparer. **By completing this form, you are indicating that you would like for your organization to be listed as a Tax Preparer for individual taxpayers to select.** Please note that for security and privacy issues, taxpayers will need to create an individual tax portal account so that they can select their tax preparer. This will need to be done each year.

Organization/Tax

Preparer Name: _____ **EIN:** _____

AUTHORIZED USER(S)

1. **Name:** _____ **Title:** _____

Email: _____ **Phone with Extension:** _____

***Access User ID:** _____

2. **Name:** _____ **Title:** _____

Email: _____ **Phone with Extension:** _____

***Access User ID:** _____

3. **Name:** _____ **Title:** _____

Email: _____ **Phone with Extension:** _____

***Access User ID:** _____

4. **Name:** _____ **Title:** _____

Email: _____ **Phone with Extension:** _____

***Access User ID:** _____

*** Access User ID is unique to each user and may not be your email address, name or company name. It should be a minimum of 8 letters but may not be longer than 50 and may not include spaces, special characters or numbers; case does not matter.**

If you deem it necessary to allow more than four (4) users, attach a list containing the above information for each additional user. However, no more than a total of six will be allowed.

AUTHORIZATION

I authorize the Franklin County Area Tax Bureau to provide the individuals indicated above with access to our organizations Tax Preparer Portal account for purposes of filing forms/returns on behalf of our clients. I hereby agree to immediately notify Franklin County Tax Bureau of any changes to the above information.

Signature

Date

Name of Signer: _____

Title: _____

Phone with Extension: _____

Email: _____

Email completed forms to employerteam@fcadb.org