## (Rev. October 2018)

Department of the Treasury Internal Revenue Service

## **Reporting Agent Authorization**

Information about Form 8655 and its instructions is at <a href="www.irs.gov/Form8655">www.irs.gov/Form8655</a>.

OMB No. 1545-1058

Taxpay	yer					
1a	Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)			
1b	Trade name, if any				4 If you are a seasonal employer, check here	
3	Address (number, street, and room or suite no.)					
	City or town, state, and ZIP code					
6	Contact person	<b>7</b> Da	aytime telephone number	8 Fax number		
Report	ting Agent					
9	Name (enter company name or name of business)			10 Employer ide	entification number (EIN)	
	KnightMasden, APAC			72-1135207		
11	Address (number, street, and room or suite no.)					
	5615 Jackson St # J					
	City or town, state, and ZIP code					
	Alexandria	LA 71303-	2326			
12	Contact person	<b>13</b> Da	aytime telephone number	14 Fax number		
Author	rization of Reporting Agent To Sign	and File Returns	(Caution:See Authoriza	ation Agreement)		
15	Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.					
	940 941	940-PR	941-PR	941-SS	943	
	943-PR 944				<u></u>	
Author	rization of Reporting Agent To Mak	e Deposits and Pa	yments (Caution:See A	Authorization Agreem	ent)	
16	Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).					
	940 941	943	944	945	720	
	1041 1042		CT-1	990-PF	990-T	
Duplic	ate Notices to Reporting Agents					
17	Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent					
	sure Authorization for Forms Serie					
18a	The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning					
b	The reporting agent is authorized to receive otherw	•	,			
	1 0 0	notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning				
С	The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS					
	notices relating to the Forms 3921 and 3922. This a	authority is effective for cale	endar year forms beginning			
State c	or Local Authorization (Caution: See	<u>e Authorization Agr</u>	reement)			
19	Check here to authorize the reporting agent to sign	and file state or local return	ns related to the authorization grant	ed on line 15 and/or line 16	X	
I understa payments completed are compl effect until relating to	rization Agreement and that this agreement does not relieve me, as the s are made and that I may enroll in the Electronic F i, the reporting agent named above is authorized to si eted, the reporting agent named above is authorized I i ti s, the reporting agent named above is authorized I it is terminated or revoked by the taxpayer or reportir the authority granted on line 15 and/or line 16, includ eceipt of Form 8655. The authority granted on Form 8	ederal Tax Payment Syste gn and file the return indicat to make deposits and paym ng agent. I am authorizing to ing disclosures required to	em (ÉFTPS) to view deposits and ted, beginning with the quarter or y ents beginning with the period indic ne IRS to disclose otherwise confid- process Form 8655. Disclosure auti	payments made on my behal ear indicated. If any starting dat cated. Any authorization granted ential tax information to the rep hority is effective upon signatur	If. If line 15 is tes on line 16 d remains in orting agent e of taxpayer	
—— Sigr		orm and authorize disclosur	re of otherwise confidential informat	tion on behalf of the taxpayer.		
Here	Signature of taxpayer	<b>&gt;</b>	Title	<b>&gt;</b>	Date	
B-:	L				Form <b>9655</b> (Pay 10 2019)	