SA-IRMS-E **VIRGINIA DEPARTMENT OF TAXATION**
Integrated Revenue Management System (IRMS)
Authorization Request Form
Training MUST be completed prior to submitting this form.

Organization Information

Office Name _____

Office Address_____

Office FIPS Code _____ Agency Number (if applicable) _____

User Name: Last _____ First _____

IRMS User Authorization Requested (choose only one)

☐   New Access   ☐   Change Access   ☐   Terminate All Access
 Effective Date: _____   Effective Date:_____   Effective Date:_____

User Title_____ User Phone Number _____

User SSN _____ User Email Address_____

☐ User Name Change – New Name _____Effective Date: _____

User Permissions (check all that apply)

	Add	Delete		Add	Delete
Director of Finance	☐	☐	Setoff Agency	☐	☐
Commissioner of Revenue	☐	☐	Primary Setoff Debt Coordinator	☐	☐
Treasurer	☐	☐	1st Alternate Setoff Debt Coordinator	☐	☐
EESMC Report Contact	☐	☐	2nd Alternate Setoff Debt Coordinator	☐	☐
EESMC File Transfer Only	☐	☐	Primary Security Administrator	☐	☐
			Alternate Security Administrator	☐	☐

Confidentiality of Tax Information and Signature

All information available using Department of Taxation (the Department) information systems is considered confidential. Confidential tax information may be accessed and used only for the purpose for which access and use is authorized by the Department. I understand that the unauthorized disclosure of confidential tax information is a Class 1 misdemeanor, and that I am bound by the provisions of *Code of Virginia* Section 58.1-3.

I acknowledge my understanding of the Confidentiality of Tax Information and TAX System Access and Use Statements above.

User Signature _____ Date _____

Security Administrator Approval

This form must be signed by the Primary or Alternate Security Administrator for the user's organization.

Signature_____ Date _____

Print Name _____ Phone Number _____

FAX this form to: (804) 774-3898.

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VIRGINIA DEPARTMENT OF TAXATION

Instructions for the
Integrated Revenue Management System (IRMS)
Authorization Request Form

> ### Department of Taxation System Access and Use
>
> - Never share your User ID or password with anyone
> - Never let anyone use your access to IRMS
> - Always log out of your system when not in use

General: Use this form to request access or modify access to the Virginia Department of Taxation Integrated Management System (IRMS).

Failure to complete the required training in the TAX Learning Management System (LMS) prior to submitting this form will prevent us from granting access to IRMS.

The use of the SSN is required in order to enforce accountability and compliance with the Commonwealth of Virginia Security Standard SEC2001-01.1, and the Disclosure of Official Tax Information Handbook.

Confidentiality of Tax Information: All information available using the Department information systems is considered confidential. Confidential Department information may be accessed and used only for the purpose for which access and use is authorized by the Department. The unauthorized disclosure of confidential tax information is a Class 1 misdemeanor. The user is bound by the provisions of *Va. Code* § 58.1-3.

Organization Information: Complete Office Name, Mailing Address, FIPS Code, Agency Number (if applicable) and the User Name information.

IRMS User Authorization Requested: Check only <u>one</u> box to indicate whether this is a request for new access, a request to change access or a request to terminate all access.

To set up a new user, check the box for New Access and complete all applicable fields. **The SSN number is not used as a unique identifier. It is necessary to prevent unauthorized access to the user's tax records.**

Be sure to indicate when access should be effective.

User Permissions: Check all applicable add and delete boxes in this section for the authorization requested.

- Check Director of Finance, Commissioner of the Revenue, or Treasurer if applicable.

- For localities to receive reports via EESMC, only one user from your locality can be designated to receive all reports. Check the <u>EESMC Report Contact box</u> and complete the user form.

- If you are a setoff agency, check the "Setoff Agency" box, then check <u>only one</u> of the coordinator boxes. If you are a Treasurer or Director of Finance and also need access to setoff information, you will need to check the <u>Setoff Agency box</u>.

- Set off agencies that need access to file transfers using EESMC <u>check the EESMC File Transfer Only box.</u>

- Localities that submit estimated tax files using EESMC <u>check the EESMC File Transfer Only box.</u>

- Check the box to indicate whether you are the Primary Security Administrator or Secondary Security Administrator.

Confidentiality of Tax Information and Signature: The user must sign and date the form before access can be granted by the Department's Security Administration.

If the form is being sent for a termination or deletion of access to the system, the user does not need to sign the form.

Security Administrator Approval: Either the Primary or Alternate IRMS Security Administrator from your organization must sign the form before it can be processed.

The **Primary Security Administrator** has the authority to approve requests for access to the Department of Taxation Integrated Revenue Management System.

The **Alternate Security Administrator** has the authority to approve requests for access to the Department of Taxation Integrated Revenue Management System when the primary security administrator is unavailable.