

Integrated Revenue Management System (IRMS) Authorization Request 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 Effective Date: \_\_\_\_\_  Change Access Effective Date: \_\_\_\_\_  Recertification Effective Date: \_\_\_\_\_  Terminate All Access Effective Date: \_\_\_\_\_

User Title \_\_\_\_\_ User Phone Number \_\_\_\_\_

User SSN \_\_\_\_\_ 2-Factor Authentication Phone Number \_\_\_\_\_

User Email Address \_\_\_\_\_

User Name Change – New Name \_\_\_\_\_ Effective Date: \_\_\_\_\_

User Permissions (check all that apply)

Table with 5 columns: Permission Name, Add, Delete, Permission Name, Add, Delete. Rows include Director of Finance, Commissioner of Revenue, Treasurer, Bank Franchise Tax - Principal Office Localities Only, Bank Franchise Tax Contact, Bank Franchise Tax Alternate Contact, EESMC - Bank Franchise Report Branch Office Localities, Bank Franchise Tax Contact, Bank Franchise Tax Alternate Contact, EESMC Report Contact, EESMC Alternate Report Contact, EESMC File Transfer Only, EESMC Secondary File Transfer Only, OCA Collection, Other Agency Credit Administrator, DDS Child Support Enforcement, Setoff Agency, Primary Setoff Debt Coordinator, 1st Alternate Setoff Debt Coordinator, 2nd Alternate Setoff Debt Coordinator, 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.

By signing below I acknowledge that the access requested above is needed for my official job duties and 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.

**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 Revenue 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.

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

**IRMS User Authorization Requested:** Check only one box to indicate whether this is a request for new access, a request to change access, a request for recertification 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 is not used as a unique identifier. It is necessary to prevent unauthorized access to the user's tax records.**

Include a Two Factor Authentication Phone Number to allow the system to call you directly at the phone number of your choice. If not included the User Phone Number will be used during the account set up process.

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.
- Check Bank Franchise Tax Contact or Alternate Contact to grant access for a locality to certify Bank Franchise Tax returns. Up to 2 users are allowed from your locality.

- If you are Branch Office Locality reviewing Schedule C and H, check EESMC - Bank Franchise Report Branch Office Localities, limited to 2 users.
- For localities to receive reports via EESMC, up to 2 users are allowed from your locality who can be designated to receive all reports. Check one of the 2 EESMC Report Contact boxes and complete the user form.
- If you are an Outside Collection Agency performing normal collection activities, check the OCA Collection box.
- If you are a credit administrator from another agency, check the Other Agency Credit Administrator box.
- If you are assisting with DDS Child Support Enforcement, check the DDS Child Support Enforcement.
- If you are a setoff agency, check the "Setoff Agency" box, then check only one 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 Setoff Agency box.
- Set off agencies that need access to file transfers using EESMC check the EESMC File Transfer Only or EESMC Secondary File Transfer Only box.
- Localities that submit estimated tax files using EESMC check the EESMC File Transfer Only box.

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.