Rev: 4/2023

National Association of Computerized Tax Processors http://www.nactp.org

APPLICATION FOR MEMBERSHIP / DIRECTORY UPDATE

Please return completed form by e-mail to: vicepresident@nactp.org

Annual Dues: $1,000.00, (August 1st - July 31st)

Submission Type:
- ☐ New Membership Application
- ☐ Updating Membership Details and/or Contacts

Company Information:

Company Name: (please detail as to how you want your company's name listed in directory and on website)

Address:

City: **State:** **Zip:**

Company URL: **Length of Time in Business:**

Company Products/Software:

Reason(s) for Membership:

Type of Business: (please check all that apply)

- ☐ **Tax Software Developer (SD).** A company that develops tax software.
- ☐ **Electronic Filing Developer (EF).** A company that develops electronic filing software. This category would include third party transmission service companies.
- ☐ **Tax Form Publisher (FP).** A company that obtains and prints tax forms for software developers.
- ☐ **General (G).** A company, other than those described above, that provides a product or service to the tax industry. *(Please describe below)*

General details here

Submitted by: **Submitter Email:** **Submitter Phone:**

NACTP policy allows each company to have the following number of members on the listservs (total of eight members):

1 - Company Contact/Designated Representative	nactp_list@nactp.org
1 - Billing Contact	nactp_list@nactp.org
2 - Payroll & Information Reporting Committee (PIRC)	nactp_pirc@nactp.org
2 - Electronic Filing Committee (EFC)	nactp_efc@nactp.org
2 - Government Liaison Committee (GLC)	nactp_glc@nactp.org

Note: due to the above listserv limits, we recommend that each member company create an internal email group(s) (ex. NACTP@CompanyName, EFC@CompanyName, etc.) for their company. This will allow for greater control and flexibility by each company to add or remove individuals as often as necessary without resubmitting their member application. Please contact webmaster@NACTP.org if you have any questions or require any assistance.

Company Contact/Designated Representative:

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Include this e-mail address in NACTP_LIST group that will receive emails sent to all members? ☒ **Yes** ☐ **No**

Billing Contact:

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Include this e-mail address in NACTP_LIST group that will receive emails sent to all members? ☒ **Yes** ☐ **No**

Payroll & Information Reporting Committee Member(s):

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Electronic Filing Committee Member(s):

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Government Liaison Committee Member(s):

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**

Contact Name: **Email:** **Phone:**

Address:

City: **State:** **Zip:**