

Application to Participate in the IRS e-file Program



For Official Use Only	
EFIN:	ETIN:
OMB Number 1545-0991	

Please check the box(es) that apply to this application:

New Revised EFIN: Add New Location Reapply EFIN and /or Previous EFIN

1a Please check the box which describes your firm. (Check one box only)

Sole proprietorship Partnership (number of partners with 5% or more interest) ▶ _____ Corporation
 Limited Liability Company Limited Liability Partnership Personal Service Corporation Federal Government Agency
 State Government Agency Local Government Agency Credit Union Association Volunteer Organization

b Firm's Employer Identification Number (EIN) or Social Security Number (SSN)

c Firm's legal name as shown on firm's tax return

d Doing Business As (DBA) name (if other than the name in item 1c)

e Business location address	Country	Street	City	State	ZIP Code/Country Code
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f Business telephone number ()	Fax Number ()
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g Mailing address of the Firm if different from the location address only (street or P.O. box)	Country	Street	City	State	ZIP Code/Country Code
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h Is the firm open 12 months a year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address	Telephone number
If you answer "No," please give address and telephone number that are available 12 months of the year.		

i Primary Contact Name (first, middle initial, last)	Title:	E-mail address (optional):
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Phone Number: ()	Fax Number: ()
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j Alternate Contact Name (first, middle initial, last)	Title:	E-mail address (optional):
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Phone Number: ()	Fax Number: ()
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2 Please answer the following questions by checking the appropriate box or boxes.

a Will you originate the submission of electronic returns to the IRS? (**Electronic Return Originator**)

b Will you file as a **Reporting Agent** for Forms 940/941 as defined in Revenue Procedure 96-17? (**Reporting Agent**)
Note: If you answer **No** to 2b, skip to 2c. Check **Yes** in box 2c if you transmit returns you prepared.

Are you currently listed on the IRS Reporting Agent's File (RAF) for this EIN?

(If you answer **NO**, you must furnish complete, signed copies of your Forms 8655 for the clients for whom you intend to file returns. You must also furnish a list of your clients containing the Business Name and EIN (Agents List).

c Will you transmit returns prepared by you or those of another ERO? (**Transmitter**)

d Will you transmit individual or business income tax return information prepared by a taxpayer using commercially purchased software or software you provide through an on-line Internet site? (**On-line Provider**)

(If you answer **YES**, please follow the instructions on Page 3 for Line 2d.)

e Will you write electronic filing software? (**Software Developer**)

f Will you receive tax return information from EROs, or from taxpayers who have prepared their own returns using commercial software, or on an Internet site, process the information, and either forward it to a transmitter, or send the information back to the ERO? (**Intermediate Service Provider**)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

3 If you are a **Not for Profit** service, check the one box that applies below:

VITA TAC (Tax Assistance Center)
 TCE (Tax Counseling for the Elderly)
 Military Base Employee Member Benefit

4 Check the individual and/or business form types you will e-file for:

940 941 990 1040 ETD
 1041 1065 1120 1120 POL State Ack

Check the 1120 box for 1120 and 1120S. Check the 990 box for 990, 990-EZ, and 8868. See instructions for additional information on check boxes State Ack and ETD.

5 If you are a transmitter/software developer and checked the 940 or 941 box, please check the software format which applies:

940 XML Non-EDI On-line Non-EDI
941 XML Non-EDI EDI
 On-line On-line Non-EDI


6 Has the firm failed to file business tax returns, or pay tax liabilities under U.S. Internal Revenue laws? (Please attach an explanation for a "Yes" response.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

7 Principals of Your Firm or Organization

Do not complete this section if you are adding a new location or you checked a box on Line 3, Page 1. If you are a **sole proprietor**, list your name, home address, social security number, and respond to each question. If your firm is a **partnership**, list the name, home address, social security number, and respond to each question for each partner who has a five percent (5%) or more interest in the partnership. If you are a partnership and no partners have at least 5% interest in the partnership, list the name, title, home address, social security number, and respond to each question for at least one individual authorized to act for the firm in legal and/or tax matters. (You may use continuation sheets.) If your firm is a **corporation**, list the name, title, home address, social security number, and respond to each question for the President, Vice-President, Secretary, and Treasurer of the corporation. The signature of each person listed authorizes the Internal Revenue Service to conduct a credit check on that individual.

Type or print name (first, middle, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> alien Legal resident	Are you a/an: <input type="checkbox"/> attorney <input type="checkbox"/> banking official <input type="checkbox"/> C.P.A. <input type="checkbox"/> enrolled agent enrolled agent # _____	<input type="checkbox"/> officer of a publicly owned corporation <input type="checkbox"/> None apply (Fingerprint Card Required)	Are you licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:				
Home address	Social Security Number	Have you ever been assessed any preparer penalties, been convicted of a crime, failed to file personal tax returns, or pay tax liabilities, or been convicted of any criminal offense under the U.S. Internal Revenue laws? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach an explanation for a "Yes" response.)		
E-mail (optional):	Date of birth (month, day, year)	Signature		<input type="checkbox"/> Add <input type="checkbox"/> Delete

Type or print name (first, middle, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> alien Legal resident	Are you a/an: <input type="checkbox"/> attorney <input type="checkbox"/> banking official <input type="checkbox"/> C.P.A. <input type="checkbox"/> enrolled agent enrolled agent # _____	<input type="checkbox"/> officer of a publicly owned corporation <input type="checkbox"/> None apply (Fingerprint Card Required) 	Are you licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:				
Home address	Social Security Number	Have you ever been assessed any preparer penalties, been convicted of a crime, failed to file personal tax returns, or pay tax liabilities, or been convicted of any criminal offense under the U.S. Internal Revenue laws? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach an explanation for a "Yes" response.)		
E-mail (optional):	Date of birth (month, day, year)	Signature		<input type="checkbox"/> Add <input type="checkbox"/> Delete

8 Responsible Official (Please complete this section and provide signature even if it is the same as Line 7.) A Not for Profit service selected in a box on Line 3, Page 1, must complete this section.




The responsible official is the individual with responsibility for and authority over the operations at designated sites. The responsible official is the first point of contact with the IRS, has the authority to sign revised applications, and is responsible for ensuring that all requirements of the IRS e-file program are adhered to. A responsible official may be responsible for more than one office. A principal listed in Section 7 may also be a responsible official.

Name of responsible official (first, middle initial, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> alien Legal resident	Are you a/an: <input type="checkbox"/> attorney <input type="checkbox"/> banking official <input type="checkbox"/> C.P.A. <input type="checkbox"/> enrolled agent enrolled agent # _____	<input type="checkbox"/> officer of a publicly owned corporation <input type="checkbox"/> None apply (Fingerprint Card Required)	Are you licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:				
Home address	Social Security Number	Have you ever been assessed any preparer penalties, been convicted of a crime, failed to file personal tax returns, or pay tax liabilities, or been convicted of any criminal offense under the U.S. Internal Revenue laws? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach an explanation for a "Yes" response.)		
E-mail (optional):	Date of birth (month, day, year)	Signature		<input type="checkbox"/> Add <input type="checkbox"/> Delete

Applicant Agreement

Under the penalties of perjury, I declare that I have examined this application and read all accompanying information, and to the best of my knowledge and belief, the information being provided is true, correct, and complete. This firm and employees will comply with all of the provisions of the Revenue Procedure for Electronic Filing of Individual Income Tax Returns and Business Tax Returns, and related publications, for each year of our participation.

Acceptance for participation is not transferable. I understand that if this firm is sold or its organizational structure changes, a new application must be filed. I further understand that noncompliance will result in the firm's and/or the individuals listed on this application, being suspended from participation in the IRS e-file program. I am authorized to make and sign this statement on behalf of the firm.

9 Name and title of Principal, Partner, or Owner (type or print)	10 Signature of Principal, Partner, or Owner	11 Date
		

New! New! This Form 8633 is the new combined form to use to apply to be an authorized *e-file* provider of any of the **Individual** or **Business** *e-file* programs.

Filing Requirements

Who to Contact for Answers: If you have questions and don't know where to get answers, call toll free, 1-866-255-0654. If this is a foreign call, call the non-toll-free number 01-512-416-7750. For additional information about Business *e-file* programs, see the following publications: Publication 1524, Procedures for the Form 1065 *e-file* Programs; Publication 1525, File Specifications for Form 1065 *e-file*; Publication 1855, Technical Specifications Guide for the Electronic Filing of Form 941; Publication 3715, Technical Specifications Guide for the Electronic Filing of Form 940; Publication 1437, Procedures for Electronic Filing of Form 1041; and Publication 1438, File Specifications for Form 1041.

Who Must File Form 8633. (1) New applicants (including foreign filers) and (2) Current participants revising a previously submitted Form 8633, in accordance with the IRS *e-file* program requirements outlined in Publication 1345, Handbook For Authorized IRS *e-file* Providers. In some instances, you may **revise** your application by calling 1-866-255-0654.

Note: Those transmitters and software developers who are planning to transmit Forms 990, 990-EZ, 1120, 1120S, 1120-POL, or 8868 through the Internet must apply using the on-line *e-file* application instead of completing Form 8633.

When to File: New Applications— Year Round Application Acceptance.

Effective August 1, 2003, paper applications are accepted all year for individuals and business *e-file* programs. This change allows individual and business *e-file* applicants the opportunity to apply to participate in the *e-file* program at any given time. Additionally, the on-line *e-file* application offers the same year round application process. It is recommended that you submit your completed application 45 days prior to the date you intend to begin filing returns electronically (business and/or individual).

Reapply—complete an application to **reapply** to the program if you were suspended and want to be reconsidered or if you were dropped from the program and would like to continue. Please remember to include your previously assigned EFIN.

Where to File. Send Form(s) 8633 to the Andover Campus. (See Page 4 for mailing addresses.)

How to Complete the Form

Page 1

Please check all boxes which apply to this application.

Line 1b.—If your firm is a partnership or a corporation, provide the firm's employer identification number (EIN). If your firm is a sole proprietorship, with employees, provide the business employer identification number (EIN). If you do not have employees, provide your social security number (SSN).

Line 1c.—If your firm is a sole proprietorship, enter the name of the sole proprietor. If your firm is a partnership or corporation, enter the name shown on the firm's tax return. If submitting a revised application, **and the firm's legal name is not changing**, be sure this entry is identical to your original application.

Line 1d.—If, for the purpose of IRS *e-file*, you or your firm use a "doing business as" (DBA) name(s) other than the name on line 1a, include the name(s) on this line. Use an attachment sheet if necessary to list all names.

Line 1e.—Address of the location of the firm. A Post Office box (P.O. box) will not be accepted as the location of your firm.

Line 1g.—Mailing address if different from the business address. Include P.O. box if applicable. You must provide a year-round mailing address.

Lines 1i and 1j.—Contact names must be available on a daily basis to answer IRS questions during testing and throughout the processing year.

Line 2d.—1040 on-line filing applicants must also provide the following information on a separate sheet of paper:

1. The brand name of the software the applicant will be using, has developed, or will be transmitting, including the name of the software developer; the name of the transmitter for the software; the retail cost of the software; any additional costs for transmitting the electronic portion of the taxpayer's return; whether the software can be used for Federal/State returns; whether the software is available on the Internet and if so, the Internet address; the professional package name of the software submitted for testing;

2. The applicant's point of contact (including telephone number) for matters relating to on-line filing, and the applicant's customer service number;

3. The procedures the applicant will use to ensure that no more than five returns are transmitted from one software package or from one e-mail address; and

4. The website URL of the on-line filer

Line 3.—Check the box that applies.

Line 4.—ETD - (Forms 56, 2350, 2688, 4868, 9465) Electronic Transmitted Documents - stand alone documents that are e-filed apart from any other returns but for the purpose of *e-file* application, are grouped together to establish the need for a transmitter communications test.

State Ack (Restricted to Software Developers or Transmitters) - acknowledgement files transmitted by the state taxing agency to the IRS, containing the results of the state e-filed returns for pick-up by the original transmitter of the return.

Line 6.—Misrepresentation when answering this question **will** result in the rejection of your application to participate in the IRS *e-file* Program. If your application is denied, you will be able to apply again for participation two years from the date of the denial letter.

Page 2

Lines 7 and 8.—Each individual listed must be a U.S. citizen or legal resident alien (lawful permanent resident), have attained the age of 21 as of the date of the application, and if applying to be an Electronic Return Originator, meet state and local licensing and/or bonding requirements. Fingerprints must be taken by a trained specialist. Individuals **CANNOT** take their own fingerprints. The *e-file* program **fingerprint cards** are unique and should be obtained by calling the Andover Campus at 1-866-255-0654.

Unless you marked a box on Line 3, Page 1, or your only "Yes" response in section 2 is question e, you must provide a completed fingerprint card for each responsible official, corporate officer, owner, or partner listed on Lines 7 and 8. If a corporate officer, owner, or partner changes, a completed fingerprint card must be provided for each new corporate officer, owner, or partner. If the corporate officer, owner, or partner is an attorney, banking official who is bonded and has been fingerprinted in the last two years, CPA, enrolled agent, or an officer of a publicly owned corporation, evidence of current professional status may be submitted in lieu of the fingerprint card (see Revenue Procedures). **Your application will not be processed if you do not provide a completed fingerprint card or evidence of professional status and the signature of each responsible official, corporate officer, partner, and owner.**

Line 6 instruction also applies to Line 7 and Line 8. Attach an explanation for a "Yes" response to the suitability question.

Lines 9-11—Signature Lines.—A principal, partner, or the owner of the firm must sign new applications. Responsible Officials may sign revised applications.

Mail your application(s) to the address shown below.

Daytime: Internal Revenue Service
Andover Campus
Attn: EFU Acceptance
Testing Stop 983
P.O. Box 4099
Woburn, MA 01888-4099

Overnight Mail: Internal Revenue Service
Andover Campus
Attn: EFU Acceptance
Testing Stop 983
310 Lowell Street
Andover, MA 05501-0001

NOTE: The Andover Campus is a secured building, unauthorized access not permitted. **Applications/Fingerprint cards received/disbursed by MAIL ONLY.**

Call 1-866-255-0654 to obtain fingerprint cards. Approved fingerprint cards can only be obtained at the Andover Campus.

Privacy Act Notice.—The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301, 5 U.S.C. 500, 551-559, 31 U.S.C. 330, and Executive Order 9397.

We are asking for this information to verify your standing as a person qualified to participate in the electronic filing program. The information you provide may be disclosed to the FBI and other agencies for background checks, to credit bureaus for credit checks, and to third parties to determine your suitability.

The IRS also may be compelled to disclose information to the public. In response to requests made under 5

U.S.C. 552, the Freedom of Information Act, information that may be released could include your name and business address and whether you are licensed or bonded in accordance with state or local requirements.

Your response is voluntary. However, if you do not provide the requested information, you could be disqualified from participating in the IRS *e-file* program.

If you provide fraudulent information, you may be subject to criminal prosecution.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You must give us the information if you wish to participate in the IRS *e-file* program. We need it to process your application to file individual income tax returns electronically.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act

unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated time is 60 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you.

You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send this application to this office. Instead, see **Where to File** on page 3.

FORM 8633 ACCURACY CHECKLIST



Please answer this checklist after you have completed your application. Failure to correctly provide all of the information needed on your application can result in the application being returned to you.

1. Is your Form 8633 the most current application? _____ Yes _____ No

If the revision date is not July 2003, your application may be returned.

2. Did you complete 1e and 1g? _____ Yes _____ No

Your application may be returned to you if 1e and 1g are incomplete. However, if your business address in 1e is the same as your mailing address, you are not required to complete 1g.

3. Did you read all of Section 7? Did you provide us with a fingerprint card for all principals of your firm who are not exempt, evidence of professional status on those who are exempt, and all original signatures? _____ Yes _____ No

Acceptable evidence of current professional status consists of the following:

CPA CERTIFICATION—copy of current state license. (LPAs are not considered exempt/fingerprint cards required)

ENROLLED AGENT—copy of current enrollment card issued by the IRS

ATTORNEY—copy of credentials

BANK OFFICIAL—a copy of the bonding certificate and proof of fingerprinting within the last two years

OFFICER OF A PUBLICLY OWNED CORPORATION—a copy on corporate letterhead which carries the name of the officer, the stock symbol, the exchange where listed, and the name under which the stock is traded for the individual listed in section 7 or 8 on Form 8633.

4. Have the principals and responsible officials of your firm reached age 21 as of the date on your application? _____ Yes _____ No

Your application will be rejected if anyone listed is under the age of 21.

5. Have you been suspended from the IRS e-file program? _____ Yes _____ No

If you answer **Yes**, your suspension period must be complete. Please call the Andover Campus at: 1-866-255-0654 (toll free) to verify this information.

6. Did you remember to provide original signatures for 7, 8, and 10? _____ Yes _____ No

If you failed to provide signatures in the areas listed above, your application will be returned.



**services**[Registration](#)[Confirm Registration](#)[Revise Registration](#)[Change Password/PIN](#)[Forgotten Password or PIN](#)

Registration Services

Registration Services**Welcome to Registration Services****Registration**

Here you can register to become a user of the Internal Revenue Service's (IRS) e-services web site. Our registration process involves collecting personal and taxpayer data for the sole purpose of authenticating your identity. The IRS will compare the information you provide with the information received from the Social Security Administration (SSA) and with the tax return information you previously filed. We will issue a registration confirmation code to you via the U.S. Postal Service, if the information you provide matches our data. You must log back into the e-services web site within 28 days of your registration submission and enter this confirmation code to complete the registration process.

We ask you to provide the following information to become a registered user:

- Legal name (verified with IRS & SSA records)
- Social Security Number (verified with SSA records)
- Date of birth (verified with SSA records)
- Telephone number
- E-mail address
- Adjusted Gross Income (AGI) from either your current year or prior year filed tax return (verified from IRS records)
- Username. Select your preferred username. Please read the rules for selecting your username
- Password and PIN. Select your password and PIN. Please read the helpful hints on selecting a secure, unique password and PIN
- Reminder question to recover a forgotten username
- Home mailing address (verified from IRS records). If you have moved since you last transacted with the IRS, please update your information when registering.

Please have this information available before you continue on to the registration process. Thank you.

Confirm Registration

Select this option to enter the confirmation code you received from the IRS. You should only have to complete this process once within 28 days of registering (if you ever forget your password or PIN, you will need to repeat this process).

Revise Registration

Selecting this option will allow you to revise the following information in your Registration record:

- Name
- Telephone number
- Address
- E-mail address

Change Password/PIN

Use this option to change your password, PIN, or both.

[Forgotten Password or PIN](#)

If you have lost your password or PIN you will need to repeat a portion of the initial registration process and will be issued a new confirmation code via the U.S. Postal Service. You must then log back into e-services within 28 days and confirm your registration using this new confirmation code.

[e-services Privacy Policy](#)

[Home](#)[e-services](#)[On-line Tutorials](#)[Help](#)[Mailbox](#)[Registration Services Menu](#) > [Registration](#)

Registration

Please enter the following information to register for using e-services.
For help, select the **Help** link and information will be provided in a "help" window.

IMPORTANT: Please print a copy for your records **before** you submit your entries for processing.

***First Name (Required):**

Middle Initial:

***Last Name (Required):**

Name Suffix:

Tax Identification Number (Required):**Date of Birth (Required):**

(MM/DD/YYYY)

Phone:

(3 digit area code followed by 7 digit number, i.e. 8005551111)

Phone Country Code:

(Enter 001 for US)

Email Address:

Please provide your **Adjusted Gross Income (AGI)** from your most recent individual income tax return, Form 1040, 1040A, etc. Your AGI amount must agree with what was submitted on your original return prior to any amendment you may have made or any IRS adjustments. We suggest using your AGI from the prior year if your most recent return was filed within the last 4 to 6 weeks. If you filed last year's tax return after November 1, please use your AGI of the prior year tax return.

Choose one of the available tax years and enter your AGI.

Tax Year Ending Dec 31 (Required):**AGI (Required):***Whole dollars only*

Please select your preferred Username, Password and Personal Identification Number (PIN).
(You must type password and PIN twice)

Rules governing the creation of the Username, Password, and PIN have been created to further enhance the security of e-services. The most commonly encountered rules are identified below. [Select this link to see the full set of password and PIN rules.](#)

Username (Required):Username must be at least 8 characters long, may contain letters and numbers only, case insensitive (read as upper-case only).****Password (Required):***Password must be at least 8 characters long, must contain both letters and numbers, case sensitive, cannot be the same as the username.****Re-Enter Password (Required):*****PIN (Required):***PIN must be 5 digits only, cannot be all the same digits.****Re-Enter PIN (Required):**

Please select one question to be answered by you if you forget your username and you attempt to re-register with IRS. The question and answer should be unlikely to be known by other individuals. For example, do not select your street where you currently live or the car you own today.

***Question to Recover Username
(Required):**

***Answer (Required):**

The last address you provided the IRS on your individual tax return, Form 1040, 1040A, etc. or Change of Address, Form 8822, will be used to send you a registration confirmation number. You must provide us with your new **home** address if it has since changed. Upon confirmation of your registration, we will update your taxpayer home address under your SSN only. If you last filed as a secondary taxpayer on a joint return, we will not update the address information under the primary SSN on the account.

Has your taxpayer address changed as explained above? Yes No

If yes, you must enter your new address in the fields below. If no, proceed to terms and conditions.

Warning! Completing these fields will change your address of record with the IRS.

Address Line:

City:

State (USA Only):

Zip Code:

Country:

Terms and Conditions

Please read the following Privacy Act and conditions of use that explain why we are requesting the registration information, how it will be used, and your responsibilities as a registered user of e-services. After reading, please select the **Accept** button to continue your registration.

If you do not accept the presented Terms and Conditions, you will not be granted access to e-services.

The registration information you entered will then be deleted and you will be returned to the e-services welcome page.

Privacy Act Notice:

The Privacy Act of 1974 requires that when we ask individuals for information about themselves, we state our legal right to ask for the information, why we are asking for the information, and how it will be used. We must also tell you what could happen if we do not receive all or part of the information, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301 and the Internal Revenue Code Sections 6001, 6011, 6012 and applicable regulations. The registration information we are requesting is used to create an e-services account for you and authenticate your identity, in other words, to ensure you are who you say you are. The information may not be disclosed except as provided by Section 6103 of the Internal Revenue Code. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may also give it to cities, states, the District of Columbia and U. S. commonwealths or possessions to carry out their tax laws. We may give it to foreign governments because of tax treaties they have with the United States. Your participation in the e-services program is voluntary. As such, your responses to any of the registration questions are entirely voluntary. However, if you do not provide all or part of the information required to create your account and authenticate your identity, you will not be eligible for access to e-services.

Paperwork Reduction Act Notice:

The collection of information contained in e-services has been reviewed and approved by the Office of Management and Budget in accordance with the Paperwork Reduction Act (44 U.S.C. 3507) under control number 1545-1823. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by 26 U.S.C. §6103. The following table identifies the estimated length of time to complete the various e-services processes. This includes the time it will take to read the instructions, gather the necessary facts and enter the required information.

e-services Product	Estimated Time to Complete
Registration	20 minutes
TIN Matching Application	10 minutes
TIN Matching Interactive Session	10 minutes

If you have comments concerning the accuracy of these time estimates or suggestions for reducing this burden, we would be happy to hear from you. You can write the Internal Revenue Service Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, California 95743-0001.

Your Registration Obligations:

As an e-services user, you agree to provide true, accurate, current and complete information about yourself as prompted by the registration process and that you will maintain and promptly update this data to keep it true, accurate, current and complete. If you provide any information that is untrue, inaccurate, obsolete or incomplete, or there are reasonable grounds to suspect that such information is untrue, inaccurate, obsolete or incomplete, the IRS has the right to suspend or terminate your account and refuse any and all current or future use of e-services.

Member Account, Password and Security:

As part of the registration process, you selected a username, password and PIN. You are responsible for maintaining the confidentiality of this information. While it may be necessary to disclose your username or PIN to an IRS employee or other individual, you agree not to disclose your password to anyone. You are fully responsible for all activities that occur under your password. IRS personnel do not have access to your password and should never ask you for it.

You agree to immediately notify the IRS at 1-866-255-0654 (international callers use 512-416-7750) of any unauthorized use of your password or account, or any other breach of security and ensure that you exit from your account at the end of each session.

If you do not accept the presented Terms and Conditions, you will not be granted access to e-services.

The registration information you entered will then be deleted and you will be returned to the e-services welcome page.

You may do either of the following:

- Select ***Accept*** to submit all your entries.
- Select ***Decline*** to discard all your entries.

[e-services Privacy Policy](#)



e-Services will undergo maintenance on Thursday, August 10, 2006 from 3:00am EST until 6:00am EST and the system will be unavailable. Users may also experience reduced response time from 6:00am EST until approximately 8:00am EST on Thursday, August 10, 2006.

Username

Password

[Not registered? Register here](#)

FORGOT YOUR PASSWORD?

If you have forgotten your password, or your password is not working for some reason, [click here](#) to get a new one. You will need your username, name, SSN, date of birth, and shared secrets used in the original registration.

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