

**Business Enrollment Form for EFTPS** – This form contains instructions to complete the Electronic Federal Tax Payment System (EFTPS) Enrollment Form for Business Taxpayers. It is to be used either for initial enrollment in the system or to add financial institution information. If you wish to use multiple accounts in one financial institution, or accounts in multiple financial institutions, you will need to provide multiple copies of the enrollment form.

For **questions** regarding EFTPS or this Enrollment Form please **call**:

Visit our web site at [www.EFTPS.gov](http://www.EFTPS.gov) to enroll online.

24 hours a day, 7 days a week



**EFTPS Customer Service**

For TDD (hearing impaired) support  
en español

**1-800-555-4477**

1-800-733-4829

1-800-244-4829



When your form is **completed**, please **mail to**:



**EFTPS Enrollment Processing Center**

**P.O. Box 173788**

**Denver, Colorado 80217-3788**

You should receive your Confirmation/Update Form and instructions on using EFTPS approximately two to four weeks after we receive your Enrollment Form.

**INSTRUCTIONS**

**1. Employer Identification Number (EIN).** Enter your nine-digit Employer Identification Number. **Enter the EIN on the back of the form in the upper right corner as well.**

**Note to Sole Proprietors:** if you are a Sole Proprietor business, **without employees**, you need to enroll as an Individual (Tax Form 9783) and use your Social Security Number as your Taxpayer Identification Number.

**2. Business Taxpayer Name.** Print your business name exactly as it appears on the tax return. Sole Proprietors should use the individual owners name rather than the DBA name. The only valid characters are A-Z, 0-9, -, &, and blank.

**3. Business Address.** This address should be the address as it appears on the business tax return.

**Note:** If the address has been pre-printed and is incorrect, it can only be changed by submitting an IRS Change of Address (Form 8822) to the Internal Revenue Service. The address on your EFTPS enrollment will automatically be updated when Form 8822 is submitted. See the back of Form 8822 to determine where the form should be mailed.

**4. Primary Contact Name.** Print the name of a person, company, or third party who can be contacted in the event questions arise regarding this enrollment or tax payments. All EFTPS mailings will be sent to your primary contact.

**5-6. Primary Contact Mailing Address and Phone Number (if different from #3 above).** You need not complete the address area if your contact's address is the same as the business address. If an address is provided here, it will be used to mail confirmation materials and instruction booklets.

**7. Primary contact E-mail Address.** (optional)

- Marking Instructions:
- Use black or blue ink only.
  - Please print legibly. Use one character per block. **Use only capital letters.** Keep all printing within the boxes.
  - Do not make any stray marks on this form.

MARKING EXAMPLE:

IA

State

52471

Zip Code

**Taxpayer Information**

1. Employer Identification Number (EIN) – (Please enter EIN on reverse side also.)

2. Business Taxpayer Name:

3. Business Street Address:

City:

State:

ZIP Code:

International: Province, Country, and Postal Code:

**Contact Information**

4. Primary Contact Name:

5. Primary Contact Mailing Street Address (if different from #3 above):

City:

State:

Zip Code:

International: Province, Country, and Postal Code:

6. Primary Contact Phone Number:

**US**

**International**

Country Code

City Code

**011-**

7. Primary Contact E-mail Address (use as many spaces as needed up to 60):


(continued)

EIN:

**Payment Information**

**8. Payment Method.** Choose the payment method(s) by placing an "X" in the box(es). The options available are: EFTPS using the Internet or phone and EFTPS through a Financial Institution. Both EFTPS input methods are interchangeable: Internet and phone.

8. Payment Method  
 **EFTPS (by Internet and/or phone):** check here if you will instruct EFTPS to transfer payment from your account.  
 **EFTPS (through a Financial Institution):** check here if you will instruct your financial institution to forward the payment to EFTPS. You must check with your financial institution to determine if they are capable of providing this service.  
**NOTE: If you will only be using EFTPS through your Financial Institution as a payment method, skip to item #23.**

 **Note: For EFTPS (using the Internet or phone), complete the additional information required about your financial institution. Enrollment will automatically enroll you for EFTPS through a Financial Institution as well as Same-Day Payment.**

**For EFTPS (through a Financial Institution), you initiate a tax payment through a financial institution. You must contact your financial institution to insure the institution is capable of making an EFTPS payment through the Automated Clearing House (ACH) or a Same-Day Payment method. If you enroll for EFTPS through a Financial Institution or Same-Day Payment, you may also enroll for EFTPS using the Internet or phone by providing the financial institution information requested on items 19 through 23.**

**Tax Form Payment Amount Limits** (EFTPS using the Internet or phone only)

**9-18. Optional Tax Form Payment Amount Limits (For EFTPS using the Internet or phone only)**

This section is optional. You may set amount limits for each tax type to prevent an overpayment. The system will compare your payment amount against your stated limit and provide a warning if you exceed the limit. You may override the warning if you wish.

9. 720	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. 940	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. 941	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. 943	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. 945	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	14. 990C	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. 990PF	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	16. 990T	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	17. 1042	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. 1120	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>										

(19 through 24 must be completed if EFTPS using the Internet or phone will be used)

**19. RTN.** This is the nine-digit number associated with your financial institution. You may contact your financial institution to verify this number.

**Financial Institution Information** (to be completed if EFTPS using the Internet or phone will be used)

19. RTN: <input type="text"/>	20. Account Number: <input type="text"/>	21. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
22. State: <input type="text"/>	ZIP Code: <input type="text"/>	

**20. Account Number.** Enter the number of the account you will use to pay your taxes.

**21. Type.** Please mark one box to indicate whether the account is a checking or savings account.

**22. State and ZIP Code.** Use the two-character letter abbreviation for the state your financial institution is located in and indicate ZIP Code.

**Authorization**

**23. Authorization.** This section authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the account(s) you designate.

**23. For both payment methods:** Please read the following Authorization Agreement:

I (as defined as the taxpayer whose signature is below) hereby authorize the contact person (listed in item #4 of this form) and the financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, and answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

**24. Taxpayer Signature.** The taxpayer must sign this section to authorize participation in EFTPS. If there is no signature, a form will be returned.

**Only EFTPS using the Internet or phone:** Please read the following Authorization Agreement:

By completing the information in boxes 19-22 and signing below, I hereby authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS debit entries to the financial institution account indicated above, for payment of Federal taxes owed to the IRS upon request by taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

This section also provides authorization to share the information provided with your financial institution, required for the processing of the Electronic Federal Tax Payment System.

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, the signer certifies that they have the authority to execute this authorization on behalf of the taxpayer.

24. Taxpayer Signature

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Remember to sign and mail your enrollment form to the address on reverse side.**

Paperwork Reduction Act Notice: In accordance with the Paperwork Reduction Act of 1995, we ask for the information in the Electronic Federal Tax Payment System (EFTPS) Enrollment Form in order to carry out the requirements of 26 United States Code 6001, 6011, and 6109. You are not required to provide 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. This information is used by the Internal Revenue Service to assure that payment(s) are properly credited to the appropriate account(s). Your response is mandatory if you are required by regulations to use Electronic Funds Transfer to make your Federal Tax Deposits. The time needed to provide this information will vary depending on individual circumstances. The estimated average time is ten minutes. If you have comments concerning the accuracy of this time estimate or suggestions for reducing this burden, we would be happy to hear from you. You can write to the IRS Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224. Please do not send the enrollment form to this address. 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 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 and Internal Revenue Code sections 6001, 6011, 6012, and applicable regulations. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS). 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 laws. We may give it to foreign governments because of tax treaties they have with the United States. Your response is mandatory if you are required by regulations to use electronic funds transfer to make your deposits. If you are not required by regulations to use electronic funds transfer, your response is voluntary. If you do not provide all or part of the information, you may not be eligible to participate in the EFTPS. If you are required to use electronic funds transfer by regulation, you may be subject to penalties. If you are not required to use electronic funds transfer to pay taxes owed, you need to pay the taxes due by another method.

