

Tax Form 9783 with Instructions (OMB 1545-1467)



Department of the Treasury

Individual Enrollment Form for EFTPS – This form contains instructions to complete the Electronic Federal Tax Payment System (EFTPS) Enrollment Form for Individual 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:**



EFTPS Customer Service

For TDD (hearing impaired) support
en español

1-800-316-6541

1-800-733-4829

1-800-244-4829

Visit our **web site** at www.EFTPS.gov to **enroll online**. **24 hours a day, 7 days a week**



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. Primary Taxpayer Identification Number (SSN). Enter your nine-digit Social Security Number. If this enrollment is for joint filers, enter the SSN of the primary taxpayer. The primary taxpayer is the taxpayer listed first on your tax return. **Enter the SSN on the back of the form in the upper right corner as well.**

Sole Proprietor Businesses, without employees; enroll as an Individual and use your Social Security Number as your Taxpayer Identification Number.

2. Taxpayer Name(s). Print your name exactly as it appears on the tax return. The only valid characters are A-Z, 0-9, -, &, and blank. For joint filers, enter primary taxpayer name first: JOHN AND MARY SMITH, or JOHN SMITH AND MARY JONES.

3. Joint Filer Taxpayer Identification Number (SSN). If this is a joint filing, please provide the joint filer's Social Security Number.

4. Primary Taxpayer Address. This address should be the address as it appears on your tax return.

Note: If the address 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.

5. Primary Taxpayer Phone Number. Provide your area code and phone number.

6. 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.

7-8. Primary Contact Mailing Address and Phone Number (if different from #4 above). You need not complete the address and phone section if your contact's address and phone is the same as the primary taxpayer. If an address is provided here, it will be used to mail confirmation materials and instruction booklets.

9. 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. Primary Taxpayer Identification Number (SSN) – (Please enter SSN on reverse side also):

2. Taxpayer(s) Name:

3. Joint Filer's Taxpayer Identification Number (SSN):

4. Primary Taxpayer Address:

City:

State:

Zip Code:

International: Province, Country, and Postal Code:

5. Primary Taxpayer Phone Number:

US

Area Code

International

Country Code

City Code

011-

Contact Information

6. Primary Contact Name (if different from #2 above):

7. Primary Contact Mailing Street Address (if different from #4 above):

City:

State:

Zip Code:

International: Province, Country, and Postal Code:

8. Primary Contact Phone Number (if different from #5 above):

US

Area Code

International

Country Code

City Code

011-

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

(continued)

For side 2 please fill in

Social Security Number (SSN)

SSN:

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Payment Information

10. Payment Method

EFTPS (by Internet and/or phone): check here if you will instruct EFTPS to transfer payment from your account. (You can interchange input payment methods: Internet and/or phone).

Tax Form Payment Amount Limit

11.

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Financial Institution Information

12. RTN:

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13. Account Number:

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14. Type:

Checking
 Savings

15. State:

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Zip Code:

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Authorization

16. Please read the following Authorization Agreement:

I (as defined by the taxpayer whose signature is below) hereby authorize the contact person (listed on this form in item #6) and 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 someone other than the taxpayer, I certify that I have the authority (i.e., Form 2848 Power of Attorney and Declaration of Representative or other Power of Attorney) 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.

By completing the information in boxes 12-15 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.

17. Taxpayer Signature

Taxpayer Signature Date _____

Print Name

Date _____

Joint Filer's Signature

Print Name

11. Tax Form Payment Amount Limit

This section is optional. You may set an amount limit for the 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.

12. Routing Number (RTN). This is the nine-digit number associated with your financial institution. You may contact your financial institution to verify this number.

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

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

15. Financial Institution State and Zip Code. Use the two-character letter abbreviation for the state your financial institution is located in and indicate Zip Code.

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

17. Taxpayer Signature. The taxpayer (and joint filer, if applicable) *must* sign this section to authorize participation in EFTPS. If there is no signature, the form will be returned.

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 on behalf of the individual taxpayer, the signer certifies that they have the authority to execute this authorization on behalf of the taxpayer.

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

