



## Tax Form 9789 with Instructions (OMB 1545-1467)



Department of the Treasury

**→ Please retain this form for your records. If changes or corrections are needed, please complete and mail to:**



**EFTPS Enrollment Processing Center  
P.O. Box 173788  
Denver, Colorado 80217-3788**

**Do not return this form unless you have changes to your information.**

### INDIVIDUAL Confirmation/Update Form –

Use this form to review or modify enrollment information. **Critical errors are defined in the accompanying cover letter.** If you have critical errors, it is necessary to return this form with the corrections/modification made on the right side. Also, please return this form if you wish to correct non-critical errors, or update information. **If information is correct do not return this form, but keep it for future reference.**

**REMEMBER** – Both EFTPS payment methods are interchangeable:

- EFTPS online (www.eftps.gov) • EFTPS by phone

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



**EFTPS Customer Service 1-800-316-6541** (24 hours a day, 7 days a week)  
 en español 1-800-244-4829 (24 hours a day, 7 days a week)  
 For TDD (hearing impaired) support 1-800-733-4829 (8 a.m. to 8 p.m. Eastern Time)

**INSTRUCTIONS:** All the information that EFTPS currently has on file about paying your taxes electronically is imprinted on the left side of this form. Problems or critical errors are defined in the accompanying cover letter. The right side is to be used to update or correct information relating to the problems or errors or any changes you wish to make to the current information. Solid areas on the right side, indicate information that cannot be modified by this form. When completing this form, please print using all capital letters in blue or black ink.

### Taxpayer Information

Please see cover letter for necessary corrections.

**Please print any updates/corrections in this space**

*Solid areas indicate information that cannot be modified by this form*

**1. Primary Taxpayer Identification Number (SSN).** Your SSN can be filled in on this form only if the original SSN you supplied was rejected. Once an SSN has been established by EFTPS, **it can only be changed through direct communication with the IRS.**

**2. Taxpayer Name(s).** Your taxpayer name as it appears on your tax return and IRS documents can be filled in on this form only if the original SSN you supplied was rejected. Once a taxpayer name has been accepted by EFTPS, **it can only be changed through direct communication with the IRS.**

**3. Joint Filer Taxpayer Social Security Number (SSN).** If this is a joint filing please provide the joint filer's social security number. The joint SSN can be filled in on this form only if the original joint SSN that was supplied was rejected. Once an SSN has been established by EFTPS, **it can only be changed through direct communication with the IRS.**

**4-6. Primary Taxpayer Address.** You may update the address, city, state, Zip Code, and province, country and postal code information. **The taxpayer address can only be changed through direct communication with the IRS. Form 8822 will automatically update the address on your EFTPS enrollment.**

**7. Primary Contact Name.** Please fill in the name of the new contact to whom future confirmations will be sent.

**8-10. Primary Contact Mailing Address.** Please fill in any associated updates to the street address, city, state, zip code, and province, country, and postal codes for the primary contact.

**11. Primary Contact Phone Number.** Please fill in any associated updates to the primary contact phone number.

**12. Primary Contact E-mail Address.** (optional)

1. Primary Taxpayer Identification Number (SSN):	1. CORRECTED Primary Taxpayer Identification Number (SSN):
2. Taxpayer Name(s):	2. CORRECTED Taxpayer Name(s):
3. Joint Filer Social Security Number (SSN):	3. CORRECTED Joint Filer Social Security Number (SSN):
4. Primary Taxpayer Address:	<b>PLEASE CALL THE IRS AT 1-800-829-1040 OR PREPARE IRS FORM 8822 TO MAKE CHANGES TO YOUR ADDRESS</b>
5. City, State and ZIP Code:	
6. International: Province, Country, and Postal Code:	

### Contact Information

**Please print any updates/corrections in this space**

7. Primary Contact Name:	7. NEW Primary Contact Name:
8. Primary Contact Mailing Address:	8. NEW Primary Contact Mailing Address:
9. City, State, and ZIP Code:	9. NEW City, State, and ZIP Code:
10. International: Province, Country, and Postal Code:	10. NEW Province, Country, and Postal Code:
11. Primary Contact Phone Number:	11. NEW Primary Contact Phone Number: US / International area code 011- country city number
12. Primary Contact E-mail Address:	12. NEW Primary Contact E-mail Address:

(continued)

**13. Payment Method.** This information was gathered on your original enrollment form for Treasury Department reporting purposes only. Only EFTPS using the Internet or phone can be used as a payment option for individuals.

### Payment Information

13. Payment Method:

**14. Optional Tax Form Payment Amount Limit (for EFTPS Internet or phone only).** You may use this form to update a threshold amount which will warn you if you exceed this amount when you initiate a tax payment through EFTPS.

### Tax Form Payment Amount Limit

Tax Form and Threshold Amount

**New Threshold Amount**

Print any updates/corrections in this space.

14.

14.

**15-19. Financial Institution Information.** You may use this portion of the form to correct errors or change a bank and/or bank account from which you can initiate electronic tax payments.

### Financial Institution Information

Please print any updates/corrections in this space

15. RTN:

15. NEW RTN:

16. Account Number:

16. NEW Account Number:

17. Type:

17. NEW Type:

Checking  Savings

18. State:

18. NEW State:

19. ZIP Code:

19. NEW ZIP Code:

**NOTE: You may also change your Financial Institution Information using EFTPS on the Internet or by phone.**

**CAUTION: You may find it prudent to delete a RTN/account combination from EFTPS only after you have previously added a new RTN/account combination to take its place, and you have received confirmation from EFTPS that the new bank has been successfully accepted.**

**20.** You may choose to have EFTPS verify your bank account information with your financial institution. This process takes about 10 days. Check **YES** to have your account information verified. Check **NO** if you would like to use EFTPS more quickly and elect **not** to verify your bank account information with your financial institution. Once you receive your new PIN you may use EFTPS immediately. If #20 is left blank, your bank account information will be verified.

20.  **YES**, I elect to have my bank account information verified with my financial institution.  
 **NO**, I elect **not** to have my bank account information verified with my financial institution.

### Authorization

21. Please read the following Authorization Agreement:

I (as defined as the taxpayer whose signature is below) hereby authorize the contact person (listed in item 7 of this form) and the financial institution(s) 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 15-19 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.

22. Taxpayer(s) Signature

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Joint Filer's Signature

\_\_\_\_\_  
Date

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

**NOTE: You are responsible for the accuracy of the bank account information. If the information is incorrect, your financial institution may return your payments and you may incur an IRS penalty.**

**21. Authorization.** This section authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the accounts you designate.

**22. Taxpayer Signature. Regardless of the changes made on this Confirmation/Update form, the taxpayer must sign this section to authorize participation in EFTPS and must return it to EFTPS.**

**NOTE: if no changes are made, there is no need to return this form.**

This section also provides authorization to share the information provided with your financial institution(s), required for EFTPS processing.

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.

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-TT: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.

