

Return Preparer Office Testing and Fingerprinting Programs
Return Preparer Information to be Collected / Subject to OMB Approval

Information Provided via Form W-12 and entered into TPPS system (has already been approved)		Information passed from TPPS to Prometric	Information passed from TPPS to Prometric / LexisNexis and Daon Trusted Identity	Notes
Name	Last name	Last name	Last name	
	First name and initial	First name	First name	
		Middle name	Middle name	Middle name will be provided at the time the candidate schedules a test and/or fingerprinting appointment
Mailing Address	Street address	Street address	Street address	
	City	City	City	
	State	State	State	
	Zip code	Zip code	Zip code	
		Home phone Number	Home phone number	Home phone number will be provided at the time the candidate schedules a test and/or fingerprinting appointment
SSN and Date of Birth	SSN Date of birth (month, day, year)	Date of birth (month, day, year)	Date of birth (month, day, year)	
Email Address	Email address	Email address		
Address of Your Last Individual Income Tax Return Filed	Street address City State Zip code			
Filing Status and Tax Year on Last Individual Income Tax Return Filed	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Qualifying widow(er) with dependent child <input type="checkbox"/> Married filing separately Tax Year _____			
Federal Tax Compliance	Are you current on both your individual and business federal taxes, including any corporate and employment tax obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", provide an explanation.			
Past Felony Convictions	Have you been convicted of a felony in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide an explanation.			
Business Name and Identification Numbers	Business Name EIN EFIN			
Business Physical Address	Street Address City State Zip Code			
Business Phone Number	Business phone number (domestic) Business phone number (international)			
Business Web Address	Business website address			
CAF Number	Central Authorization File (CAF) number(s)			
Professional Credentials	Check all that apply and enter appropriate number(s): <input type="checkbox"/> Attorney - Licensed in which states _____ numbers _____ <input type="checkbox"/> Certified Public Accountant-Licensed in which states _____ number _____ <input type="checkbox"/> Enrolled Agent _____ <input type="checkbox"/> Enrolled Actuary _____ <input type="checkbox"/> Enrolled Retirement Plan Agent _____ <input type="checkbox"/> Certified Acceptance Agent _____ <input type="checkbox"/> State Regulated Tax Preparer-States _____ numbers _____ <input type="checkbox"/> None			
Fee	Make check or money order payable to.....	Pay by credit card or e-check	Pay by credit card or e-check	
Signature	Signature under penalties of perjury... Date			
		IRS Registration File Number (TPPS generated)	IRS Registration File Number (TPPS generated)	
			Additional Information to be collected at fingerprinting kiosk	This information (except for the last item) is required for the FBI background investigation
			Gender	
			Race	
			Eye color	
			Hair color	
			Height (feet and inches)	
			Weight	
			Citizenship (country code for US Citizenship or country of origin)	
			Place of birth	
			Aliases (all aliases used but not a required field)	
			Reason fingerprinted (check all that apply)	
			<input type="checkbox"/> PTIN <input type="checkbox"/> EFIN <input type="checkbox"/> ITIN	